



Commissioning for reform

The Greater Manchester
Commissioning Strategy



Greater Manchester Health and Social Care Partnership

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Commissioning for reform

On 1 April 2016 a new era in Greater Manchester's history began when it became the first region in the country to have devolved control over integrated health and social care budgets, a combined sum of more than £6 billion. For the first time, health and social care will become integrated, and local people will be taking charge of decisions on health and care services for Greater Manchester (GM).

But GM is not just taking charge of health and social care provision.

Fundamental to the success of the groundbreaking devolution agreement between the Government and GM will be our ability to draw together a much wider range of services that contribute to the health and wellbeing of GM people.

The impact of air quality, housing, employment, early years, education and skills on health and wellbeing is well understood. In GM, general practitioners (GPs) spend around 40% of their time dealing with non-medical issues. Therefore, GM has embarked on a large-scale programme of whole-system public service reform, bringing together decision making, budgets and frontline professionals to shape services in ways that better support local people and communities; and help to tackle the underlying issues of deprivation and poverty.

With local services working together, focused on people and place, we want to transform the role of public services and take a more proactive approach rather than responding to crises. We want to transform the way we use information, empowering our frontline workforce to make more informed decisions about how and when they work with individuals and families. Building on the principles of early intervention and prevention, GM aims to deliver the appropriate services at the right time, supporting people to become healthier, resilient and empowered.

Our approach to commissioning must support this new era of GM public services. We must commission services at the right spatial level, in collaboration with one another, which support community resilience and wellbeing; and ensure a focus on the outcomes we are seeking to achieve for GM.

This commissioning strategy shows how we have seized the opportunity to shape our future, looking beyond organisational boundaries and moving away from single-service planning to consider the cumulative impact we can achieve by working together in new ways. We are working together to help GM thrive. This report describes our overall approach, principles and implementation priorities. We will update information on our implementation approach on a yearly basis, to provide evidence of how our work is progressing and is being shaped by practical experience.

Greater Manchester's ambitions

Greater Manchester (GM) requires a single commissioning strategy that encompasses all public services to deliver its ambitions for reform. This strategy describes how we will transform our commissioning approach to meet GM's needs.

Public service reform

In GM we want to enable a truly place-based approach to public service reform, transforming the way all public services work together in one particular place. This approach will enable GM organisations to make real changes to the lives of residents, in ways relevant to them, free from the restriction and fragmentation created by organisational boundaries.

Stronger Together: Greater Manchester Strategy 2013 put public service reform at the heart of our strategic ambition. **A Plan for Growth and Reform in Greater Manchester (2014)**, subsequent devolution agreements and **Taking Charge of our Health and Social Care in Greater Manchester: The Plan**, published at the end of 2015, have all restated the commitment to reshaping our services, and supporting as many people as possible to contribute to, and benefit from, the opportunities it brings.

Delivering transformational change in GM requires public services to work together in different ways. A key component in supporting this will be the creation of mechanisms that support these new conversations, recognising the interdependencies between a range of service areas in achieving improved outcomes for GM residents.

Meeting the financial challenge

Delivering on our ambitions for reform will also contribute to meeting the financial challenges facing our public services. Health and social care alone faces a deficit in excess of £2 billion by 2021. We can tackle this by reducing demand on expensive, reactive public services through greater integration, prevention and early intervention.

It will require a new approach to commissioning services that focuses on delivering outcomes for residents, putting artificial boundaries to one side. This new approach will help us to deliver our strategic objectives of supporting GM residents to 'start well, live well, age well', while commissioning a financially and clinically sustainable health and social care economy.

Making the most of devolution opportunities

GM is in a unique position to maximise a number of 'once in a generation' opportunities. The devolution agreements that GM has made with government and national bodies will provide the influence, powers and scale to commission for reform.

Devolution to the Greater Manchester Combined Authority for a range of public service reform priorities now includes the Life Chances Investment Fund, which from April 2017 aligns funding from several budgets such as the Troubled Families programme and Working Well pilot, and potentially a range of innovative funding streams. The five-year GM Transformation Fund created as part of the Comprehensive Spending Review settlement to support health and social care transformation, and potential four-year settlements for local authorities, also provide relative certainty of funding that will enable development of longer-term strategies and more effective commissioning for truly transformational change.

These are real opportunities to ensure both the £6 billion health and social care budget and the broader £22 billion GM budget for public spending are used as efficiently as possible to improve outcomes for GM residents.

Increased certainty about funding and control over budgets offers the ability to move away from short-term financial planning. This will allow us to invest in early prevention and intervention, particularly as we know that the return on investments that reduce demand falls beyond normal budgeting rounds.

Devolution has provided significant incentives to invest in transformational reform, removing those barriers that precluded investment in preventive approaches, particularly those where investments provided benefit to other agencies, for example in the form of reduced demand.

More than ever, we are committed to integration. We want to reduce the incidence of silo working and putting organisational priorities ahead of people and places.

Devolution and the governance we have developed mean we are now in a position to overcome the barriers of fragmented decision making, overlapping or duplicated investment, and to address the long-standing challenge of co-investment.

A new approach to commissioning underpins and supports our capacity to bring together the breadth of reform activity being implemented across GM. A radical approach to commissioning is needed to deliver on the GM transformation programmes associated with our Health and Social Care reforms, our wider GM Reform Programme and the local implementation of reform.

As well as developing a radical approach to commissioning, GM will need to develop innovative ways of decommissioning. The commissioning cycle that we will adopt embeds decommissioning and disinvestment within it. Our commissioning aspirations must be complemented by the strength of our decommissioning intentions.

