

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

**Report to:** Manchester Health and Wellbeing Board – 2 November

**Subject:** Manchester Health and Care Commissioning

**Report of:** Dr Martin Whiting, Chief Clinical Officer North Manchester Clinical Commissioning Group  
Caroline Kurzeja, Chief Officer South Manchester Clinical Commissioning Group  
Ian Williamson, Chief Officer Central Manchester Clinical Commissioning Group  
Hazel Summers, Strategic Director Adult Social Care

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**Summary**

This paper updates the Board in relation to establishment of the single commissioning function (Manchester Health and Care Commissioning).

**Recommendations**

The Board is asked to note this report.

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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	Establishment of a single commissioning function for health and care in the City will ensure a faster and more effective improvement in the health of the population.
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, Hazel Summers & Mike Greenwood

**Contact Officers:**

Name: Ed Dyson  
Position: Deputy Chief Officer Central Manchester CCG  
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**Background documents (available for public inspection):**

None

## Introduction

1. This report updates the Board on the development of the Single Commissioning Function, now referred to as Manchester Health and Care Commissioning (MHCC).

## Development of Manchester Health and Care Commissioning (MHCC)

- 2.1 Deloitte was commissioned to undertake an options appraisal and recommend a preferred means of developing a single commissioning function for Manchester. The recommendation of Deloitte was that the three Manchester CCGs merge and the single CCG establish a partnership agreement with Manchester City Council.

This recommendation has been endorsed by all four organisations. It has also been agreed to establish a Steering Group drawn from the Boards/Executive of the organisations to oversee the design and implementation of MHCC.

- 2.2 Ed Dyson has been established as the Senior Responsible Officer of the programme with Accountability to the Steering Group. A programme team has been established with staff drawn from all four organisations.

- 2.3. The programme plan contains a number of key workstreams as follows:-

- Development of the mission, vision and values
- Establishing a commissioning strategy
- Structures and systems of governance
- Human resources and organisational development
- Financial and transactional

- 2.4 A benefits statement has been developed which sets out the key benefits we seek to achieve through development of the function. These include:-

- Improvement to population health
- A better use of collective assets and resources
- A more strategic approach
- To better reflect the emerging provider arrangements

- 2.5 The merger of the three CCGs will require NHS England approval and we will need to provide assurance relating to the legal requirements for establishment of a CCG. Discussions are ongoing regarding the nature and timing of that assurance process.

- 2.6 Legal advice has been commissioned, in addition to use of Manchester City Council legal teams, to scope out the best mechanism for forming a partnership agreement between the CCG and City Council. This will aim to achieve the following features.

- The look, feel and operational model of a single organisation
- Capability to deliver all/maximum commissioning functions in scope

- Equality of partnership
- Effectiveness of systems of internal control
- Lean, effective decision making
- Financial governance and risk management
- Clinical and professional leadership
- Feasibility and timeliness of implementation

2.7 Significant staff engagement and GP member engagement has been put in place. This is focussed upon communication to staff regarding developments, building knowledge of the 'Our Manchester' approach as a key approach within establishment of MHCC and using staff time and expertise to contribute to the design process. The focus in October sessions has been on Our Manchester and development of the mission, vision and values of the new organisation.

2.8 The design is seeking to build in a number of key features which will help realise the benefits. These are summarised below:-

- To be led by the key strategies adopted by the City namely Taking Charge, A Healthy Manchester and Our Manchester.
- To be developed as an integral part of the new health and social care system alongside the Local Care Organisation and the Single Hospital Service.
- Clinical and professional leadership ensuring commissioning decisions are led by the expertise of those at the front line of health and social care but recognising the changing role of commissioning in the context of the LCO.
- To ensure good connections into neighbourhoods and communities. In becoming more strategic and operating at a greater geography it is important to stay sensitive to the needs of local communities.
- To look, feel and operate as one organisation. Whilst MHCC will be a partnership underpinned by a legal agreement and there are regulatory limitations to achieving 100% integration the aim is that, in practice, the partnership will work like a single organisation.

2.9 There are a number of key decision points in order to establish MHCC

Month	Decision	Decision making body
November	Support design and implementation plan	CCGs and MCC
January	Decision to merge and form partnership agreement with Manchester City Council	CCG Boards and City Council Executive Committee
	Approval of merger by NHS England	GP member practices NHS England
March	Final approval to establish MHCC	CCGs and MCC
April	Approval of all key constitutional and policy documents	MHCC Board

## **Risks and Issues**

### 3.1 Key risks are as follows

- Legal barriers to ideal forms of governance
- Cultural and business practice differences between organisations
- The differing financial positions of the four organisations
- The time to implement and significant competing priorities
- Ensuring strong clinical leadership

## **Recommendations**

### 4.1 The Health and Wellbeing Board is asked to note this report