

Connections

News and Information from
Manchester Alliance for Community Care



Big Society on a Small Budget

With a new Government and news of cuts in public sector budgets, this edition of Connections aims to take a look into the future. Over the following pages, we take a look at what the Coalition Government is saying about the main areas of health and social welfare policy. Where we can, we've tied this together with what we expect to happen at a local level in Manchester.

With the recent Emergency Budget we can see these ideas becoming reality. While MACC welcomes the commitment to safeguard the NHS from the worst of the cuts, we are concerned that such major cuts to public services impact unfairly on the lower income households which are most reliant on them. Alongside the stated values of "freedom fairness and responsibility", there's a lot of talk about the "Big Society" and the role of the community and voluntary sector but the emphasis in the Budget on cuts to public expenditure is going to create a tough climate for the sector at a time when groups are going to be in ever greater demand. With massive changes to the disability benefits system and continuing the drive for personalisation, support is going to be needed from voluntary organisations which have expertise in supporting people to be genuinely independent. Just like the lower income families they may be working with, smaller community groups are going to see increased costs from the rise in VAT.

For all the talk about the Big Society, the partnership between the public sector and the voluntary and community sector is about to be put to the test: MACC is hoping that joint working becomes a genuine opportunity. We shall see.

The Programme for Government is available here: www.programmeforgovernment.hmg.gov.uk/

Summer 2010

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www.macc.org.uk/health_and_social_care

The 21st Century version of “Safe in Our Hands”?

The Coalition Programme For Government makes a number of very specific commitments in this area. Above all the NHS is to be protected from the impact of the recovery: “health spending increases in real terms in each year”.

As has been seen in the past money alone is not the issue - what is more revealing perhaps is the other measures which sit alongside this commitment. It mentions reform of Primary Care Trusts “as a champion for patients and commission those residual services that are best undertaken at a wider level, rather than directly by GPs “ and stopping “top-down reorganisations of the NHS that have got in the way of patient care.”

There is a statement that the new Government “will break down barriers between health and social care funding to incentivise preventative action.” A welcome statement but what’s the action plan behind it? There are some potential clues elsewhere about giving “local communities greater control over public health budgets with payment by the outcomes they achieve in improving the health of local residents”, while GPs will have “greater incentives to tackle public health problems”. Does this point to some joining up of Local Authorities and the NHS around public health? Currently, Local Authorities have a range of responsibilities around “the wider determinants of health” (e.g. local licensing obviously has an impact on alcohol consumption).

Long term readers of **Connections** will probably have a flash of déjà vu on reading that there is to be a Commission on Long Term Care. At MACC we’ve started dusting down the response we put together for the previous Commission on Long Term Care in 1999: the report from which was ultimately ignored by the previous Government.

What’s hard to see amongst these various commitments is a vision for health and social care. The statements are mostly welcome in themselves (e.g. more research into dementia) but that’s as far as it goes. Locally, it’s difficult for those working in these services to know how this is all going to affect Manchester.

Securing our Shared Future

What we do know is that NHS Manchester and Manchester City Council have begun a joint programme of work which has the aim of “delivering high quality health and social care services within budgets which are set to stand still over the next five years.” A range of proposals is being developed, many of which will require public consultation if there is a change to local services.



MACC is disappointed to note that despite a wide range of partnership working structures in Manchester, the Securing

Our Shared Future programme does not include partners other than local NHS bodies and the City Council. It is generally acknowledged that the third sector and the private sector are both key partners in the health and social care economy in terms of delivery. Why then are they not around the table?

We believe this limits the scope for creative ideas and different approaches. New ideas require everyone who could potentially have something to contribute to be involved at an early stage. We hope to see increased opportunities for involvement of the voluntary and community sector and, most crucially, the public: the patients and carers who use and rely on these services.

Reshaping Manchester Community Health

Meanwhile there is the continuing national NHS programme of “Transforming Community Services” programme. In Manchester this has meant completing the process of separating Manchester Community Health from the Manchester Primary Care Trust (now known as NHS Manchester). Manchester Community Health is responsible for the delivery of community-based services - in other words, those health services which aren't delivered by hospitals or GPs.

The local proposal is that instead of becoming a separate organisation, the functions delivered by Manchester Community Health could be divided up and become the responsibility of the local hospital trusts.

MACC's concern is that until the new Government's intentions about the role of Primary Care Trusts are known there is actually nothing particularly new about this: it would be a return to the way the local NHS was structured in the early 1990s when Manchester had three “health authorities”. The experience at that time was that hospital services, being more expensive than community services, created a greater pressure on the budget and therefore took priority. The claim is that the NHS has now changed and that hospital culture is to avoid admissions and focus on treatment in the community. Perhaps things will be different this time round if the Local Authority has more of a say in public health and the Primary Care Trust has some authority to manage the performance of the hospital trusts.