Commissioning to deliver core reform objectives

Delivering transformational change in GM requires public services to work together in different ways. A key component in supporting this is the creation of mechanisms that support these new conversations, recognising the interdependencies between a range of service areas in achieving improved outcomes for GM residents. We know that delivering the objectives of the Health and Social Care Strategic Plan will rely on services that have traditionally sat beyond the remit of Health and Social Care providers and commissioners. Transforming our commissioning is not about reassigning responsibility, but enabling the breadth of integration we need to bring together decision making across areas that have historically been fragmented.

Our commissioning strategy will be a key enabler to deliver the core objectives that sit across both **Taking Charge of our Health and Social Care in Greater Manchester: The Plan, 2015** and **Stronger Together: Greater Manchester Strategy 2013**. These are to:

- improve the health and wellbeing and life chances of GM residents
- improve the quality of public services and outcomes for GM residents
- reduce inequalities that exist both within GM and between GM and the rest of the country
- ensure services are clinically and financially sustainable and create a sustainable public service economy
- unlock devolution dividends to support public service reform.

Our vision: A radical approach to commissioning

We need a radical new approach to commissioning that will underpin and support our capacity to bring together the breadth of reform activity being implemented across GM. This approach will be necessary to deliver transformation associated with our health and social care reforms, our wider GM reform programme and the local implementation of reform.

We know that delivering the objectives of **Taking Charge of our Health and Social Care in Greater Manchester: The Plan, 2015 and Stronger Together: Greater Manchester Strategy 2013** will rely on services that have traditionally sat beyond the remit of health and social care providers and commissioners. Transforming our commissioning is not about reassigning responsibility but enabling the breadth of integration we need to bring together decision making across areas that have historically been fragmented.

GM will also need to develop innovative ways of decommissioning to ensure our commissioning aspirations are matched by strong decommissioning intentions, and adopt a commissioning cycle in which decommissioning and disinvestment are firmly embedded.

A new era of opportunities

GM is in a unique position to maximise a number of once in a generation opportunities:

- The agreements that GM has made with Government and national bodies will provide influence/powers and scale to commission for reform.
- The five year Health and Social Care settlement, and potential four year settlements for local authorities provide relative certainty of funding, enabling the development of longer term strategies and more effective commissioning for truly transformational change. Our ability to move away from short-term financial

planning will allow us to invest in early prevention and intervention, particularly as we know that the return on investments that reduce demand fall beyond normal budgeting rounds.

- Devolution to the Combined Authority for a range of public service reform priorities, and Health and Social Care devolution now includes the Health and Social Care Transformation Fund and Life Chances Investment Fund (and potentially a range of innovative funding streams). These are real opportunities to transform both the £6bn Health and Social Care budget, and the broader £22bn GM public spending, improving outcomes for GM residents and ensuring public money spent in GM is used as efficiently as possible.
- The governance that we have developed and our increased commitment to integration significantly reduces the incidence of silo working, and placement of organisational priority before that of place and person. With this, devolution has provide significant incentives to invest in transformational reform, removing those barriers that precluded investment in preventive approaches, particularly those where investments provided benefit to other agencies in the form of reduced demand etc.

We are now in a position to overcome the barriers of fragmented decision making, overlapping or duplicated investment, and reconciling the longstanding challenge of co-investment.

Opportunities to commission differently

Devolution and reform enable us to change our current approach to commissioning. The table at the bottom of the page shows some ways we can move to a different approach.

Effective integrated commissioning can act as a catalyst for the implementation of new delivery models, such as moving to outcome-based, multi-year capitation models that support implementation of new models of provider collaboration and innovation.

We are able to take an overall approach that facilitates more effective and rapid change to new ways of working. In doing so, it will be important to assess and prioritise areas with the ability to make the most significant steps towards the delivery of local implementation plans and GM strategies.

Developing our approach

Devolution offers the freedom to work together in new ways. We have already developed an infrastructure and process to support joint commissioning across GM services that has enabled us to take on key decisions from 1 April 2016.

This strategy outlines steps we have already taken to support our commitment to joint commissioning across GM services.

We have agreed a set of principles that will underpin our new approach to reform and commissioning.

We have developed an investment-led approach to commissioning that will support a shift from reactive to preventive services.

We have identified a set of initial joint commissioning and supporting workstreams

From	To
<ul style="list-style-type: none"> ● Focus on organisations and separate areas of spend 	<ul style="list-style-type: none"> ● Focus on place and population health needs
<ul style="list-style-type: none"> ● Fragmented view of health, social care and other public services 	<ul style="list-style-type: none"> ● Holistic view of health, care and wider public sector reform
<ul style="list-style-type: none"> ● Bound by annual planning horizons 	<ul style="list-style-type: none"> ● Multi-year investment programmes
<ul style="list-style-type: none"> ● Excess of relatively small initiatives 	<ul style="list-style-type: none"> ● Comprehensive view across GM
<ul style="list-style-type: none"> ● Lack of flexibility of GM commissioning or lack of efficiency of local commissioning 	<ul style="list-style-type: none"> ● Economies of scale combined with integrated delivery around individuals and families at neighbourhood level
<ul style="list-style-type: none"> ● Change initiatives that sit on top of, but do not fundamentally change, the mainstream 	<ul style="list-style-type: none"> ● Creating robust evidence for decommissioning existing models of care shown to be of lesser value compared to new models
<ul style="list-style-type: none"> ● Single-service planning 	<ul style="list-style-type: none"> ● Integrated strategic planning focused on cumulative impact and outcomes

Our immediate focus for jointly commissioned services during 2016/17 is specialised health services and primary care. But at the same time we aim to make significant progress on jointly commissioning other areas of activity.

that can be mapped against transformation and reform priorities.

We have identified implementation priorities for our strategy, including learning from and building on the initial workstreams and strengthening governance and leadership to support the new commissioning approach.

