

What Health and Social Care Devolution Really Means

Rachel Rosewell

Head of Finance Children, Adults and Health
Manchester City Council

Objectives

- Improving the health and well being of GM residents from early age to elderly - recognising will only be achieved with a focus on prevention of ill health and promotion of well being
- Moving from having some of the worst health outcomes to having some of the best and closing the health inequalities gap within GM and between GM and the rest of the UK faster
- By:
 - Integrating care for a more holistic, co-ordinated approach
 - Putting experience of patient, carer and families at the centre of how services are organised and delivered.
 - Making best use of existing budgets, including to improve performance around reducing pressure on A&E and avoiding hospital admissions, where appropriate.

Context

- Builds on the GM Devolution Agreement and NHS 5 Year Forward View
 - NHS 5 Year Forward View, published late 2014 sets out why change needed, models of care that could be provided and action required (locally and nationally) to support delivery
 - NHSE invited AGMA, GM CCGs, NHS Trusts / Foundation Trusts to develop a plan for further integration of health and social care
- Led to work with NHSE on broader framework for devolution /delegation of all GM health and social care funding from April 2016
- And Memorandum of Understanding with milestones and principles on how to achieve this
- July Budget Announcement

The MoU

- Framework for delegation and ultimate devolution of health and social care responsibilities to CCGs and local councils in GM
- Sets out process for collaborative working from April 1 2015 and work needed during 2015/16 to achieve full devolution and/or delegation in April 2016
- Agreement for parties agree to act in good faith to support the objectives and principles of the MoU for benefit of GM patients and citizens
- Includes all local authorities, all GM CCGs and NHSE
- GMNHS Trusts, Foundation Trusts and the NW Ambulance Trust issued letters of support
- Allows GM to reshape how health and social care services are delivered - estimated budget of £6 billion
- Services will stay as part of the NHS or Councils but will be tailored to reflect needs of residents
- CCGs and Councils will keep existing accountabilities, legal obligations and funding flows – ie responsibility for NHS funding stays with NHS and for local authority funding with local councils (not CA)

Scope

Involves the whole health care system...

- Acute care (including specialised services)
- Primary care (including management of GP contracts)
- Community services
- Mental health services
- Social care
- Public Health
- Health Education*
- Research & Development*
- *subject to discussion with relevant bodies

The Finances

- Resources of c£6bn
 - £812m local authority social care and public health
 - £3.7bn CCG allocations
 - £1.5bn PHE – mainly specialist commissioning and primary care
- Decisions on resources governed by framework in GM Strategic Plan and Locality Plans
- Where appropriate commission at GM level eg specialist commissioning
- Local autonomy supported by pooling of local authority and health resources
- Greater influence and /or devolution of other funding streams eg HEE, DH
- Investment bid to achieve sustainability – transition costs, capital investment etc
- Radical change in how resources used required

Principles

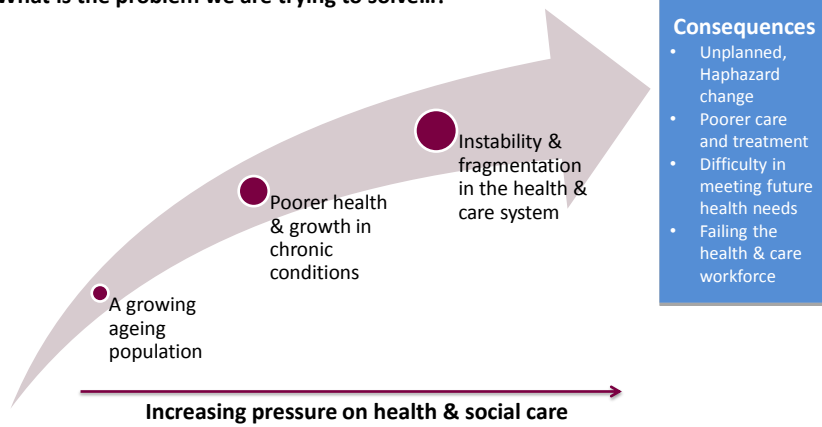
- Still part of the national NHS and social care system
- Decisions are made in the interest of GM residents - organisations will collaborate to prioritise those interests
- Commissioning at a GM level where optimum for residents
- *Subsidiarity* - decisions made at most appropriate level
- Transparent decision making underpinned by open sharing of information
- Shared outcomes to drive changes to organisational form where necessary
- Transitional risks will be shared with NHSE
- Skills and resources will transfer with commissioning functions
- New Burdens principle applies and will still access any new health and social care funding
- Underpinned by GM Strategic Sustainability Plan - achieving clinical and financial sustainability over 5 years with certain caveats eg investment
- A radical approach to optimising the use of NHS and social care estates
- ***“all decisions about Greater Manchester will be taken with Greater Manchester”***