One certain consequence would be yet another shifting around of people and resources between various NHS organisations which is in itself of questionable value at a time when budgets are under such pressure - the Coalition commitment to ending “top-down reorganisations” could be significant in stopping this going ahead.

It does not sit comfortably that this would be the 6th major restructure of the NHS in Manchester in the last 20 years while the general health of the population and life expectancy remain significantly behind almost every other part of the UK.

Older People

www.macc.org.uk/older_people

The Programme for Government's section on older people is concerned almost exclusively with issues around pensions and income in retirement. According to the Government Equalities Office, it is still the intention for age discrimination in the provision of goods and services to be outlawed in 2012 - which is a commitment in the Equality Act 2010.

In Manchester, the City Council's Valuing Older People initiative has recently published an updated strategy called **Manchester: A Great Place to Grow Older 2010-2020**. One of the 5 objectives listed is healthy ageing which places an emphasis on **physical exercise, falls prevention and encouraging healthier lifestyles from mid-life onwards**. The ambition is that by 2020 older people in the city will "live longer and experience more years of good health. Health inequalities between affluent and disadvantaged neighbourhoods will be reduced, and access to exercise opportunities and specialist support services will be improved."

The full strategy can be found on Manchester City Council's website www.manchester.gov.uk

Evaluation of Partnerships for Older People's Projects

Earlier this year, the final report on the national POPP programme was released by the Department of Health. MACC took the lead on engaging the local voluntary and community sector in Manchester's programme which ran 2006 to 2008.

There are some interesting findings in the report which provide clear evidence of the value of investing in low-level preventative services such as those delivered by voluntary and community sector groups:

- For every extra £1 spent on the POPP services, there has been approximately a £1.20 additional benefit in savings on emergency bed days.
- Overnight hospital stays were seemingly reduced by 47% and use of Accident & Emergency departments by 29%.
- Reductions were also seen in physiotherapy/occupational therapy and clinic or outpatient appointments with a total cost reduction of £2,166 per person
- A practical example of what works is pro-active case coordination services, where visits to A&E departments fell by 60%, hospital overnight stays were reduced by 48%, phone calls to GPs fell by 28%, visits to practice nurses reduced by 25% and GP appointments reduced by 10%
- Efficiency gains in health service use appear to have been achieved without any adverse impact on the use of social care resources



In a climate where money is tight and prevention is at risk of falling off the list of priorities, this provides perfect evidence of the need to work in partnership between the voluntary and community and statutory sectors. The POPP approach clearly worked: because it was a real partnership.

For more info contact **Mary Duncan - mary@macc.org.uk**

Personal Health Budgets

The Coalition Programme aims to “extend the greater roll-out of personal budgets to give people and their carers more control and purchasing power.” continuing the development of the personalisation agenda—for more background see the section of our website on this topic www.macc.org.uk/macc/personalisation.php

Manchester is a pilot site for delivering Personal Health Budgets (PHB); the pilot will run for three years. MACC and the Manchester Carers Forum worked with NHS Manchester to organise an event on this topic in February. The report is available on our website or if you would like a hard copy of the report contact Val Bayliss-Brideaux at talkinghealth@manchester.nhs.uk or on 0161 765 4062.

Like Individual Budgets for social care, a Personal Health Budget should enable an individual to have control over how an agreed amount of money is spent on their care: allowing the person to “buy” the services and support they need to meet their desired outcomes. As with Individual Budgets, the services have to be clearly able to meet the need (and legal, of course!). Because this is part of the NHS, there’s no means test involved.

The three year pilot aims to test Personal Health Budgets as a way of improving the quality of care and increasing patient choice. So the success will depend on individuals being able to identify their own outcomes. Support to enable patients to make those decisions will include information, advocacy and brokerage services. This could be an opportunity for voluntary and community sector groups to develop those kinds of services.

How the transition to these new systems affects voluntary sector organisations is still not clear. It may be that it is still too early to tell but we’re interested in hearing from your group if you have a view on any of the following questions:

- Are there any particular types of social care provision which have been affected by the social care reforms?
- Are you seeing greater competition between agencies for individual clients
- Has personalisation been an opportunity to tailor care to individuals needs?
- Are we developing new services such as Independent Brokerage Support?
- Are there advocacy services available for the individuals you work with?

In March, the network organised a meeting on the subject of developing brokerage: a report is available on MACC’s website.