Throughout 2016/17 we will continue to refine our planned approach, and engage with our partners across health, social care and the third sector. We want to be sure we are operating flexibly and able to respond to emerging reform implementation plans, and that we consider the breadth of potential joint commissioning decisions. In taking any decision we will focus on innovation, financial and clinical sustainability, and improved outcomes for GM residents.

A phased approach to change

We are adopting a phased approach to our commissioning transition. This will ensure that we can maintain a clear focus on current system performance.

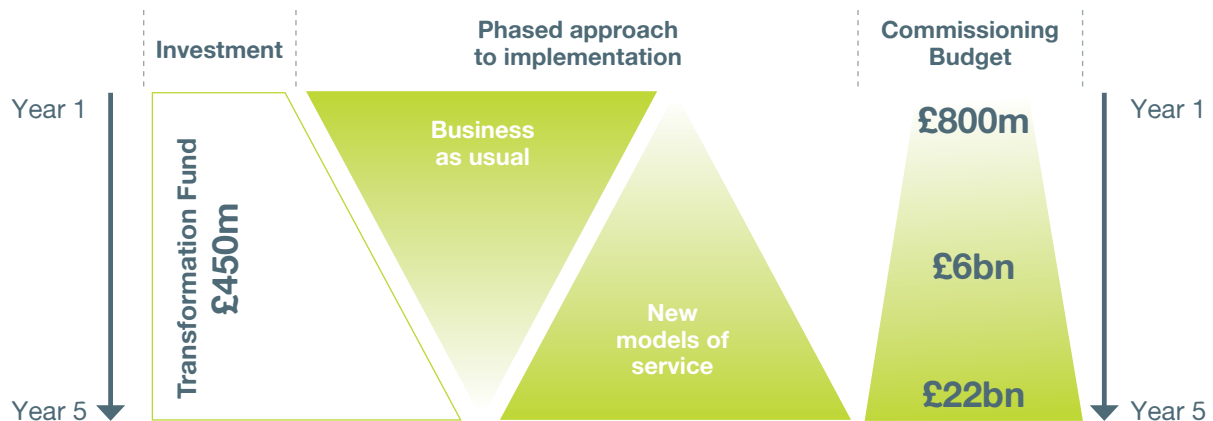
Our immediate focus for jointly commissioned services during 2016/17 is specialised health services and primary care. The total value of these services is approximately £800 million. But at the same time we aim to make significant progress on jointly commissioning other areas of activity.

As we move through 2016/17 and into future years, the scope, scale, ambition and, ultimately, the budget for our joint commissioning activity will broaden significantly.

It is neither practical nor sensible to make the significant transition required in a short period of time. Supporting a phased approach to reform, we will be scaling up the level of investments in our new delivery models, while decommissioning and disinvesting in existing models that are shown not to deliver required outcomes or that fail to meet minimum GM and national standards. By adopting this approach we will be able deliver a managed transition from current 'business as usual' to new models of delivery.

Figure 1 outlines our phased approach to implementing new commissioning models.

Figure 1: Phased approach to implementation



Our principles

Underpinning reform principles

To enable place-based, whole-system reform across Greater Manchester (GM), we need to ensure that wider reform principles drive our commissioning activity, and that we firmly embed this new approach in the way we work.

These are the principles that underpin GM reform.

- There is a new relationship between public services and residents, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services.
- There is a place-based approach that redefines services, utilises the knowledge and skills of the wide range of our service partners; and puts individuals, families, and communities at their heart. Our asset based approach also recognises the importance of the support provided by families and unpaid carers.
- We recognise the importance of developing approaches to reform which will work best when they reflect communities of identity and the diversity of our local population.
- We are asset conscious, recognising and building on the strengths of individuals, families and our communities rather than focusing on the deficits.
- Collaboration is at the heart of reform, with providers and commissioners working together to develop solutions that bring benefits to both.
- We focus on driving behaviour change in our communities that builds independence and supports residents to be in control. We will do more to develop approaches which recognise the importance of self

management and the role of carers, in building resilient and independent communities.

- Wellbeing, prevention and early intervention are stronger priorities.
- We develop an evidence-led understanding of risk and impact to ensure the right intervention at the right time.
- We adopt an approach that supports the development of new investment and resourcing models and the decommissioning of failing approaches.

Our commissioning principles

We will draw on these overall principles for reform to embed five core principles specific to commissioning for GM residents, outlined below.



1. People and place

For all the bureaucracy and complexity of commissioning, and whatever the scale of commissioning in the end, what matters is that our decisions help the people and places of GM achieve their own vision of the future.

Our commissioning ambition has to drive significant behaviour change across our residents, organisations and workforce. Our residents need to be less reliant on public services and more proactive in their lifestyle choices. Our organisations need to think beyond their organisational boundaries towards people and place. Our workforce needs to think differently and outside their own organisation to commission for outcomes.

2. Co-design

Commissioners, providers and residents working together will create better proposals and a quicker route to successful change. We have already worked with partners across GM to develop clear principles which will support successful collaboration between health and social care organisations across Greater Manchester. We aim to go further and develop similar common principles to define our approach towards co-design and co-production which will underpin place based, whole system reform.

3. Decommissioning

Our success will be defined as much by our decommissioning decisions as by our commissioning activity. We have a £2 billion financial challenge to address across GM health and social care and will not achieve it by commissioning more of the same; we need to commission new models of care. This will mean reviewing existing models and decommissioning those that do not meet minimum standard requirements or deliver appropriate outcomes.

4. Commissioning at the right level

To be successful we need to commission services at the most appropriate spatial level. We also need to be able to connect our commissioning, whether services are commissioned at a macro level (GM and locality) or at micro level (individuals or

teams) For instance, we need to make best use of voluntary and community organisations to deliver an asset-based approach. So we must ensure that commissioning activity across different levels takes into account and, wherever possible, complements what is happening at other levels. We will seek to use strategic partnerships, where appropriate, to maximise the skills and resources which voluntary and community sector partners can provide to support our approach.