Health and Social Care Devolution Programme

- **Strategic Plan** – clinical and financial sustainability; locality and sector plans; financial plan and enablers; GM transformation proposals
- **Leadership, Governance and Accountability** – decision making mechanisms; legislative and accountability framework
- **Devolving Responsibilities and Resources** – primary care and specialised services transfers; single unified public health system; enablers (workforce, estates, IMT, capital); support services
- **Partnerships, Engagement and Communications** – patient, carer, stakeholder and public engagement; partnerships
- **Early Implementation Priorities** – 7 day access to primary care; public health place based agreement; academic health science system, healthier together decision; workforce policy agreement
- **Leadership, management and resourcing of the programme**

Devolution is the mechanism, not the master...

What is the problem we are trying to solve...?

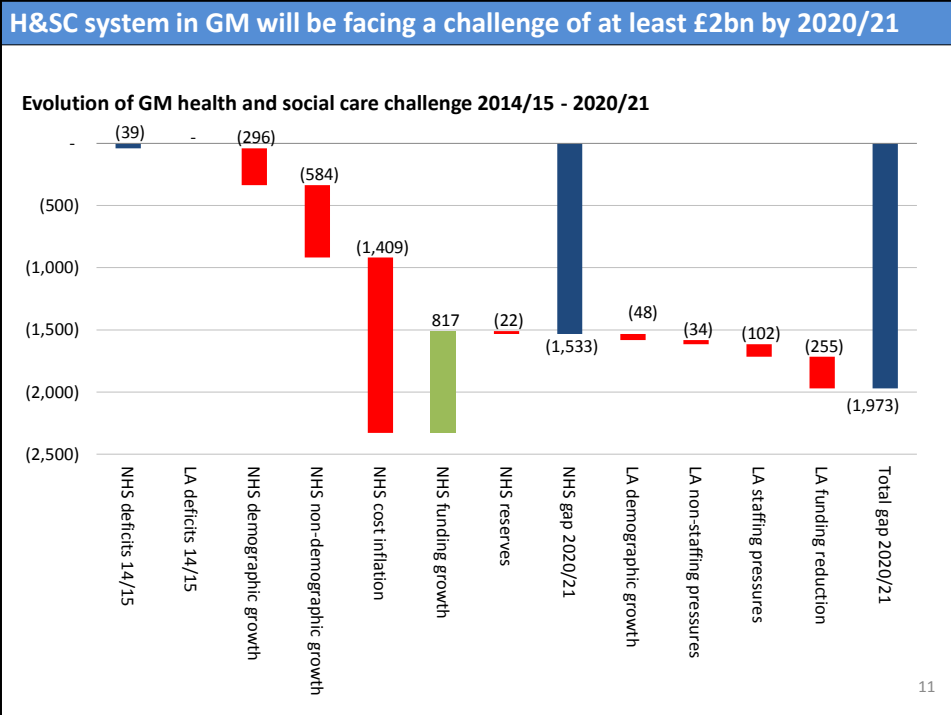


...devolution can be the trigger for greater and necessary positive reform

9

Strategic Plan

“To produce during 2015/16, a comprehensive GM Strategic Plan for health and social care aligned to the NHS 5 Year Forward View describing how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent 5 years”



Delivery – Binding and Collective Governance

- in shadow form in October 2015 and full operation from April 2016.
- The Strategic Partnership Board - shadow format from October – responsible for:
 - setting the vision for GM to achieve the aims of devolution,
 - the delivery of the Strategic Plan
- Membership:
 - GMCA; 10 LA's; 12 CCGs; 15 NHS Providers (Acute and Foundation Trusts, mental health and community providers and NWAS, NHSE
 - Greater Manchester Fire and Rescue Service,
 - Greater Manchester Police and Crime Commissioner's office
- Underpinned by:
 - Executive group - practical arm of the board to develop its priorities with four representatives each from the CCGs, NHS Providers and one representative from NHS England.
 - Joint Commissioning Board
 - Provider Federation

