Whose shared future?

A briefing and a position statement on the Manchester 'Securing Our Shared Future' Programme

April 2010

Securing Our Shared Future

As organisations working at a strategic level in the development of health and social care services in Manchester, we have been made aware of the background to the Securing Our Shared Future programme.

NHS Manchester's website provides the following summary:

> …patients, the public, health professionals and NHS staff all agree that we need to continue improving local health services and enable everyone to lead longer, healthier lives.
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> However, we also know that this will be more of a challenge in future because the funds made available for health services will either grow more slowly than they have in recent years, or reduce overall, to support the United Kingdom's recovery from the recent economic crisis.
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> For these reasons, Securing Our Shared Future aims to make sure Manchester's NHS will in future:
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> - continue to improve services for patients, so that everybody can access high quality care that meets their needs
> - deliver services in a way that offers good value for money and is affordable.
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> This work affects the whole of your local NHS so it involves all local NHS organisations including NHS Manchester, hospital trusts and mental health service providers, and a wide range of health professionals including GPs, hospital doctors, nurses and community health workers. It also involves Manchester City Council because all of these organisations agree that the role of social care services is very important to this work.[1]

We understand and acknowledge the need for NHS Manchester and Manchester City Council to work together to identify measures which will manage the costs of delivering high quality health and social care services within budgets which are, at best, set to stand still in real terms over the next five years.

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[1] Text taken from http://www.manchester.nhs.uk/aboutus/securingoursharedfuture/
For an up to date report on the work, Manchester City Council's Health and Wellbeing Overview and Scrutiny Committee received a report on the programme in March 2010 which is available to download here: http://www.manchester.gov.uk/egov_downloads/7_Securing_Our_Shared_Future.pdf

We agree with the view which we understand has been expressed by those senior managers involved in this programme that such budget pressures can also provoke creativity. Potentially, extreme circumstances can enable the kind of radical thinking which could actually improve the service provided to the public.

This is however, easier said than done. Such openness, even if it is genuinely embraced by managers and leaders, is not easy to translate into practical large-scale action within public sector agencies.

There must also be some challenge to how far this attitude really goes: despite a wide range of partnership working structures in Manchester, the Securing Our Shared Future programme is noteworthy in that it does not include in its structure any other partners than the NHS and the City Council save for one or two "patient representatives". We believe that this limits the scope for creative solutions potentially involving other partners, particularly in focussing on preventative approaches. The generation of new ideas and opportunities for co-production requires everyone who could potentially have something to bring to the table to be involved at an early stage. It is disappointing that the consultancy firm involved in supporting the programme appear not to have identified this and we would welcome an explanation of why this approach was chosen.

The exception to this is the "Patient and Public Advisory Group" but because of its place within the structure, this group is at best able only to react and comment in a very general way. Our position on how this group can bring some value to the present process is set out at the end of this paper.

Reshaping Manchester Community Health

During discussions at the Patient and Public Advisory Group, the impact of the restructure of Manchester Community Health has prompted some useful insights. Manchester Community Health is the "provider arm" of the Manchester Primary Care Trust (now known simply as NHS Manchester) and is the body responsible for the delivery of community-based services (as distinct from hospital-based services). Under the Transforming Community Services[2] programme, it has now been agreed that the functions of Manchester Community Health will be divided up and become the responsibility of the local hospital trusts. We have noted that this potentially creates a similar local structure to that of the NHS in Manchester in the early 1990s, effectively re-creating NHS Trusts with an area base rather than being specialist "acute trusts". Other parts of the country, for example Barking and

[2] http://www.manchester.nhs.uk/aboutus/commissioning/transforming_community_services.html

Dagenham, have addressed this same issue by simply establishing a new NHS Foundation Trust to be responsible for delivery of community health services. That may seem like the simplest solution on paper, but it does not address the underlying problem.

Our view is that this new local structure does create opportunities for reshaping not just the services in the local health and social care economy, but the nature of that economy itself. What is different to the early '90s is the existence of NHS Manchester as the "commissioner", that is the organisation which is responsible for purchasing services from these Trusts.

Prevention: an Acute Problem

At present, NHS Manchester is faced with the same problem as all other Primary Care Trusts across the country: an expectation that it will lead the local NHS and manage the local NHS budget. In some respects however there is little a Primary Care Trust can really do. In very broad terms, the pressure on PCTs can be summarised as follows:

Hospitals have to provide a service to everyone who needs one and ultimately, this is what drives how much money they need. While there is always room for efficiency and improvement, if the public prefers to engage with the NHS by going to Accident and Emergency (which does seem to be particularly the case in Manchester[3]) the hospitals are obliged to meet this need – and so they spend money. Hospital services are by and large much more expensive than community services. So from the NHS' point of view, the system would be much more cost-effective if people used GPs and walk-in centres.

Preventative approaches, by which the demand for hospital services can be reduced, have been the responsibility of the provider arm of Primary Care Trusts and therefore if these community services are not preventing need well enough, the hospitals simply have to react …and spend more money. Prevention is, however, not just better but also considerably cheaper than cure. So the way to reduce hospital costs is to invest in more preventative approaches.

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[3] This is generally perceived as a problem by the NHS: people are coming in through the "wrong" door. It's curious to note that most other organisations would be hugely envious of that level of public understanding of how to get to their services. Can you imagine a supermarket would turn customers away for coming in through the wrong door? They'd surely be more relieved that the customers weren't going to one of their competitors! It seems odd that the NHS doesn't make more use of the level of trust people place in this open door approach. "Walk-in Centres" are an attempt to build on this but they don't seem to have the same level of trust as A&E. The answer may lie in seeing where people vote with their feet and putting a broader range of services there: A&E departments are starting to include GP surgeries and social work teams on site.