Our new commissioning approach cannot be confined to macro commissioners, whether they operate at locality or GM level. To deliver new models of care we need to drive demand reduction through a programme of behaviour change – the role and behaviour of the micro commissioner will be integral to delivering integrated care closer to home. We need to support micro commissioners to embrace new models of care, and to challenge existing activity.

5. Be bold

To deliver improved outcomes and achieve financial sustainability we must be bold and embrace new commissioning models, such as outcome-based commissioning. It is not enough to simply commission the same activity in the same way but at a different spatial level.

Being bold and commissioning differently means adopting best practice not just from within GM but from around the world.

Underpinning these five principles is a commitment to commissioning services that meet GM and national agreed standards and ensures research and innovation are embedded at the heart of our commissioning activity and decisions.

An investment-led approach to commissioning

One of the most important changes we need to make is to move from a transactional and linear approach to an investment-led approach to commissioning. Shifting activity must lead to resources being freed up in one part of the GM public service economy to be reinvested in another.

In developing an approach to joint commissioning we therefore need to think beyond organisational boundaries, and consider how we can invest collaboratively to achieve the outcomes we have committed to achieving. This is key to the way we will apply the GM Transformation Fund and Life Chances Investment Fund.

Commissioning for improved outcomes

Through our broader approach to public service reform, we are supporting residents to become increasingly independent, resilient, and better connected to the opportunities of economic growth. These are outcomes that will also support our capacity to achieve improved health outcomes.

For example, we know that being out of work can have a significant impact on mental and physical health. Investing in employment support – particularly for those who have identified health related barriers to employment – can deliver longer-term, sustainable savings for the health system. Ensuring access to the right support to get someone into work, or to stay in work, potentially saves significant health-related spending in the future. Our aim will seek to develop a comprehensive approach to this issue which recognises the range of long term health and disability problems which can impact on our communities.

Similarly, at the heart of our health and social care reform ambitions is the recognition that we need to see a significant shift in activity. We want to shift the balance from

reactive, crisis services to preventive services that help reduce escalation of need, for example, moving from inappropriate use of in-hospital acute settings to out-of-hospital and community care. Our approach will be underpinned by a need to make significant investments in prevention. We will engage with our partners across health, social care and the third sector to explore new and innovative approaches to investment which will provide improved outcomes and support the long term sustainability of GM's approach to service transformation and provision.

Criteria for investment

GM cannot simply move from one model of commissioning to another overnight. Our transition has to be managed. In support of this our commissioning activity will need to satisfy clear criteria.

Our investment propositions must look beyond purely the delivery of value for money. Obviously they should do that, but they will also need to:

- clearly contribute to the delivery of GM priorities, including those set out in **Taking Charge of our Health and Social Care in Greater Manchester: The Plan and Stronger Together: Greater Manchester Strategy 2013**. We cannot commission services that do not deliver our strategic priorities.
- have synergy with the implementation plans of our reform and transformation strategies – our commissioning activity has to deliver our reform and transformation agenda.

- meet agreed GM and national standards – we cannot commission services that fail to meet minimum service requirements. By working collectively we can identify what best practice looks like and, more importantly, commission to ensure we provide services that deliver such good practice.
- be supported by robust evidence – our investments and interventions have to be supported by an evidence base that demonstrates that they will deliver improved outcomes and efficiencies.
- meet the GM criteria for investment that have been developed and agreed by GM organisations. We have already taken

the first steps towards developing an approach which will describe how we can use the principles of Social Value to enhance the impact of our commissioning activities for the benefit of communities across GM. We will also explore how other types of investment models can support our aims.

An outcome-based commissioning cycle

We need to take a longer- term view that examines the entirety of our expenditure on an individual and constantly evaluates how it can best be spent.