Delivery – Integration at the Locality Level

- An intent to pool over £2.7bn across GM by 2017 or earlier through existing and expanded section 75 agreements;
- A new locality MOU describing the target commissioning model of the future; The development of a whole system “care co-ordination” approach to track and co-ordinate patient care in a locality or cluster of localities, utilising real time demand data
- Focus on prevention
- Social Movement for change
- Aligning commissioning and contracting for out of hospital care (community health and social care)
- Integrating community health care, social care and primary care with Single assessment, single access criteria
- Primary care engagement and development at scale

13

Delivery – Innovation and Transformation

GM INNOVATION

Academic Health Science System (Health Innovation Manchester) / NICE

- to accelerate the pace of innovation, and the ability to ensure reliable implementation of evidence based practice focussing on the particular health challenges that people of GM face

GM TRANSFORMATION INITIATIVES

Standardisation at scale

- Tolerance of variation prevents us from assuring reliable service standards and improved productivity. Test and roll out new approaches to:

a. Standardising Care Pathways to Assure Better Care at Lower Cost

b. Sharing Back Office and Clinical Support Services

c. Achieving Scale - Delivering Standardised Care through new organisational partnerships.

Aligning incentives

- Partners across, primary, secondary, social care and other partner organisations will develop new payment / incentive mechanisms to establish proactive, anticipatory care models at the population level.

Place-based approach to estate

- This initiative will drive a place-based approach to the health and social care estate at locality, cluster or GM level.

14

Delivery - Early Implementation Priorities

- Seven day access to primary care
- Public Health programme
- Academic Health Science System (AHSS)
- Healthier Together decision
- Dementia Pilot
- Mental Health and Work
- Workforce policy alignment
- CAMHS

Investment Case

Achieving transformation of this nature requires critical enablers to be put in place as part of the SR settlement for GM.

- A fair share of the recurrent £8bn increase to the NHS allocation
- Protection of the baseline level of social care spend – in line with FYFV assumptions
- Access to significant revenue one-off investment – as set out in the MoU – including for double running costs
- Access to capital investment eg for IT and modern community facilities. Capital for hospitals - first call from provider reform, GM asset disposal and loans from local authority opportunities.
- Certainty of funding over the CSR period, greater control over key enablers eg reimbursement, regulation, property, IM&T, workforce development, and continued access to national risk pools.

Roadmap

<i>April 2015</i>	<i>Decisions about Greater Manchester taken with Greater Manchester</i>
<i>April 2015</i>	<i>Process for establishing shadow governance agreed and initiated</i>
<i>July 2015</i>	<i>Initial financial baseline</i>
<i>August 2015</i>	<i>Outline proposal to support Spending Review process</i>
October 2015	Completion of investment case for Spending Review process
October 2015	Devolution of funding streams in shadow form
December 2015	Completion of draft Strategic Plan and Locality Plans
April 2016	Full devolution and /or delegation with final governance arrangements in place
During 2015	Programme of Early Win announcements

Health Perspective – challenges & opportunities

- Challenges
 - Speed of movement e.g. development of fiscally neutral strategic plan during this year.
 - Balancing local discretion and control with desire to develop policy across whole of Greater Manchester.
 - Significant financial pressures in the provider sector and the need to engage providers in the solutions
 - Bring CCG member practices with us.
- Opportunities
 - Opportunity to think radically across full health and social care pathway
 - Opportunity to challenge existing regulatory and financial frameworks for the benefits of patients
 - Involvement of clinicians in issues associated with wider determinants of health
 - Engagement and involvement of local politicians in key strategic health decisions and transformation.

P.S. Health and Social Care Integration – Local Considerations

- 2016/17 Budget and Medium Term Financial Plan to 2020/21 – resource and spending assumptions / options – future of social care
- Effective planning and modelling – demonstrating shift of activity / finance from acute to community settings
- Pooled Budget – size, scope, hosting, risk share and contingencies, monitoring and reporting, governance and accountability, accounting and auditing
- Integration of Commissioning and Contracting – organisational form, payment mechanisms, procurement issues
- Impact of GM Devolution – principle of subsidiarity, governance and decision making, access to funding streams, GM wide transformation initiatives
- **Outcomes, Politics, Resources, Governance, Accountability, Risk.**

19