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# Response from VCSE Sector to Consultation on “Prospectus Manchester Local Care Organisation April 2017-2027”

**Introduction**

The VCSE Sector was not involved in writing the Prospectus or in writing the Locality Plan on which the prospectus is based, despite being involved in a wide range of other partnership meetings, nor were we aware that it was being prepared. This seems at odds with the critical role of “community assets” that is identified in the Prospectus. This lack of involvement shows in many ways, including: an under-developed understanding of how to work with community assets; a narrow definition of workforce; and a lack of a model of integration.

The purpose of the Prospectus is to prepare for a Tender for what will ultimately become a £1 billion contract. Prior to this Prospectus it would have been useful to have access to an option appraisal document, if one exists, that lists the benefits and disadvantages of this approach to creating an LCO. The benefits to the public are still unclear. The apparent symmetry of the pillars of Locality Plan (single commissioner, issuing a single hospital contract and a single contract for everything else) seems to be an attempt to simplify a complex system. There is concern that it simply pushes the complexity elsewhere and creates a new raft of transaction costs. The Prospectus does not answer the key question of whether the considerable resources involved in planning, designing, establishing, tendering and contracting for the LCO could be more profitably used elsewhere.

There seems to be confusion about what the prospectus is for. It seems to be for a provider of community health and social care services. This could be an LCO, which we take to mean a newly created Special Purpose Vehicle that would bring together existing providers. Alternatively, services could be provided by a single monolithic provider but this would not be an LCO. This is a key example of where the Prospectus is unclear: what commissioners expect to stipulate compared to that they expect bidders to propose.

There is insufficient recognition in the Prospectus of the impact of the proposed cut of £49 million. It is highly likely that services will get worse despite the best intentions of all involved. The Prospectus needs to acknowledge reality: it is not possible to provide the same level of services whilst implementing cuts of this magnitude. The best that can be hoped for is that some of the damage will be ameliorated by improvement in remaining services and over time some new ways of achieving outcomes can be discovered.

There is a longstanding commitment to transferring funds from hospital to community services. This is the opportunity to make that transfer a reality. Rather than cutting community services, Manchester could take the radical step of increasing funding for community services as North-East Combined Authority have promised to do. Otherwise there is considerable fear that the LCO model runs the risk of institutionalising the existing split. Investment in prevention and community services is the only way of bringing down costs and providing decent standards of care in a time of rising long-term support needs.

## Prospectus

The following comments do not focus on particular sections of the Prospectus. Instead, it is an attempt to outline some of the key elements of the vision that seemed to be missing from the prospectus, or were incompletely expressed.

In the meeting that was held with commissioners there was the view expressed that the commissioning document needed to be “high level” to allow providers to develop their own solutions. This is true to some extent, but there has been a great deal of work done over the past few years on vision, principles, strategy and approaches and these need to knitted together in such a way that the Prospectus reflects a coherent and powerful vision of community services. In its present form it reads like a document produced to a deadline – a “cut and paste” job with little in the way of an underlying narrative. It is not the basis for the kind of system leadership and transformation that is needed over the next few years to make the most of increasingly constrained resources. (The irony is that we have actually seen and heard a more cohesive vision from local system leaders than this Prospectus would imply.)

This Prospectus does not take a whole systems approach, it is primarily about the organisation of statutory health and social care services rather than starting from an understanding of the person who needs support and the range of support that they use. If it did this then the role of carers, voluntary sector support and other providers would be far more prominent.

The Prospectus makes little attempt to capture cultural change, or measure levels of integration, or changes at any level to community capacity. It doesn’t measure contribution to social impact or inclusive growth. Overall it takes a narrow, deficit based approach to measuring change.

The Prospectus identifies an LCO, a Single Hospital and Single Commissioning as the 3 pillars of the Locality Plan. Below we identify the 3 pillars of an approach to better services. Together they form a theory of change.

### Neighbourhoods

The Prospectus has little sense of place or history. Apart from some statistics and some rather questionable general comments it feels that it could be about anywhere. It does not even include a map of the One Team “neighbourhoods”.

It fails to go into any detail about the lasting and devastating impact of de-industrialisation, the impact of large changes in ethnicity, the rise of food banks driven by welfare benefit sanctions, the rising crisis in care home provision. If the intention is to work with community assets and to localise services then the differences between Chorlton and Collyhurst, and Baguley and Moston need to be at the heart of prospectus, as do the differences between the needs of people with Pakistani heritage and those from Poland.