However, the difficulty for the PCT is finding funds to invest in preventative services – if local hospitals are so much in demand that their expenditure overwhelms the PCT's budget there is potentially very little room left for investing in prevention, even though it is clearly a very desirable thing to do.

…which is of course exactly what Primary Care Trusts have been trying to grapple ever since Sir Derek Wanless identified this as the only way we will be able to afford to maintain the NHS in years to come[4].

Clearly, this has not yet happened and so the Securing Our Shared Future programme faces a major challenge in being able to do in a very short space of time what the NHS in general has struggled to do over the last decade – and over a decade when it had, in theory, extra money to invest in preventative healthcare without reducing the budget on hospital services.

Perhaps therefore there is a virtue in making the hospital trusts responsible for community services: in order to manage their own budgets, they can choose to ensure that the preventative, community based services are sufficiently well run and resourced to avoid the need for hospital services and that anyone who does need a hospital service gets an appropriate service afterwards to prevent an early return.

So what may be changing about the local health and social care economy is where the incentives are to manage costs and quality. This is reinforced by the new "Commissioning for Quality and Improvement"[5] system (inevitably known as CQuIN, which must at least add a touch of glamour to some otherwise drab paperwork) which gives the Primary Care Trust a much stronger mechanism with which to make sure that the hospital trusts invest in preventative approaches as well as maintaining and improving the quality of all their services. The Primary Care Trusts need to be able to hold not just the purse strings, but a few others as well.

Sharing a Sustainable Future

[4] Sir Derek Wanless (former Chief Exec of NatWest) was asked by HM Treasury to look into how the nation could afford to meet the costs of healthcare (the NHS) in the future. His report identified the best solution as a population "fully engaged" in wellbeing: i.e. more people taking greater responsibility for maintaining their good health would lead to reduced pressure on NHS services. The report and later updates are on the HM Treasury website: http://www.hm-treasury.gov.uk/consult_wanless_index.htm. Alongside this it is relevant to note that in 2005, the health policy organisation The King's Fund commissioned Wanless to produce a similar report on social care, available at
http://www.kingsfund.org.uk/current_projects/wanless_social_care_review/

[5] CQUIN was introduced as part of the new "NHS Operating Framework" in 2008. As a process it is more complex than needs to be covered here, but some background is available from The King's Fund briefing at the time: http://www.kingsfund.org.uk/publications/articles/analysis_operating.html

The Securing Our Shared Future programme could be the space in which this potential is being turned into action. As a process for identifying opportunities and establishing priorities, it is a logical step. However, the value of this is reduced by not broadening the scope of its membership. We believe that the programme will fail to build a shared vision and commitment and a practical realistic plan for creating a new health and social care economy in which wellbeing is the main product. Although the pressures are more urgent, it is still essentially the same pressure which has existed over the last decade without the flexibility of the additional investment the NHS has seen in recent years.

It is widely acknowledged that the third sector and the private sector are both key partners in the health and social care economy in terms of delivery. They are not around the table. The engagement of community organisations, patient groups and the wider public is being considered through the Patient and Public Advisory Group but this is a reactive position, the opportunity is being to bring a wider perspective in at the stage of generating ideas and a shared vision.

Position Statement on the Securing Our Shared Future Patient and Public Advisory Group

It is because of this that we must treat with caution our membership of the Patient and Public Advisory Group. We feel the need to set out the terms of that membership and our position on the work of the group carefully and clearly and therefore make the following points:

1. Our participation in the group is not an indication of support for the process or any decisions arising from it.
2. Participation does not and will not provide any blanket support or endorsement of cuts in the level and/or quality of the services commissioned by the NHS in Manchester or by the City Council.
3. Any service changes proposed under the Securing Our Shared Future programme must be open to **full and meaningful consultation** by users, patients and the public – in accordance not only with legal requirements on the NHS to undertake public consultation but also in accordance with the principles of the Manchester Compact (to which both NHS Manchester and Manchester City Council are signatories).
4. Consultation must, at a minimum, be identified with sufficient detail that a reasonable user, or member of the public, can see the significant elements of the change in terms of its effects on users and patients, (i.e. not just how much the change would save in budgetary terms)

5. Consultation must make clear what services will remain, and that every effort has been expended to ensure that this will be a quality service of at least as high a standard as it replaces.
6. Decisions must be made with a full impact assessment to understand how changes will affect the accessibility and quality of services as they are experienced by those using them. This means considering issues such as ethnicity, age, sexual orientation, carer responsibilities, physical disability, learning disability, sensory impairment and mental ill health. As a minimum consultation must actively solicit the views of individuals and groups but also actively encourage a co-production approach where ideas and approaches are developed with rather than simply consulted on after the proposal has been shaped.

In making this position clear, we offer our commitment to do all that we can to ensure that users of services, their groups and community organisations and the wider public are engaged and involved in order to ensure that this process reflects the needs of communities in Manchester.

This position statement is addressed to

- Securing Our Shared Future Patient and Public Advisory Group (Chris O'Gorman & Nick Gomm)
- NHS Manchester (Laura Roberts)
- Manchester City Council (Liz Bruce & Sharon Kemp)
- Manchester City Council Health & Well-Being Overview and Scrutiny Committee (Cllr. Sue Cooley)
- Manchester Adults Health and Wellbeing Partnership Board (Colin Cox & Cllr. Glynn Evans)

For Manchester LINk	Michael Kelly
For Manchester Alliance for Community Care	Mike Wild
For Manchester Carers Forum	David Williams
For Manchester Race & Health Forum	Hanif Bobat