Manchester City Council is currently reviewing advocacy services in the City following the work initiated by the Manchester Safeguarding Adults Board. Five voluntary and community sector organisations that provide advocacy services are developing a collaborative approach to support the provision of a high quality older people’s advocacy service in Manchester.

Mental Health

www.macc.org.uk/mental_health

The Programme for Government makes little mention of mental health - there are commitments to improve access to talking therapies and to research into dementia but, disappointingly, the only other references are in the sections on Defence (extra support for veteran mental health needs) and Justice (secure, treatment-based accommodation for mentally ill and drugs offenders). Locally, the new 5 Year Manchester **Mental Health & Wellbeing Commissioning Strategy is now available**. You can download it from the Mental Health section of the MACC website (see address above) or get a printed copy if you call 0161 765 4168 or email talkinghealth@manchester.nhs.uk. Obviously this has been developed while the full scale of the budget cuts was unclear so there will need to be consideration of how this will have an impact alongside the decisions arising from the Securing Our Shared Future programme. This is starting to be seen in practice in initiatives such as the “**Inpatient Pathway Redesign project**”. The Manchester Mental Health and Social Care Trust have supplied us with the following briefing:

MMHSCT is working with service users, carers, commissioners, voluntary sector, university, recognised staff organisations, clinicians and other Trust staff to understand the needs of its service users in the future and how best to meet them. The aims are to:

- Improve and where possible enhance the service user /carer's experience
- Improve the quality of the physical environment, meet NHS standards around gender segregation and provide the best possible estate for our service users and Trust staff
- Focus acute inpatient care on the optimum number of sites to create excellent and efficient services
- Standardise practice across the Trust's inpatient services ensuring the same quality care is provided
- Design a new service model which provides a service better tailored to user requirements within the resource constraints of the Trust
- Provide services within an integrated and effective model of care.

The project, which is at the initial engagement stage, is considering a number of options, which would see services based on two of the Trust's existing three sites (Park House, Edale House and Laureate House). The Trust stresses that the project is not about a reduction in bed numbers or services. Depending on the option determined, it is anticipated there may be a reduction in estate costs. The Trust will continue to ensure that the needs of its service users are met. If you have any queries, please contact

- Maeve Boyle (IPR Project Management Lead)
0161 276 5364 - maeve.boyle@mhsc.nhs.uk
- Patrick Cahoon (Associate Director for Service User and Carer Engagement) 0161 882 1103 - patrick.cahoon@mhsc.nhs.uk
- Judith King (Head of Communications)
0161 882 1382 - judith.king@mhsc.nhs.uk



New commissioning structure

A full description of the structure is contained in Appendix 3 of the new strategy, but here are the key points of interest for voluntary and community groups:

- **Mental Health Joint Commissioning Executive (JCE)** is the main decision making body. It reports to NHS Manchester, the Adults Health and Wellbeing Partnership and Manchester City Council Departmental Management Board
- **Strategy & Delivery Group** implements the key areas of the new Commissioning Strategy and monitoring the progress of four directly-reporting sub groups. The membership of this group reflects the partnership arrangements and includes the chairs of the four sub groups. The group reports to the JCE on a quarterly basis. The sub groups are as follows:
 - **The Provider Forum:** If you want to be added to the distribution list for this group please contact Sarah Gilmartin (Commissioning Support Officer) 0161 234 4428 s.gilmartin@manchester.gov.uk
The Forum has had two meetings so far. If you'd like to find out more contact the Chair Nicky Lidbetter, Nicky works for Self Help Services a local mental health charity. 0161 868 0547- info@selfhelpservices.org.uk
 - **Performance & Quality:** Monitor overall mental health contracts performances and under take formal contract reviews. This is for public sector officers at the moment though it is intended to have service user and carer involvement in the future.
 - **Priority-setting & Development:** The work and membership of this group will change over time to reflect current priorities. For example, at present it is working on the Integrated Primary Care Mental Health service for Manchester: so group currently includes the heads of all existing contracted primary care services and staff from the Joint Commissioning Team and the Manchester Mental Health & Social Care Trust. A more detailed briefing on this should be available soon - please contact MACC for details.
 - **Engagement & Involvement:** No formal meetings are taking place as the strategy for service users and carer engagement is currently being reviewed. MACC are involved in discussions with the commissioners, Manchester Link, and the Mental Health Improvement Partnership (MHIP) with a view to developing proposals.

Voluntary Sector Mental Health Forum

The next meeting will be on 20th July from 1-3 pm at Zion Community Health & Resource Centre. Jackie Daniels (Chief Exec of the Mental Health and Social Care Trust) will be present to discuss improving care pathways across the Trust and local voluntary and community sector services.