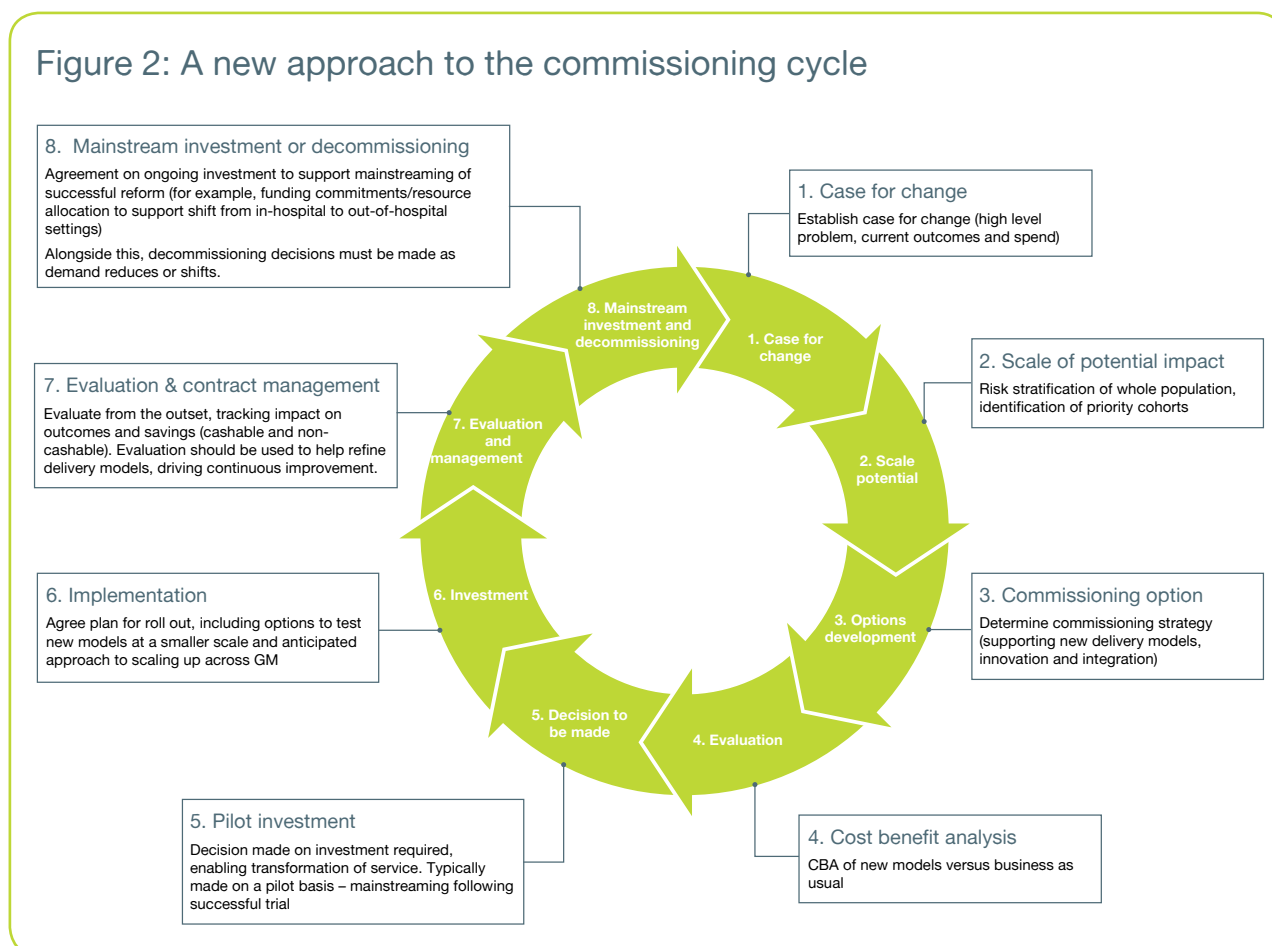


An approach to commissioning focused on improving outcomes has been established during development of the GM reform programme. This new model is set out in Figure 2. Through this process, financial efficiencies – generated through service improvement and demand reduction – should be identified to support decommissioning and reinvestment decisions.

In addition, it supports an approach to commissioning that enables:

- innovation and supports our capacity to test new public service models, based on a robust case for change and an understanding of costs and benefits and the potential scale of impact of reform
- scaling up of reform models, based on robust evidence and evaluation. This will enable GM to take commissioning decisions that, if shown to have impact, can be scaled to support broader groups of residents or wider geographies, ensuring flexible approaches that support and reinforce place-based models of delivery. At this point, commissioning decisions will increasingly move from a 'reform' focus to embedding new service models as 'business as usual'.
- decommissioning decisions. Options and their implications can be considered during the process of mainstreaming and embedding reform programmes in mainstream investment planning.

Figure 2: A new approach to the commissioning cycle



Initial joint commissioning and supporting workstreams

Our new commissioning strategy is a key enabler of GM health and social care devolution and complements areas of work under the Enabling Better Care transformation programme of Taking Charge of our Health and Social Care in Greater Manchester: The Plan, such as information management and technology, workforce, estates, and contracting and payment mechanisms. Our initial focus has been on ensuring plans are in place to support GM health and social care reforms from April 2016.

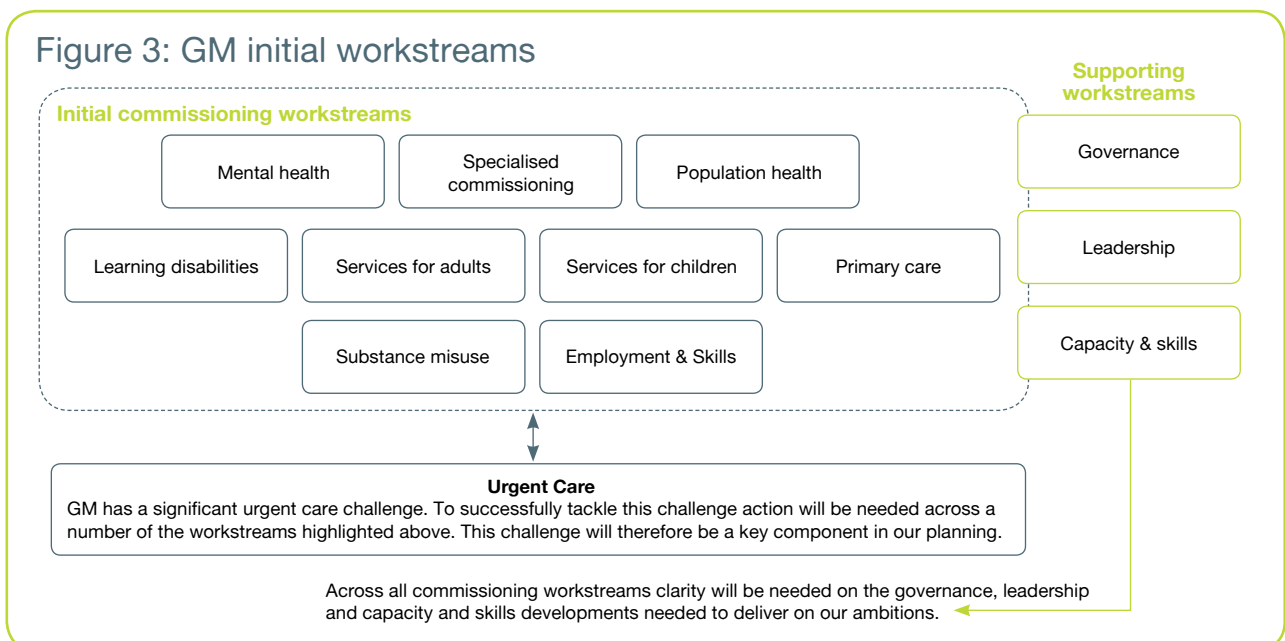
One of our key priorities is real improvement in intermediate and home care.

