

**Manchester Health and Wellbeing Board  
Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 13 January 2016

**Subject:** Single Commissioning Function for Manchester

**Report of:** Ed Dyson – Interim Chief Officer – Central Manchester CCG  
Hazel Summers – Strategic Director Adults - Manchester City Council

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**Summary**

The paper sets out plans for the future of commissioning in Manchester. It sets out short to medium term actions to establish the single commissioning function set out in the Manchester Locality Plan.

**Recommendations**

The Health and Wellbeing Board is asked to give its endorsement to these proposals.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>	
Getting the youngest people in our communities off to the best start		This working arrangement will support all of the Health and Wellbeing Board priorities. It will have most immediate effect upon those priorities marked indicated.
Educating, informing and involving the community in improving their own health and wellbeing		
Moving more health provision into the community	*	
Providing the best treatment we can to people in the right place at the right time	*	
Turning round the lives of troubled families		
Improving people's mental health and wellbeing		
Bringing people into employment and leading productive lives		
Enabling older people to keep well and live independently in their community	*	

**Lead board member:**

Drs Eeckelaers, Whiting, Tamkin & Hazel Summers

**Contact Officers:**

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Manchester locality plan and related HWB reports
- Health and Wellbeing Board governance arrangements
- One Team – commissioning specification
- Living longer, living better reports

## 1 Introduction

- 1.1 This paper sets out plans for the future of commissioning in Manchester. It describes actions underpinning the proposal within the Manchester locality plan to develop a single commissioning function.
- 1.2 The proposals within this paper have been developed by the three Manchester CCGs and Manchester City Council as a means of effectively commissioning for the transformation programmes within the locality plan as well as gaining benefits from jointly commissioning existing services.

## 2 Commissioning

- 2.1 As part of previous work undertaken between the three CCGs and the Council we have defined the role of commissioning as follows:-

- To define the desired outcomes and service model led by a clear vision and strategy
- To create the environment for change
  - Soft factors e.g. culture, relationship management, values and behaviours.
  - Hard factors e.g. estates, IMT, finance, contracting, market management etc.
- To ensure standards are met and improvements are made

This approach fits with the emergence of provider led Local Care Organisations.

- 2.2 The benefits we seek to gain from a single commissioning function are:-

- Common strategic and operational/business plans
- To make best use of our collective resources
- To have an effective means of jointly commissioning services
- To ensure effective governance within our organisations whilst generating stronger cross system governance arrangements.
- To retain key strengths of the CCG and City Council approaches to commissioning and local connections.

- 2.3 The aim of this work is not to merge organisations, formally restructure or transfer employment of staff from one organisation to another. It is aimed to formalise our working arrangements and organise our resources around key work programmes.

## 3 Proposals

- 3.1 There are a number of key recommendations which will be taken through the formal governance processes of the three CCGs and the council. The key recommendations are set out in the paragraphs below.

- 3.2 The four organisations will establish the Commissioning Board as set out within the Health and Wellbeing Board Governance Paper. Within this will be a single leadership team which will be established as a committee of the four organisations with delegated decision making powers and resources. This will create a unifying group within both the statutory and collaborative governance arrangements for the first time. The key role of this Board will be:-
- To provide executive leadership for the locality plan from a commissioning perspective.
  - Oversee the management of any delegated commissioning functions and pooled budgets.
  - Lead the development of commissioning in the City and as part of statutory and HWB governance arrangements.
- 3.3 The Locality plan will be adopted as a shared commissioning strategy and should supersede the relevant parts of existing organisational strategies.
- 3.4 We will develop a common operational/business plan for 2016/17 where we have agreed joint work.
- 3.5 Led by the priorities for 2016/17 we will organise our teams around programmes of work with suitable operational leadership. These will include commissioning for the transformation programmes and also areas of operational commissioning where this adds value.
- 3.6 To develop and adopt a form of matrix working which will allow us to mobilise our workforce around work programmes in a way which makes best use of our resources, is suitably flexible but also retains a line of sight between commissioning activities and organisational accountabilities. The case study below describes how this approach has already worked in practice.

### **Case study – ONE Team**

*One Team is a service model for all out of hospital care. It emerged from the Living longer, living better programme. It builds upon experience in Manchester and evidence from the UK and abroad. The model is widely accepted amongst commissioners, providers and stakeholders as the future vision for out of hospital care in Manchester. It is also an example of a successful programme of work led by the four commissioners in partnership.*

*In the first instance the development of the high level commissioning specification and the 'ask' of providers was led jointly between the Assistant Chief Officer of CMCCG and the Head of Commissioning from Manchester City Council.*

*The work was resourced drawing from clinical leaders, commissioning leads, finance, public health, health intelligence and had significant stakeholder engagement from providers, public and other stakeholders and has been signed off within the key statutory forums as a model for the City.*

*The leadership of this shifted to the Deputy Chief Officer of South Manchester CCG and it is has moved into a more technical commissioning task. The management of this is led by commissioners at the council with support from commissioners drawn from the three CCGs including urgent care, LTC and mental health expertise (clinical and managerial) and support drawn from finance, quality, contracting, and information. There is still engagement with providers in developing the detailed service model.*

