

Greater Manchester Devolution: The Wigan Plan

20 January 2016

Questions following Trish Anderson's presentation

- £6bn of health and social care devolved to Greater Manchester. Will it be equally shared across the 10 areas?

There is £4.2 allocated to CCGs (Clinical Commissioning Groups). These allocations will not change – this is not new money but what is already in the system. There is an opportunity for us to use these allocations differently; we know for instance that specialised commissioning is overspent.

- Redesigning CAMHS (Child and Adolescent Mental Health Services) - What does that mean?

There are big issues around access to CAMHS, particularly access to specialist beds. We need to improve and speed up access. We need to be working with children who have emotional difficulties in primary school. There is an allocation to redesign CAMHS.

- How does the plan fit with the NHS 5 year forward view?

The Locality Plan is in line with the 5 year forward view. Greater Manchester is shaping national thinking as a result of early work.

- Are CCGs accountable to the public and if so how?

CEO of the CCG, Trish Anderson was appointed via NHS England and is accountable to the board. Board meetings are open to the public to attend. The CCG is an open and transparent organisation that welcomes challenge from the public who we commission healthcare on behalf of.

- How can we sustain the NHS with a reduction in budgets?

This is not easy. We have to look at the money aspects but there is scope for efficiency savings. We need to ensure that every penny of the money is spent wisely and that we are getting value for money from services. We need to work smarter and some of the services are currently being redesigned. (Community Nursing & Therapies and Outpatients as examples)

- How do we balance the debts against the investment?

Two funds have come out in planning guidance. There is a sustainability fund (£1.6m) specifically for trusts to bid into. The Carter Review identified efficiencies that could be made in the system.

Questions following Will Blandamer's presentation

- How can we deliver Prevention and education within the context of public health budget cuts?

Challenge on budgets. Public Health is not the only budget that can support prevention and education work. There are examples of good work in Wigan. For example, smoking rates have been reduced and the Lose Weight Feel Great programme has helped to reduce obesity rates. Using mainstream services to focus on prevention

- How are we supporting patients to be discharged to formal care settings commissioned by the council? Are there any opportunities for workforce development?

Social workers need to have the capacity to focus on those with more complex needs. The council is working closely with the home care sector. They are developing a set of ethical principles for care providers with the aim of improving the quality of provision. There is a need to work harder to develop opportunities and value home care staff and offer career progression opportunities.

The CCG is also undertaking a bed capacity review to assess whether we have got the right beds in the right places. With regards to Intermediate care centres, the needs of the population have changed since they were established. A whole system approach is needed.

- Concern raised about primary care access and difficulty in accessing appointments

The CCG recognise the issue. There are approximately 9,000 visits to practices each day. We are trying to do a lot with primary care. For instance we are looking at the number of appointments & new access technologies to help tackle the issue of wasted appointments from people not turning up. The Prime Ministers Challenge Fund is being used to increase access – via the Extended Hours Hubs. (Telephone number for the Extended Hours Hubs is 01942 482848)

We also have an ageing population of GPs and this is being looked at. We are looking at how we can attract GPs to Wigan. There is also the introduction of Primary Care Standards – part of the Greater Manchester programme. We are looking at how we can streamline the work of GPs. Up to 50% of visits to the GP are for non-medical needs and Community Link Workers have been put in place to support such patients to link in with other services; e.g. bereavement services, debt advice, social groups etc.

- Will the council increase council tax by 2%?

Council Tax has been frozen for 2 years. The council now has scope to add a 2% precept to fund adult social care. This decision will be taken by elected members.

- Question around Simon Stevens' vision and query about the policies within the 5 year view.

The vision is about improving the quality of life for people across the borough. The current system is not sustainable. In 2020 we will have a transformed system. We will be able to demonstrate how this is delivering better outcomes for local people.

- How is it possible to 'square the circle' in terms of budget cuts?

We believe that doing things differently will save money. There is a need to deliver savings, but we can do this by working differently whilst not compromising care. We cannot avoid the issue of money. For instance we know that delivering more activity in the acute sector does cost more and we need to challenge this. We also need to better utilise the voluntary and community sector which has a wealth of expertise and experience.

- There is lots of capacity to do good things in the community but there is a need to put in services and revenue to support it

This is a fair challenge. We are still on a journey in terms of work with the voluntary and community sector and there is work to be done.

- In terms of issues with discharges from hospital, could we look to use existing buildings and create more capacity? (Reference to Fourways centre which was closed)

This will be picked up in the bed capacity review and there is also a piece of work ongoing around estates. We know that respite for carers is essential and there is a strong focus on the needs of carers within the locality plan.