

Reform of Public Health functions in Manchester



Comments from Manchester Alliance for Community Care

Local Authorities have greater potential to impact on the causes of ill-health than the NHS. They are ideally placed to provide a more holistic approach to develop integrated local strategies to address poor health in Manchester. The focus on outcomes rather than targets was welcomed.

The delivery structures and how the work will be implemented is crucial –co-operation and co-ordination between agencies and the VCS /Independent sector will be the key to ensuring that the new arrangements will improve peoples health. The new arrangements will be the start of a process.

In February MACC, together with the Health and Wellbeing Network, convened a meeting of local voluntary and community sector organisations to discuss the changes to the Public Health agenda. We welcomed the focus on ‘creating the conditions where people can take responsibility for their own health and wellbeing’ and that there was finally a move from focussing on deficits problems, ill -health and treatment to building on assets of individuals, families and communities and ‘*strengthening civic society*’.

At the meeting, the Director of MACC, Mike Wild welcomed the increasing acknowledgement that the VCS is seen as an important part of the health and social care economy in the City. He also stressed that the Sector needs to be pro-active now in promoting the services and support we provide with the GP Consortia because they will be making decisions and commissioning the bulk of ‘health’ services in the future.

Those present made the point that VCS organisations will be struggling to deliver more for less but there was a general agreement that the new delivery structures have the potential to deliver integrated local strategies that will address health in equalities locally in Manchester. The Department of Health expects that the majority of services will be commissioned, and for commissioning to work, the opportunities to engage local communities more widely in the needs assessment process, needs to improve. The VCS is best placed to do this.

- What incentives will there be to co-operate rather than work in competition?

The point was raised that as a Sector we also need to secure a share of the 80% of the NHS budget going to GP Commissioners. One route will be through the prevention strategies developed through the Health & Wellbeing Boards.

There was a general understanding that at the moment the majority of GPs want to deliver general practice services, not become health service managers.

The VCS needs to be able to influence and support the development of health and wellbeing strategies and have an impact on Commissioners, including GP Consortia, from the outset. The VCS needs to take an active role in educating the commissioners about the role we play in providing health and wellbeing services. We need to be more proficient in articulating how our services impact on the prevention agenda and peoples' wellbeing. The VCS needs to be a genuine partner with the Local Authority and Health and part of the public health voice in Manchester that will influence commissioners locally and nationally.

Concern was expressed about the capacity of smaller voluntary groups to be able to promote their services to commissioners as individual providers, or have a voice themselves around the table of partners.

Use of data and the sharing of information –the sector will need access to, and make more efficient use of public health data. The sector will need additional support from Public Health in making more efficient use of public health intelligence and information.

There needs to be a drive from all partners that there should be a basic acceptance in the system that the evidence available to us (prevention services) is good enough. What gets lost is genuine innovation.

The Sector needs to be able to articulate the prevention agenda and to improve GPs understanding about wellbeing. We need to work with Public Health to persuade commissioners to be more radical in their thinking. At the same time, the meeting recognised that Public Sector funding was not 'the biggest game in town'.

Recommendations

- Ensure that there is a duty to include VCS representation on the Health and Wellbeing Boards. Co-operation and co-ordination between agencies and the Voluntary and Community Sector will be the key to improving peoples' health.

- Ensure that the H&WB Boards have sufficient powers to ensure that GP consortia, the NHS, Public Health and other commissioning bodies, commission services to address the health inequalities highlighted by local JSNAs. The VCS need to contribute to the Joint Strategic Needs Assessment and influence the Health and Wellbeing Strategy for Manchester .It is time to reassert the VCS's critical role in engaging with communities.
- Ensure that HealthWatch England engages with those communities that experience the worst health inequalities either directly or through appropriate local Voluntary, Community and Faith groups. Seldom heard groups need mechanisms in place that will enable them to have influence in the new Public Health arrangements. Communities experiencing some of the poorest health in the City need to be involved in identifying what the Health and Wellbeing outcomes are that they want to see.
- Manchester needs a fair financial settlement. The money for Public Health will not transfer to the Local Authority until 2013. Manchester has a number of health challenges and needs a fair formula in terms of the allocations they receive.
- The VCS considered the proposed new arrangements in the context of Manchester which is experiencing and having to manage unprecedented cuts in public and voluntary services. The Commissioners need to acknowledge that the prevention agenda could be lost during this period of structural change and cuts in public spending. The Health and Wellbeing Board needs to take action to protect that agenda and to preserve the existing investment in skills, projects and activities in the VCS. This is a major challenge at present since the sector is being caught by the impact of the unfair settlement from Central Government which is affecting all local commissioning budgets. During the meeting, there was discussion of the challenges currently facing the sector. Out of the organisations present at the meeting:
 - 75% were waiting to hear about their funding for 2011-12
 - 33% new they would have a minimum of 25% cuts
 - 66% of projects had started redundancy consultations.
 - The sector is not only losing staff but also volunteers.