In particular the focus needs to be on the role that health and social care services can play in transforming the lives of the people who are part of the most deprived communities in Manchester. In the Manchester Independent Economic Review they were identified as isolate communities and there are also communities of identity of concentrated deprivation. These are the communities that drive ill-health, where there is long-term unemployment, and often poor housing and community amenities.

There is broad agreement that direct health and social care services are responsible for considerably less than half of the factors that contribute to health. This understanding needs to be at the heart of the Prospectus. The key question is, how can we ensure that the spending of £1 billion in Manchester has the maximum impact on the wellbeing of people within the most deprived communities. Health and social care services providers cannot solve the problems alone but they can make a significant contribution and have significant leverage which the Prospectus could and should articulate: it is the only additional resource which is being unlocked by this new LCO model at a time of major financial pressures. In short a social value approach should be taken.

This could involve:

* Providing entry level jobs and volunteering opportunities within the most deprived communities.
* Encouraging and supporting social action focussing on projects that address social determinants.
* Funding core community anchor institutions.
* Identifying the local impact of benefit sanctions, poor housing, and lack of social care.
* Working with neighbourhood businesses.
* Partnering up with neighbourhood organisations to develop local solutions
* Funding local solutions
* Opening up meeting spaces.
* Building and maintaining high quality green spaces
* Valuing and nurturing local knowledge and local leadership

### Workforce and Integration

In the Prospectus the workforce is essentially defined as public sector employees as it starts from the structure of services, rather than focussing on the person, what they wish to achieve and their context. The workforce that supports people with long-term conditions includes: carers; private sector providers; and local and city-wide VCSE providers. The cuts in health and social care services over the next 5 years will mean that the wider workforce will become even more central to people’s support.

Similarly, the focus of integration is only on this limited workforce. The model of integration, to the extent there is one, focuses on co-location and co-governance, which will not in themselves achieve the level of integration required even for public sector employees and will not apply to much of the broader workforce.

Using the broader definition of workforce implies a model of integration in which integration depends more on culture, information exchange, joint work, depth and quality of connection, active communication and co-planning and co-production supported by training and capacity building. Some of the elements of achieving this model of integration may be:

* Using larger VCSE organisations as integration brokers for smaller VCSE organisations.
* Working together on data governance to enable a greater range of organisations to access joint information.
* Developing patient-owned records that the person can take from one provider to another.
* Building on the Carers Strategy and working with the Carers Network to extend and develop the training and peer support offer.
* Setting targets that focus on the level of integration within the wider workforce.
* Valuing and promoting diversity of provision and specifically refraining from imposing NHS standards and procedures onto VCSE organisations, as this undermines their value.

### Asset-Based Approaches

There are many references to assets in the Prospectus but no clear understanding of what they actually are, how one might find out about them or how, given their apparent importance, they can be invested in, nurtured and renewed. If the intention is to make asset-based approaches a fundamental approach of the Prospectus then this understanding is critical. The assets of person, place and community are the basis of positive change.

Starting with the person, what assets do they have themselves, what assets do they value in the places they live and from their communities? Each person has a different definition of what they consider to be important assets and they can be surprising, but we know that people tend to value social connections and that the role of culture, sport and leisure are important. Some assets are local, some city-wide and some national and international.

From this understanding of assets there needs to be clear models of how to work with people, places and community in an asset or strength-based approach and the resources and support to build the capacities of critical assets and for health and social care services to work in an asset-based approach.

Statutory health and social care services are one of a network of assets that people use. It is not a about working with assets, it is about working alongside other assets.

### Some of the elements of asset-based approaches include:

* The role of the statutory sector is to understand the whole system of health and social care, and to assess the overall impact of changes on that system, rather than focusing narrowly on public sector expenditure. Cuts in services are likely to transfer demand to other agencies, often from the VCSE sector.
* There needs to be an investment approach to VCSE sector assets, how can they be nurtured and supported to be able to better support people with health and social care needs at a neighbourhood and city-wide level. This should include cultural and sport partners and recognise and address the disparity in some assets between neighbourhoods.
* There needs to be an agreed model for how care staff and services work in a strength-based approach both with individuals and with communities of place and identity. There are many existing models that could be adopted. These form part of an overall system leadership that should not be left to providers to develop.
* There needs to be a joint approach to co-design and mapping community assets and understanding and measuring their value. The core of working with local assets is citizen involvement.

Prepared by Macc, Dec 2016