

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 10 January 2024

Subject: Manchester Local Care Organisation Community Health Transformation Programme – Variation to Podiatry Services

Report of: Deputy Director of Integrated Commissioning – Community Health, NHS GM (Manchester)

Summary

This document presents recommendations made by Manchester Local Care Organisation Executive to reduce variation in community health podiatry services as part of the Community Health Transformation Programme.

The Community Health Transformation Programme is a multi-year programme focused on reducing variation in and between Community Health services in Manchester, ensuring equality and equity of access to services to effectively tackle health inequalities and ensure best use of resources directed to population need.

The Committee is asked to consider the recommendation from Manchester Local Care Organisation to remove the variation in the community health podiatry service offer; and to endorse the view from both Manchester Local Care Organisation and NHS GM (Manchester), that this action does not constitute substantial variation.

This service variation will support the Manchester Local Care Organisation to:

- Standardise provision of podiatry services across Manchester.
- Amend the service offer to ensure consistent access criteria.
- Align budgets to the size and need of people in the neighbourhoods.

Recommendations

The Committee is recommended to consider, question and comment upon the information in this report.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city.	None
Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments.	An Equality Impact Assessment has been completed for the service change proposal through a partnership approach between Manchester Local Care Organisation and NHS Greater Manchester (Manchester).

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	There is a direct link between health and social care and the economy. Health and social care is an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care support significant jobs and skills development in Manchester.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable health and social care is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city. Equality Impact Assessments have been completed for each service change with actions identified to mitigate any negative impacts.
A liveable and low carbon city: a destination of choice to live, visit, work	Where it is clinically appropriate, services are offered in premises in the heart of the localities to minimise the need to travel long distances.
A connected city: world class infrastructure and connectivity to drive growth	Helping our population to stay healthy and live well.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Unit savings of £254k per annum for Manchester.

Financial Consequences – Capital

Not Applicable

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

1. Manchester Local Care Organisation prospectus 2018.

1.0 Introduction

1.1 This document presents an update regarding the recommendations made by Manchester Local Care Organisation Executive about the proposed changes in the community health podiatry service offer. Whilst the proposed changes do not constitute a 'substantial variation', (the process for which there is a different escalation process through the Integrated Care Board), they will support the Manchester Local Care Organisation to delivery its ambition to:

- Standardise provision for podiatry services across Manchester Local Care Organisation.
- Amend the service offer to provide consistent access criteria.
- Align budgets to the size and need in the neighbourhoods based on population health modelling.

2.0 Background

2.1 In 2018, the Manchester Local Care Organisation Prospectus outlined the system vision for the creation of the Manchester Local Care Organisation. Some of the key objectives for the Manchester Local Care Organisation are to:

- 'Ensure that people can gain timely access to high quality services when and where they need them, within a simplified system.
- Balance the requirement for local delivery with the benefits and opportunities of delivery at scale.
- Provide a consistent and standardised offer of care for the population; while retaining excellence, innovation, and continuity of care.
- Work across organisational and geographic boundaries ... to ensure care is joined up and integrated; including working to maximise the assets which exist within communities and deliver more proactive and preventative care.

2.2 The Community Health Transformation Programme is an enabler that helps supports the delivery and realisation of these objectives.

2.3 The Community Health Transformation Programme also delivers the vision for the Manchester Local Care Organisation that 'our mission' is to ensure:

- Better lives for our most vulnerable.
- Better wellbeing for our population.
- Better connections through our communities.

2.4 Further detail about the Community Health Transformation Programme is summarised in Appendix 1.

2.5 This paper centres on the changes to the **Podiatry** service offer for Manchester.

3.0 Variations in Service

3.1 The Community Health Transformation process was applied to Podiatry. Some of the findings were:

- There is significant variation in service offer across Manchester.
- Podiatry is delivered on legacy specifications in North, Central and South Manchester which explains the current variations. Additionally, the specifications do not reflect current operational practices.
- Service Level Agreements with NHS Acute Hospitals formed in legacy organisations have led to hospitals 'buying' different activity from the community services.
- Such variations mean that there is an inequitable offer across Manchester.
- Different staffing structures across the 3 localities of North, South and Central Manchester.
- Resources and budgets not targeted to the size and need of the population.
- Long waits for treatment in some parts of the city.
- 67% of Community Podiatry users are White/White British, while this ethnic group makes up only 44% of the overall population of Manchester.
- Health Inequalities need to be addressed.