Strengthening Families, Safeguarding Children

The Coalition Programme proclaims values of freedom, fairness and responsibility. What will it mean for our children, young people and families? There have been some significant changes including changing the name of the Department of Children, Schools and Families back to the Department of Education.

Scrapped: ContactPoint

The multi-million pound national database which aimed to enable practitioners from across England to communicate and share casework information will now be ended as soon as practicable. This leaves a problem: not least the amount of time and money that has already been spent on the system, but also because many felt that this database would have enabled effective partnership working, and would support a more coordinated approach in the work done with vulnerable children and families. The Government has hinted at having a database of “vulnerable” families, yet how this would work and how “vulnerability” would be defined is still unclear. It isn't yet clear what Manchester will do to address the gap left by ContactPoint.

Suspended: Vetting and Barring

The scheme to be delivered by the Independent Safeguarding Authority (ISA) has been halted. This was all ready to go with voluntary registration starting in July. A statement by the Home Secretary, Theresa May, confirmed a review of the vetting and barring scheme and criminal records regimes. **The main thing to remember is that criminal records checks are still available (if on a new form) and your organisation will still need to use these checks when required.**

Focus on Families

“The government believes that strong and stable families of all kinds are the bedrock of a strong and stable society. That is why we need to make our society more family friendly...” They hope to do this by:

- Taking Surestart back to its original purpose of early intervention
- Funding for relationship support
- A comprehensive review of family law

It is clear there are some opportunities here for the voluntary sector, especially around early intervention and working with organisations with a track record of supporting families.



Hopefully you will have heard by now about **Manchester Community Central**. This is the new support service for Manchester's voluntary and community sector. Manchester Community Central is provided by a partnership between MACC and CN4M and funded by the City Council. Key features of the service include:

- **Telephone information line** - 10am to 4pm (late night Thursdays till 8pm)
- **Website** - with information and resources for local voluntary and community sector groups including a database, funding searches and a training calendar
- **e-bulletins and newsletters** – news and updates, themed publications with tools and top tips.
- **Basic support** – help with common issues such as funding, legal structures, roles and responsibilities etc
- **In depth support** - longer term support for a limited number of groups managing major organisational change and development.

Website: www.manchestercommunitycentral.org.

Telephone: 0333 321 3021

Email: info@mcrcommunitycentral.org

Since the launch of Community Central in January, many people have asked us how this will affect MACC's role in the future. Fundamentally, MACC's main role is as it always has been: **a campaigning organisation which aims to improve the health and social welfare of the people of Manchester**. All the work which MACC has traditionally done around health and social care, mental health, children and families and older people still continues – as you can see from the rest of this edition of **Connections**.

However, we have for a long time been aware that infrastructure support in Manchester was fragmented and lacked many functions which other large towns and cities would normally have available in a traditional CVS (Council for Voluntary Service) organisation. Over the years, many local voluntary and community sector groups have come to us for support around issues such as funding, governance and business planning. In 2006 we established our Business Improvement Service as a new means of meeting this demand. The development of Manchester Community Central is an expansion of that idea and aims to provide a simple means of getting the support your group needs.

The advantage is that Manchester Community Central can help support the voluntary sector in the way groups are organised and set up, while alongside this MACC continues its traditional role to support and challenge the development of services for local communities delivered by the voluntary and community sector and the public sector.

Voluntary Sector Development

www.macc.org.uk/voluntary_sector_development

The Office for Civil Society

The new Government has announced that the Office for the Third Sector is to be replaced by the Office for Civil Society which will take the lead on the Big Society Agenda. Their intentions have been signalled in an open letter to the voluntary sector. Building upon the Conservatives' Green Paper of 2008 "Voluntary action in the 21st century", Francis Maude and Nick Hurd have identified 3 key issues in working with the sector. We don't know all the detail yet, but below is a summary:

- **Making it easier to run a charity, social enterprise or voluntary organisation.** A new taskforce will be set up to look at reducing "the bureaucratic burden" placed upon small organisations. They also want to "improve the effectiveness of the valuable infrastructure that exists to support frontline organisations"
- **Getting more resources into the sector.** The new Big Society Bank (created from dormant bank accounts or unclaimed assets) will lever in private sector investments which will provide new finance for charities and social enterprises. There is also a pledge to reform the Big Lottery Fund to ensure that grants go to voluntary organisations and NOT statutory bodies. There is a promise of a new grants programme for neighbourhood groups and training for 5000 community organisers. In recognition of the work of neighbourhood groups a national Big Society Day will be introduced. National Citizen Service - a flagship project for 16 year olds will be led by charities and community groups.
- **Making it easier for sector organisations to work with the State.** This will be achieved by longer term contracts based on outcomes and not micromanagement of process. The Commission for the Compact will remain as an independent monitor to ensure the Government is held accountable for meeting commitments of the Compact.

