Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 15 March 2017

Subject: Manchester Health and Care Commissioning

Report of: lan Williamson – Chief Officer (designate)

Manchester Health and Care Commissioning

Summary

This report provides an update regarding the development of Manchester Health and Care Commissioning as the single commissioning function for the City.

Good progress is being made with this development and a number of key milestones have been met.

Recommendations

The Board is asked to:

1) Note the report

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 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	The development of a single commissioning function for Manchester will act as a key enabler for all strategic priorities.
Self-care	

Lead board members:

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

Contact Officers:

Name: Ed Dyson

Position: Executive Director – Planning and Operations (designate)

Manchester Health and Care Commissioning

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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 Manchester Health and Care Commissioning (MHCC). This is now the agreed name of the new organisation.
- 1.2 Significant progress has been made in establishing MHCC and some major milestones have been met since the last report.
- 1.3 It is expected that MHCC will be established as an organisation by April 1st 2017 although there are still a number of key steps to take place. More emphasis is being placed upon operational running now the main building blocks of the organisation are in place.

Background

- 2.1 Establishment of a single commissioning function is a key pillar of the Manchester Locality Plan alongside a single hospital service (SHS) and a local care organisation (LCO).
- 2.2 The establishment of MHCC will be implemented through the merger of the three Manchester CCGs and the merged CCG to hold a partnership agreement with Manchester City Council for commissioning of adult social care and public health. In effect this will create a single organisational arrangement with a single Board, senior team and staffing structure. This will create a fully place based commissioner for the first time.

Progress

- 3.1 The merger of the three Manchester CCGs has now been approved. NHS Manchester CCG will be established with effect from April 1st 2017. This follows a vote of the three GP memberships to agree the merger. It was encouraging that all three memberships had a turnout rate of over 75% and over 90% supported the recommendation. This shows both engagement and support to our direction.
- 3.2 The CCG and Manchester City Council are now developing the partnership agreement which will create the legal arrangement for the two parties to operate as MHCC. This is on track to be completed for agreement in advance of the new financial year.
- 3.3 Following the appointment of Ian Williamson as the Chief Accountable Officer the following appointments have been made to the MHCC Executive Team. The Director of Strategic Commissioning (incorporating the statutory role of the Director of Adult Social Services) is in process of recruitment.

Joanne Newton Chief Finance Officer
David Regan Executive Director – Popul
Manisha Kumar Executive Clinical Director
Craig Harris Executive Nurse and Director

Ed Dyson

Executive Director – Population Health and Wellbeing

Executive Nurse and Director of Safeguarding Executive Director – Planning and Operations

- 3.4 The appointment to the MHCC Board is in progress and is expected to be complete by mid March. Councillor Paul Andrews and Councillor Sue Murphy will sit on the Board. Atiha Chaudry has been appointed as the Lay Member for patient and public involvement. The Executive Team are starting the process to establish the integrated staffing structure aligned with development of excellent clinical leadership arrangements throughout the organisation.
- . 3.5 The work to develop our mission, vision and values is complete. We have adopted the strapline of the Locality Plan 'A healthier Manchester' as it expresses fully our purpose and there was no need to differentiate. Our mission is expressed as a series of statements listed below.

MHCC Mission

We are determined to make Manchester a city where everyone can live a healthier life

We will support you, and your loved ones, investing in what you tell us is important to you

We will make sure you receive the right care in the right place at the right time, delivered by kind, caring people, you can trust

We will make the most of our money by reducing waste; testing new ways of working that improve outcomes and funding the things we know will work

We will forge strong partnerships with people and organisations, in the City and across the region, and put health and wellbeing at the heart of the plans for developing Manchester's future as a thriving City

3.6 We are progressing development of the MHCC strategy. This will be complementary to existing strategies in the City. The strategy will be radical in that it will push forward what we seek to achieve and change our role as commissioners to achieve that. We will commission for a transformed health and social care system pushing forward the implementation of new models of care to create improved population health, safe and affordable services. MHCC will look beyond health and social care and focus upon the wider determinants of health such as housing, employment and education. MHCC will set out its role as part of public sector reform and the growth agenda. This will require MHCC to work differently as an organisation. It will need to be more strategic and outcomes focussed, it will need to forge new links within the City and Greater Manchester both to organisations and communities.

Next steps

4.1 The last remaining building block to the organisational establishment of MHCC is the partnership agreement between Manchester CCG and Manchester City Council.

- 4.2 We are progressing the establishment of a single staffing structure for MHCC. The aim is to have this in place by July and have interim arrangements to allow us to operate effectively in the interim period.
- 4.3. MHCC has developed an operational plan and a financial plan for 2017/18. These plans are challenging and will require us to achieve transformed services, delivery of core standards of care and financial balance.
- 4.4 We will start to develop our outward relationships as an organisation. This will include our role within the Health and Wellbeing Board and Locality Plan arrangements, our relationship with providers and also local stakeholders. We are determined, as we become a larger organisation, to stay connected with people and communities. We are working on mechanisms to do this effectively.

Challenges

- 5.1 Current challenges:-
 - The timescales to complete the development of MHCC remain challenging.
 - Bringing together staffing arrangements from four organisations in a short period of time has transactional, practical and cultural challenges.
 - People and organisations are working under extreme pressure which, alongside organisational change is challenging.
 - The financial positions of the partner organisations present challenges to the work of MHCC.

Recommendations

6.1 This report is for information.