

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

Report to: Manchester Health and Wellbeing Board – 8 June 2016

Subject: Single Commissioning System

Report of: Dr Mike Eeckelaers, Dr Phillip Burns, Mike Greenwood, Hazel Summers

Summary

This report provides an update on the work to develop a Single Commissioning System in Manchester.

Recommendations

The Board is asked to:

1. Note the progress made
2. Agree to receive further progress reports at future meetings

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the
Getting the youngest people in our communities off to the best start	A strong, unified commissioning system is fundamental to delivery of the Locality Plan. Not only will it oversee the financial sustainability of the health and care system, it will also ensure that health and care services are effectively planned, designed, co-ordinated, monitored and evaluated.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Lead board member:

Dr Mike Eeckelaers, Dr Philip Burns, Mike Greenwood, Hazel Summers

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Background documents (available for public inspection):

None

1. Background / Introduction

1.1 The Manchester Locality Plan describes the challenges we face to improve health and wellbeing in the City of Manchester, and the commitments made by the partners in the H&WBB to achieve those improvements. The Plan describes 3 pillars

- a single commissioning system, a single Local Care Organisation and a Single Hospital Service. This report describes the progress in developing a single commissioning system.

2. Progress

The leadership of the three Manchester Clinical Commissioning Groups (CCGs) and Manchester City Council (MCC) have now agreed the following:

- The establishment from 1st June 2016 of a Joint Commissioning Executive (JCE). This will enable senior commissioning executives to discuss, agree and communicate clear and unified approaches to major issues in the city including our plans for a Local Care Organisation and a single hospital service, and other matters. The JCE will report to each constituent organisation and to the Joint Commissioning Board, which met for the first time on 23rd May. The JCE will meet weekly and will oversee and enable joined up decisions on the full range of commissioning responsibilities, while retaining current accountabilities.
- The JCE will include the chief accountable officers of the three CCGs and the MCC Strategic Director of Adult Social Services, Hazel Summers, plus directors with citywide responsibilities. The JCE will operate until more formal arrangements are agreed and in place (see below). Strong clinical leadership will remain prominent with CCG GP leads co-chairing the Joint Commissioning Board. In addition, a Joint Clinical Commissioning Committee will be formed and will include members from a range of health and social care disciplines. This will shape health and social care commissioning from a clinical/professional perspective.
- An independent option appraisal of more formal integrated commissioning arrangements. This will be commissioned externally, and consider the benefits of more formal organisational and management models. It will result in a clear evidence-based recommendation to the CCG boards and MCC about the timescale and road map for the transformation of commissioning in the city. Subject to approval, the more formal arrangements should be agreed by September 2016.
- Staff communications have started. A letter, co-signed by the three CCG Chairs and MCC's Strategic Director (Adults), was shared with all staff who will potentially be affected by these changes. Reassurance has been given that this exercise is about working more effectively and efficiently, not about reducing workforce numbers.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Note the progress made
2. Agree to receive further progress reports at future meetings