The letter goes on to state that Government is keen to recognise where voluntary organisations are delivering extremely good value for money and that they are committed to a long term view enabling a stronger independent voluntary sector.

The challenge here will be whether the Office for Civil Society actually understands the way the sector works. The Government believes the notion of the "Big Society" is important because "we're all in this together" (as the Programme for Government puts it) and it will help fill the gap created by cuts in public services. However, as every voluntary organisation knows, it's a big mistake to see volunteers as a free workforce - and with the scale of cuts to public spending, it's clear that there is no money to spend on the voluntary and community sector. It's perhaps significant that the new Government seems to understand that stimulating enterprise the private sector requires incentives but somehow assumes that the voluntary sector spontaneously evolves. A very useful look at the

issues around the Big Society Agenda is contained in **New Economics Foundation's** publication "Ten Big Questions about the Big Society (and ten ways to make the best of it)" available on their website: <http://neweconomics.org/>

The attention drawn to contracts in the open letter is something MACC welcomes. As reported previously, MACC has been working on this subject for a long time. Our view is that in order to create improved outcomes for people using services, the mechanism by which those services are planned, designed and purchased has to be high quality and based on working together. The voluntary and community sector is rich territory for creating flexible needs-led services which are shaped by the views and needs of local communities and so our work has been to "prepare the voluntary sector for commissioning and prepare commissioning for the voluntary sector". What we see so far is....

- **Basic clarity is often lacking** – even down to the simple level of the paperwork at the tendering stage. There is no quality assurance applied to the mechanism itself.
- **No two commissioning processes are alike** - this creates difficulties for commissioners, providers and infrastructure support: all are constantly having to understand new ways of working.
- **Inconsistency in partnership working and limited analysis of how this could help the process** - it's generally agreed that partnership is "a good thing" but no agreement on good practice in partnership working. This leads to situations where "conflicts of interest" are addressed simply by cutting off communication rather than being managed constructively.
- **No agreement about terms such as "outputs" and "outcomes"** - as well as contributing to the inconsistency of the process, means commissioning is not always gathering relevant and proportional information in order to make the best decisions.
- **Impact assessments are not routinely carried out** - the understanding of how the commissioning mechanism actually shapes the voluntary sector is still a significant gap in "competency" . For example, commissioners will often have an expectation that groups will form consortia in response to opportunities without knowledge or experience of how long this takes and how much work is involved. Equally, local voluntary and community sector groups don't always know about the constraints under which commissioners have to operate.

What's clearly needed is to strengthen the skills and knowledge of the workforce involved in commissioning. This applies to all sides—commissioners and providers. MACC has recently contributed to a guide for all those involved in commissioning in the city: it won't be an instruction manual but is intended as a prompt for those involved to broaden their understanding of the process and how it can be improved. It is informed by the Compact principles of inclusion, proportionality and accountability. The document will be launched in October 2010

Other News

Thinking the Unthinkable

What do you do if the unthinkable happens and your funding gets withdrawn? Manchester Community Central recently held one of a series of events in an attempt to help organisations plan for the coming changes and to start thinking about how to cope in the time ahead.

There were several key questions to consider:

- If you were forced to close down, what would happen to the people who use your services?
- If you had to make someone redundant, do you know how to go about it?
- If you wanted to get a story into the local press, who do you know?
- Have you thought about who you might be prepared to merge with if that was the best option?
- Have your Board and your workers ever discussed this subject?

We also learned about positive experiences in Manchester of mergers, our legal obligations and the implications of TUPE and redundancy when bidding for or losing contracts.

The afternoon group workshops discussed three questions around funding cuts, future opportunities, and the role of infrastructure organisations. **There are notes from the presentations and useful links available at www.manchestercommunitycentral.org**

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MEETINGS DIARY

- **8th July 2010**
Think Family Consultation Meeting—North
10am—12 noon
Abraham Moss Leisure Centre
- **9th July 2010**
5 Ways 2 Mental Health & Wellbeing—North Manchester
9am—2.30pm
Harpurhey Community Church
- **13th July 2010**
Child & Family Support Forum Meeting
10am—12 noon
MACC Office, Swan Street
- **14th July 2010**
Think Family Consultation Meeting—South
10am—12 noon
Withington Methodist Church
- **20th July 2010**
Voluntary Sector Mental Health Meeting
1pm—3pm
Zion Community Health & Resource Centre

Please contact MACC if you need support in taking part in any of these meetings.