There are a total of seven joint commissioning workstreams initially, as shown in Figure 3, plus two broader workstreams – substance misuse and employment and skills –that we intend to adopt swiftly. These all focus on health and social care services, but such services form only a part of our commissioning intentions. The three supporting workstreams also shown already look beyond health and social care to the commissioning of wider public services.

There are a range of reasons for our focus on these initial workstreams. We need to invest in new models of care that reduce demand in the acute sector and support transition from hospitals into community-based settings.

One of our key priorities is commissioning for a rapid and real improvement in intermediate and home care. We know that across GM we need to undertake a review of the domiciliary/homecare market, and that by working at a GM level we are able to address the fundamental challenges that exist within those markets.

As a result of the national Winterbourne View inquiry we know that our commissioning approach for services that support people with learning disabilities must deliver fundamentally different outcomes. We need



to deliver care and services closer to home and in the community, and ensure those with learning disabilities are supported to fulfil their potential.

Workstream action plans

We have developed action plans for 2016/17 for each of the initial commissioning workstreams.

The initiatives that form part of these plans will be aligned to both emerging locality plans and implementation plans, demonstrating how they are delivering against the wider goals of Taking Charge of our Health and Social Care in Greater Manchester: The Plan and Stronger Together: Greater Manchester Strategy 2013.

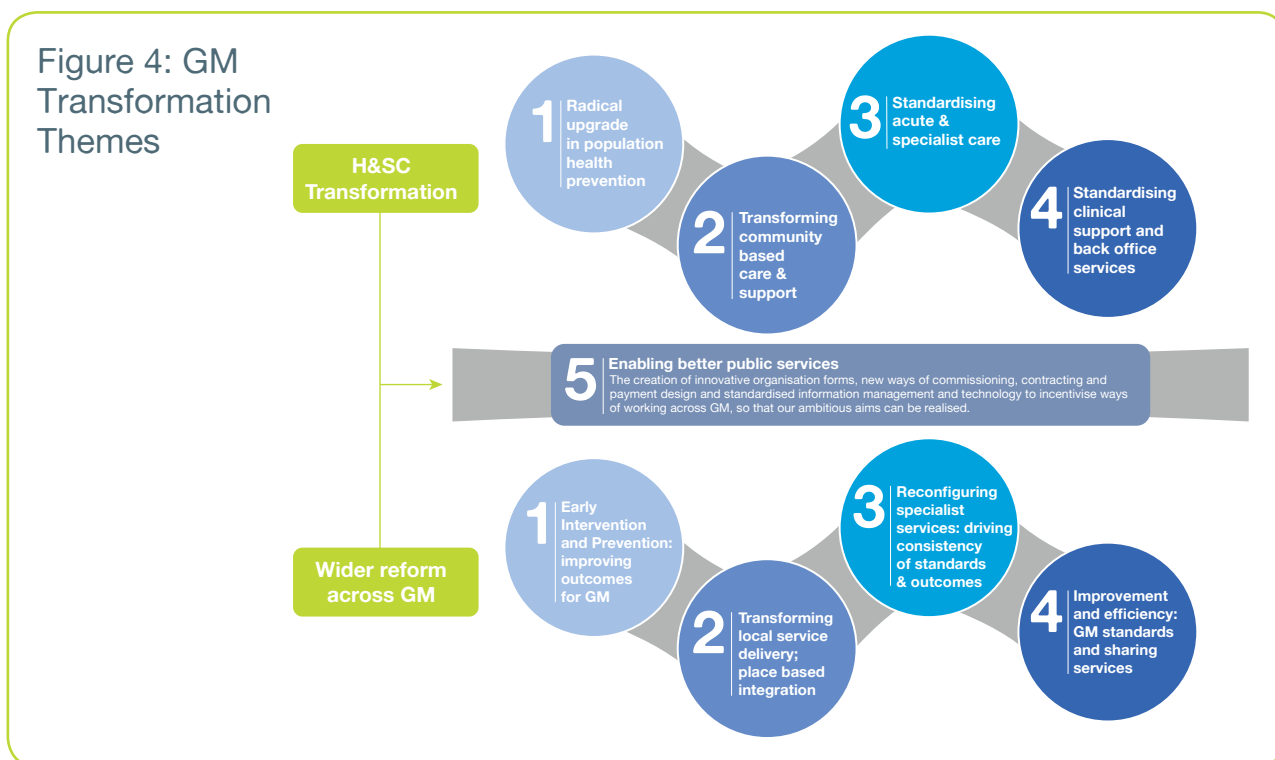
Appendix 1 of this strategy shows the 2016/17 milestones for the initial workstreams, alongside the 5 year vision which will shape the direction of implementation plans. It is recognised that implementation will only be achieved through active development of shared plans and implementation activities which will utilise the wide range of skills and resources across health, social care and voluntary.

Our future focus

As we move through 2016/17 and beyond, all of our commissioning activity must deliver against or across broader health and social care transformation themes and the GM reform agenda. As Figure 4 demonstrates, we must align activity to capitalise on the opportunities that devolution opens to GM.

During 2016/17 new joint commissioning workstreams will be identified, driving our ability to deliver on the priorities set out below.

As an early priority, employment and skills and substance misuse are two areas that can swiftly be added as joint commissioning workstreams. We have already developed initial draft action plans covering these areas. These plans highlight the interdependencies between health and social care commissioning decisions and those made across broader public services, and therefore the need to integrate our approach to commissioning to deliver reform.



