

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

Report to: Manchester Health and Wellbeing Board – 18 January 2017

Subject: Manchester Health and Care Commissioning

Report of: Ian Williamson

Summary

This report provides an update regarding the development of a single commissioning function for Manchester.

Progress is good against very challenging timescales. A number of significant milestones have been successfully met since the last report. However, there are a small number of material risks remaining.

Recommendations

This report is for information.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The development of a single commissioning function for Manchester will act as a key enabler for all strategic priorities.
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 members:

Dr Phillip Burns, Dr Mike Eeckelaers, Michael Greenwood & Hazel Summers

Contact Officers:

Name: Ed Dyson

Position: Deputy Chief Officer - Central Manchester CCG

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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 – A Healthier Manchester
- Our Manchester Strategy
- Previous reports relating to Single Commissioning

Introduction

- 1.1 This paper updates the Board with regard to the establishment of a single commissioning function for the City of Manchester. The working title for the new organisation is Manchester Health and Care Commissioning (MHCC).
- 1.2 Significant progress has been made in establishing MHCC which has drawn from the collective effort and contribution from people within the three Manchester CCGs and Manchester City Council.
- 1.3 It is expected that MHCC will be established from the 1st of April 2017 although there are a small number of risks which could affect this.

Background

- 2.1 Establishment of a single commissioning function is a key pillar of the Manchester Locality Plan. The bringing together of the commissioning responsibilities for health, social care and public health will enable coordinated commissioning of health and social care in the City. It is important this is the case to ensure effective commissioning of the single hospital service and local care organisation as the two main providers of care in Manchester.
- 2.2 The establishment of MHCC will be undertaken through the merger of the three Manchester CCGs and the merged CCG to hold a partnership agreement with Manchester City Council. In effect this will create a single organisational arrangement with a single Board, senior team and staffing structure.

Progress

- 3.1 Ian Williamson has been appointed as the Chief Accountable Officer for the merged CCG and for MHCC. Recruitment to a Board and Executive Team will take place in January/February. A full integrated staffing structure will then be developed and populated.
- 3.2 NHS England's Commissioning Committee has supported the merger application made by the three CCGs. This was submitted out of sequence with Board and Membership decision making due to the timing of NHS England's committee. The support is, therefore, conditional on Boards and membership decisions scheduled for the end of January and early February respectively.
- 3.3 Significant staff engagement has taken place including briefing sessions, solve it sessions and use of technology such as Crowdsourcing. Engagement sessions have focussed up the design of the new arrangements rather than briefing sessions. From this we have developed a draft Mission, Vision and Values which is currently being engaged upon. Sessions have also focussed upon building awareness of the Our Manchester strategy and ensuring this is a strong driver for the design of the organisation. The level of staff engagement and involvement has been positive and is growing. There is a general appetite for the changes.

- 3.4 A programme of GP practice engagement is taking place between December and March. This will focus upon developing the right approach to clinical leadership and practice engagement in the new function. The product of this engagement will support the proposition we put to members in requesting the creation of a single CCG. Key messages from GP practices have been focussed upon the importance of clinical leadership/engagement as well as clear influence upon the decision making of the organisation. These are key features of the design work to date.
- 3.5 Design work has been undertaken to define the strategic commissioning role and roles, currently undertaken by commissioners, which could be undertaken by the LCO. Some of the functions such as service redesign and commissioning of smaller services or packages of care will be undertaken by the LCO in the future. Both the LCO and MHCC will need to develop these arrangements and establish the correct skills and systems to do this effectively. This is likely to be an arrangement which is phased over time as MHCC and the LCO mature as organisations.
- 3.6 A proposed governance model has been supported by the Steering Group. The aim of this is to create an arrangement whereby MHCC can have a single Board overseeing the full range of commissioning responsibilities. This should support the broadest scope of commissioning responsibilities to be held in one place and allow membership of the Board and structures beneath to reflect both NHS and Council governance features.
- 3.7 The CCG's finance teams are putting in place financial arrangements to support the merger and close down of the three CCGs. In addition there is extensive work in progress between the CCG and Council finance teams to develop financial plans and reporting arrangements for 2017/18 and beyond and the necessary section 75 agreements to enable pooled budget arrangements.
- 3.8 Immediate and longer term plans are in development with regard to the practicalities of closer working. These include co-location of staff, common IT systems and development of a single set of business processes.

Challenges

- 4.1 Current challenges to completion:-
- The timescales to complete establishment by April 1st are extremely challenging
 - The outcome of a vote of the three GP memberships to support the merger is required in order for a Manchester CCG to be established.
 - The financial challenges commissioning organisations face in the short and medium term.

Recommendations

- 5.1 This report is for information.