4.0 Proposed Changes

4.1 Panel Findings and what this means for Manchester residents in terms of population health and health inequalities

4.2 The proposed changes mean that current provision of toenail cutting for people with no clinical need will cease, and resources moved to target those waiting who do have identified clinical need.

4.3 People with no clinical need but who want to have their toenails cut, will be given advice, and signposted elsewhere by the podiatry teams.

4.4 The positive impact of removing variation outweighed any negative impact. The assessment shows that:

- Waiting times will stabilise and reduce for patients categorised as lower risk.
- There will be parity of provision.
- There will be equity of patient expectation.

4.5 Manchester Local Care Organisation believe that a phased approach is the most suitable implementation method, for staff and patients. The organisation also recommends that the phased approach should begin immediately, post approval, as waiting lists are increasing.

4.6 It was however thought that there may be initial resistance to the changes potentially leading to formal complaints, mainly due to some patients not qualifying for ongoing home visits, and low/no risk foot care needs not being eligible for a qualified podiatrist. It is considered however, that the proposed

change will have no detrimental equality impact, which was explored through the equality impact assessment.

4.7 The Manchester Local Care Organisation will produce education material to share with patients.

4.8 Please note the health equality profiles of users of podiatry services in Appendix 3.

4.9 The following outputs from the review were identified as below:

- A new citywide service specification would provide the framework for a consistent citywide service offer. Trafford to work to the same framework.
- A single management function across Manchester (and Trafford) would release some efficiencies.
- A revised staffing structure across the localities with caseload adjustments would help reduce long waits in some localities.
- The reform would include standardisation of both clinical and workforce provision.
- An administrative function in line with Manchester Local Care Organisation Business Support Project.
- A single reporting function.
- A review of budgets to ensure that resources are targeted to population need.
- The agreed definition of what constitutes housebound status to be applied to the service as it is to other community services. See Appendix 2.
- A commissioning review of associated non-pay costs.

4.10 Crucially and directly affecting users of Podiatry services in the city:

- A single point of access.
- The removal of service provision that has limited clinical effectiveness would help align resources to, and reduce waits for, those with clinical need.
- Standardised access criteria: a new service shift of resource from qualified Podiatrists to a strength-based approach by educating and signposting for:
 1. People referred for annual diabetic foot checks only. Local arrangements may be made for GPs to sub-contract this work to the community podiatry service.
 2. Nail cutting for patients with normal nails and who have no pathology affecting the feet; personal foot care defined as toenail cutting and skin care including the tasks that healthy adults would normally carry out as part of their everyday personal hygiene.
 3. Nail cutting for people with some health conditions, who are classed as low risk (those who have a good blood supply, including good nerve sensation and who have no podiatry needs).

5.0 Financial Impact of the proposed changes

5.1 The total expected saving for Manchester is, £254k (full year effect) based on implementation of a new staffing model (£216k) and expected procurement savings (£38k).

6.0 Governance

6.1 Commissioners have been engaged as appropriate:

- For Manchester – The responsible commissioner is deployed to the Manchester Local Care Organisation and has overseen and led the work.
- There has been a review by the NHS GM (Manchester) Clinical Effectiveness Group and the Joint Commissioning Board for Manchester.
- For Trafford – The responsible commissioner is NHS Greater Manchester with delegated authority to Trafford Locality. Trafford Locality have approved the proposed change for Trafford and have provided a statement of support.

6.2 Further Commissioner approval will be enacted by formal contractual mechanisms with the NHS Greater Manchester contracts team.

7.0 Recommendations

7.1 Health & Scrutiny Committee members are asked to consider the Manchester Local Care Organisation intention to:

- Implement standardised provision for podiatry services across Manchester.
- Reduce the service offer to remove unwarranted variation.
- Amend the service offer to provide consistent access criteria.
- Align budgets to the size and need in the neighbourhoods.

7.2 Health & Scrutiny Committee members are asked to endorse the view of both Manchester Local Care Organisation and NHS GM (Manchester), that the change does not constitute substantial variation to current service provision.

8.0 Appendices

Appendix 1 Context Setting: Community Health Transformation Process

Appendix 2 Standardised definition of Housebound Status

Appendix 3 Data pack: Users of Podiatry services listed per Primary Care Networks.