Our implementation priorities

We have identified several priorities in implementing our new commissioning strategy. One is to engage our partners in its development and delivery. The others are outlined below.

Learning from and building on initial workstreams

We have identified lead commissioners for each of our initial commissioning workstreams. All of them have been brought together through the new Joint Commissioning Board Executive Group (part of our governance arrangements outlined below) to facilitate learning from the application of the principles set out in this strategy.

As we move through 2016/17 and beyond, other commissioning workstreams will be identified. New workstreams will only be formally adopted following approval by the Joint Commissioning Board (JCB).

- And as the joint commissioning strategy is refined, clear criteria will be developed to support identification of new workstreams. These may include the following.
- Services where there are a small number of high-cost placements and where provision could be more efficiently and effectively delivered through a single GM service.
- Services that are more specialist in nature and provided from a very small number of centres.
- Services that are more generic in nature and would have significant delivery commonalities and characteristics across each locality. This could include service areas where there is potential for common service specifications collectively commissioned as a conurbation.
- Services that have a very limited number

of potential providers or have significant ongoing workforce challenges that mean providers need to collaborate to ensure stability of the service.

- Services with significant performance and outcome concerns where major transformation is required at a macro level to bring them up to standard.
- Services where major transformation is needed to co-design and implement a radically different model.
- Services where evidence suggests it would be more economical and efficient to commission and deliver on a GM footprint.
- Services for which there is significant cross-border activity that could benefit from a pooled commissioning budget with disbursements based on activity.

In developing the future programme of JCB commissioning decisions, an early area of work will be to develop an overview of the key decisions anticipated for public service reform in the medium term. As the GM approach to place-based integration is refined (through existing pilot activity), it is anticipated that further joint commissioning recommendations will emerge.

Reform is needed within localities, including the development of integrated commissioning functions.

We know our commissioning reform must extend beyond those services commissioned at a GM level. Reform is needed within localities, including the development of integrated commissioning functions. GM is committed to standardisation and reducing variation and this will be achieved, in part, by GM adopting standards frameworks that are used to guide commissioning at a local level.

Strengthening our governance arrangements

Our commissioning ambition is bold and complex, it brings organisations together in a way we have not seen before. To support the delivery of our strategy we will need to develop robust supporting architecture. We need to be able to bring the right people together, at the right time. As we develop new structures, we need to identify those that are no longer fit for purpose.

The signing of the Greater Manchester Health and Social Care Devolution: Memorandum of Understanding, and the subsequent devolution of health and social care budgets, provides a unique opportunity for organisations across GM to address a range of challenges.

These include poor population health, high levels of non-elective provider activity, capacity-constrained social care, wide variability in outcomes and patient experience, and significant health inequalities.

Health and social care also faces a forecast £2 billion financial challenge by 2021.

New governance is required to enable GM to effectively and efficiently address these challenges, including the creation of the Joint Commissioning Board (JCB).

A shadow Joint Commissioning Board (JCB) has already brought together the 23 GM commissioning organisations. From April 2016, the JCB has started to consider the wider range of commissioning activity and associated decisions that we may want to

undertake as GM. For example, to deliver our employment and skills ambition decisions will need to be made that cut across commissioning of health and social care, employment support and skills provision. Over time, the remit of the JCB is expected to develop to align and integrate GM strategic commissioning.

To support our ambitions to broaden our joint commissioning activity beyond health and social care, and to integrate our transformation initiatives with those required to deliver a comprehensive programme of public service reform, GM has amalgamated the governance structures that have supported our prevention and public service reform agendas, creating a GM Reform Board.

We believe that aligning our governance at a GM level will create stronger structures to commission system-wide reform. The production of locality plans has already paved the way for stronger integrated commissioning at local level.

To drive forward the delivery of our commissioning strategy at pace, we need to build on the foundations provided by the Joint Commissioning Board (JCB). We have adopted a multi-platform supporting structure that includes:

- a JCB to maintain strategic oversight, a high-level overview, and ownership and integrated leadership of our commissioning across GM
- a JCB Executive Group to provide the engine and leadership capacity to drive workstreams forward. The membership of this group includes health, social care and voluntary sector representation.

Developing leadership, capacity and skills

Collectively across GM, local authorities and CCGs are intending to pool funding to support integrated delivery of the health and social care strategic plan.

Securing integrated delivery will require integrated commissioning at both locality and GM level, and having the leadership, capacity and skills to support it. Each of the 10 GM localities will be encouraged to review their own arrangements for integrated commissioning across CCGs and local authorities and how these link to the wider reform of public services within their locality. At a district level, single integrated commissioning functions will provide a catalyst for commissioning reform.

GM is undertaking a review of skills and capacity for integrated commissioning. This will include reviewing:

- capacity within the GM health and social care devolution team once NHS England staff have been assigned to it
- links with the GM public service reform team, New Economy (which is working with GM to support economic growth) and other combined authority bodies

- clinical engagement and integration across the core functions of finance, research and intelligence
- support to localities to develop their capability for integrated commissioning.

The task of bringing together the relevant skills to implement our new commissioning approach will have implications for the future shape and organisation of both local authorities and CCGs. We should therefore support and learn from the development of integrated commissioning across all districts.

The outcome of the skills and capacity review will feed into the newly established GM Commissioning Academy to develop high-quality commissioning professionals and related core functions.

The academy provides an opportunity for all commissioning professionals from health, social care and related fields to access a development programme and ongoing support, which models the skills, behaviours and values required by our new integrated commissioning system as described in this strategy. The academy's first two cohorts commenced in April 2016.

