Sharing the load

Everyone agrees that integrating health and social care will have a positive effect on people’s health but a workable process has proved elusive – until now. Emma Dent sees how one initiative may be close to delivering it.

INTEGRATION OF HEALTH AND SOCIAL CARE IS ONE of those things that everyone agrees is a good idea, if not vital, for improving the health outcomes of local populations. However, few manage to provide it. Manchester, a city long recognised for its innovative approach to partnerships across public and private sectors that have in turn helped transform its cultural and economic fortunes, has now decided to take a similarly radical step to improve the poor health of its population.

The move involves all ten local authorities and clinical commissioning groups (CCGs) joining forces. Dubbed Devolve Manchester, the planned devolution will see the Greater Manchester area’s entire £6bn budget dispersed through a single partnership body, the Greater Manchester Joint Commissioning Body. Actual commissioning, states the body’s Memorandum of Understanding, will be dispersed to the most effective level in a concerted bid to improve the health outcomes – do not go so far as to convey the powers the proposed Manchester body will need to determine how to spend its budget.

As the law currently stands, local authorities are unable to delegate executive functions to Health and Wellbeing Boards as they are non-executive committees that are unable to exercise executive functions, and nor can CCGs delegate any functions to the boards. This is different to delegating certain functions to a local authority under Section 75 agreements, where local authorities and health bodies, latterly CCGs, agree to pool budgets.

“Every council has a slightly different approach as to how its functions are carried out, but generally we’ve found local authorities have been unwilling to delegate to Health and Wellbeing Boards. A big shift in culture and relationships is needed, and the legislation is not there for such a body to be able to take executive decisions,” says Barnes.

Associate at DAC Beachcroft Esther Venning agrees that for Devolve Manchester to be a success, all those involved must be prepared to participate in a true partnership – and to take risks. “I’ve worked on a lot of Section 75 agreements that start out saying they will share risk and a truly pooled budget. But then further down the line the parties pull back and say it is too risky for them, or say that it will be a pooled budget in theory but in practice take their own funding out.”
However, she goes on: “If this can happen anywhere, it can happen in Manchester, where they have a record of working well together. The interim head of the Greater Manchester Joint Commissioning Body (Ian Williamson) is the Chief Officer of Central Manchester CCG, which reflects the investment of the health side in this. The worst case scenario would be that not everyone involved will take some risks. That would make things very difficult.”

**National rollout**

Both Venning and DAC Beachcroft Associate Hamza Drabu point out that although local acute and mental health providers have lent their support to the Devolve Manchester Memorandum of Understanding, it is unclear how providers fit into the wider picture. “Currently, providers have a light touch on Devolve Manchester. Local services will not be put out to tender. But how will private providers and third sector providers from outside the patch feel about this?” says Drabu. “Commissioners have to weigh up who is best placed to provide a service and that is not easy to marry up with place-based commissioning.”

Devolution for other areas of England, such as Yorkshire or the North East, is an oft mooted idea. Barnes says that for any other areas to try to follow Manchester’s lead, much will depend on the personalities of local authority leaders and chief executives, and health body chief executives. The state of participating bodies’ finances – particularly for any NHS organisations struggling with overspend – is another key consideration.

Drabu says he thinks that while devolution suits a city-wide approach, London is too big and contains too many local authorities and health bodies. However, he believes a devolution approach could work on a more localised basis in the capital. “A huge amount of trust is needed in a relationship to make this kind of move. I’m not sure any other area enjoys what Manchester does at the moment.”

With a proposed launch for the devolved organisation of April 2016, time will be tight, particularly in the light of legislation being needed, and with a new government recently elected. Drabu says three years would seem a more realistic timescale. Other potential threats to the devolution move include the considerable financial pressures faced by both local authorities and NHS organisations.

However, Barnes is optimistic. “I have no doubt this is the way forward. But improving outcomes for the local populations has got to be the priority – integration of services will have to be the key. I think they will make a success of it. A lot can be achieved in a year.”

To discuss the issues raised in this article, please contact

Judith Barnes on +44 (0)113 251 4712 or jbarens@dacbeachcroft.com