*This will move towards a contract ready specification and a single contract for Manchester by April 2016.*

*During both phases the capacity and skill mix shifted and the distribution of staff drawn from across the City allowed joint working but also deep and focussed engagement within local areas and incorporation into operational commissioning arrangements within local providers.*

#### **4 Progress to date**

4.1 The Council and the CCGs have a long history of working together and have made some steps already in regard to the actions above. These include:-

- Development of shared strategies including Living longer, living better and the Manchester Locality plan.
- Development of the One Team commissioning specification and establishment of a team with staff drawn from the four organisations to take forward commissioning of this specification.
- Appointment of a joint Director of Health and Social Care.
- Pooled budgets and associated financial plans relating to the Better Care Fund.
- Working groups in place to develop contractual arrangements for One Team and extended pooled budget arrangements.
- Close working on key priority areas such as Safeguarding, mental health, working with the voluntary and community sector and learning disabilities services.
- Organisational development work relating to commissioning with a focus upon movement toward outcome based commissioning.

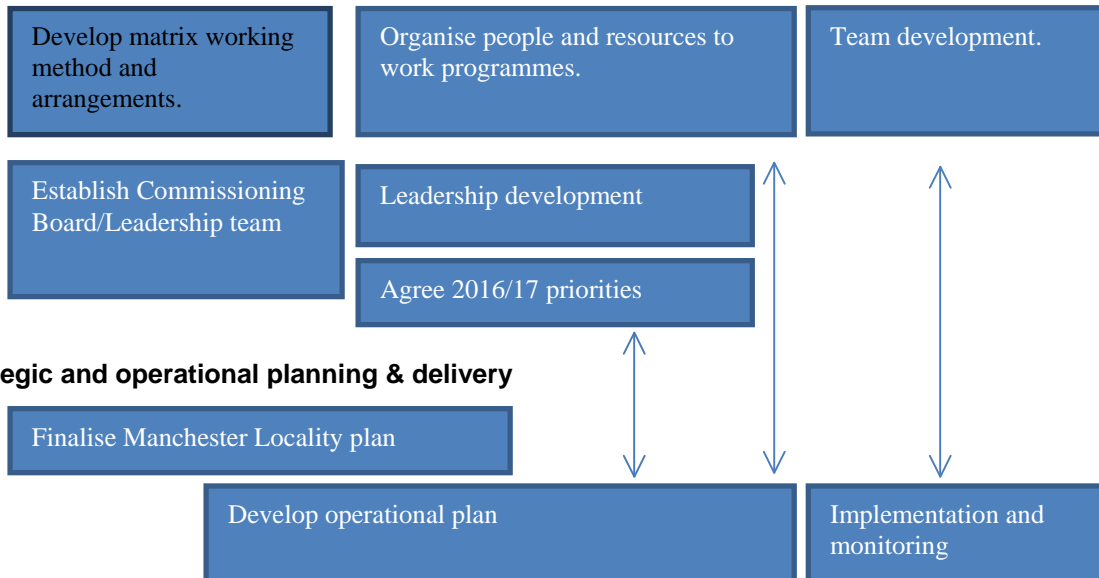
#### **5 Next steps**

5.1 By April we will have completed a first step towards the new commissioning system. We will continue the work programmes as set out above and seek to make this way of working more mainstream and more systematic.

5.2 We will appoint a Human Resource/Organisational Development lead for a period of six months to lead this work. A high level timeline is shown below.



**Human resource and organisational development plan.**



5.3 The initial areas of focus will be around delivery of One Team and, therefore, linked to the proposals around Pooled budgets i.e.

- Adult community health and social care (through neighbourhood teams).
- Urgent Care First Response/Single point of access
- Community assessment and support services (integrated intermediate care and reablement).

5.4 Further areas of potential work are currently being scoped i.e.:-

- Learning disabilities
- Voluntary sector
- Homecare
- Residential and nursing home care
- Children's reforms (early help)

5.5 In undertaking this work we foresee will be able to engage better with the public, patients, communities and community group in our commissioning activities.

5.6 Commissioning across health and social care will allow benefits to identifying risks relating to quality and safety across providers and also to flag risks such as safeguarding incidents or other people in vulnerable positions.

**6 Risks and issues**

6.1 There are a number of key risks associated with this work. These are summarised as follows:-

- Management of organisational change is difficult and can be disruptive to delivery of work programmes.
- Cultural differences between organisations.
- Difference of working practices between organisations
- Lack of local focus and connection with stakeholders.
- Differing accountabilities and regulatory frameworks.

These risks will be mitigated through leadership of the change via senior officers of the four organisations as well as bringing in additional organisational development and human resource expertise for a fixed period to implement the change.

## **7 Recommendation to the Health and Wellbeing Board**

The Health and Wellbeing Board is asked to give their endorsement to these proposals.