Appendix: Milestones for each of the initial commissioning workstreams for 2016/17

Commissioning Area	Milestone	Quarter in which milestone is completed			
		Q1	Q2	Q3	Q4
		01/04/2016 - 30/06/2016	01/07/2016 - 30/09/2016	01/10/2016 - 31/12/2016	01/01/2017 - 31/03/2017
Adult social care	Scoping and delivery planning	█			
	1. Development of a common ethical commissioning framework for GM		█		
	2. Identification of exemplar care models for upscaling and implementation across GM		█		
	3. Integrated commissioning functions, working closely with CCGs and well connected with partners such as housing and VCS			█	
	4. GM Discharge Framework agreed and established			█	
	5. Telemedicine and assistive technology opportunities pursued				█
	6. Workforce reform opportunities developed, eg in blending health and social care roles				█
Children's services	Scoping and delivery planning	█			
	1. Positioning the Director of Children's Services for the Integrated Health Commissioning Children's Workstream on the Joint Commissioning Board.		█		
	2. Ensuring programme teams supporting the Children's Review and Health & Social Care are meeting regularly to align activity and that appropriate Health and Local Authority representatives are involved in the different			█	
	3. The Service Director for Children's Safeguarding & Prevention at Stockport Council spending two sessions per week working with the Health and Social Care Programme Team to help ensure that there is alignment across the Integrated Health Commissioning and Delivery workstream and related areas of work.				█
Learning Disability Services	Scoping and delivery planning	█			
	1. GM Extended Collaborative Commissioning		█		
	2. GM Extended Case Management and Pre-CTR AT Risk and Discharge Coordination Team - and support for extended Panels			█	
	3. Calderstones – Mersey Care Forensic Care Pathway Development and Transition Stabilisation Programme				█
Mental Health	Scoping and delivery planning	█			
	1. Development of a stepped care multi agency pathway that describes the offer across the whole system based on presenting need		█		
	2. Development of a GM Transformation plan for CAMHS			█	
	3. Scope opportunities across GM for commissioning highly specialist elements of the pathway as a collective to improve consistency, equity and efficiency				█
	4. Establish GM wide information sharing				█
Specialised Commissioning	Scoping and delivery planning	█			
	1. Complete the process to ensure we address long standing non-compliant cancer pathways in upper GI and urology		█		
	2. Implement outcomes from prioritisation matrix, which has been developed with providers to support identification of the next services for transformation			█	
	3. Specialist cancer services are to be reviewed within the work of the GM cancer vanguard schemes The model of care is to consider whole pathway re-design which will incorporate all specialist cancer services into the re-design process				█

Population Health Improvement	Scoping and delivery planning			
	1. Develop specific proposals for GM level PH commissioning, including Sexual Health services, drugs and alcohol services and EY health services			
	2. Screening and Immunisation: whole pathway approach as part of the Cancer Vanguard arrangements; Local Care Organisations and their new contractual forms and wider PSR developments such as the expansion of Working Well and the Early Years NDM			
	3. Integration of information systems including Child Health Information Systems, (CHIS)			
	4. Integration of commissioning such as for sexual Assault Services, which could be linked more strongly to local safeguarding and complex dependency arrangements.			
	5. Health and Justice: Liaison and Diversion services and opportunities to develop a unique integrated commissioning and delivery model with police custody healthcare.			
	6. Find and Treat Programme: GM commissioning of NHS Health Checks programme to address variation in price and outcomes and drive up standards; Commissioning a bespoke integrated intervention for the 10% most deprived communities with the poorest health to provide an enhanced service with broader support packages including social support and access to work			
	7. Cancer Vanguard: Delivery of year one commissioning intentions: to include commissioning behavioural insights work to support key elements of programme e.g. improving screening attendance			
	8. Radical upgrade in lifestyle behaviour change support: Commissioning a GM lifestyle and wellness hub to provide a single access point/portal for behaviour change advice and support including triage into 10 placed based locality lifestyle and wellness service offers.			
	9. Early Years NDM: Commission at GM level bringing together the commissioning of HV, FNP related maternity services, perinatal MH services, children centre and early education offers and other targeted support.			
	10. Digital Strategy: The development of a digital health commissioning strategy aligned across three specific areas: digital innovation, empowered citizens and communities and digital navigation to underpin a radical upgrade in prevention and population health.			
Primary Care	Scoping and delivery planning			
	1. Primary care at scale: Development, implementation and commissioning of 'early adopter sites' – delivering primary care at scale. Early adopter sites have been identified in at least 4 localities.			
	2. Population health and wellbeing: <ul style="list-style-type: none"> GM wide roll out of Healthy Living Pharmacy Framework to all community pharmacies Delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities Healthy Living Dental Framework pilot in Wigan. Mainstreaming 'Healthy gums DO matter' across GM and periodontal care following recent pilot Eye Care pilot for people with learning disabilities Pilot asset based training for front line staff. 			
	3. Improving access and responsiveness: <ul style="list-style-type: none"> 7 day services to primary care, hubs operational in all parts of GM GM wide roll out of Minor Ailments Scheme to all community pharmacies Implementation of emergency and urgent repeat medication provision to all CCG localities Implementation of single Minor Eye Conditions Service across GM Extend access to dental health services 'Baby Teeth DO matter' and 'Buddy Practice' Pride in practice pilot launched – improving access for LGBT population Asylum Seeker Pilot launched 			

Summary of initial workstream action plans

1. Services for adults

Five-year vision, outcome objectives and phases

- Rapid improvement in intermediate care, discharge to assess facilities and home care capacity to improve resilience and reduce non-elective.
- The work from the Early Accelerator to support the transition from Winterbourne View and better planning for transition services for people with learning difficulties.
- Investment in scaling up the innovation and demand reduction work through a programme of behaviour change/ workforce reform that alters the mindset of individual practitioners. This changes 'micro-commissioning' behaviour and if wrapped around reformed primary care with community health partners, it will make a significant contribution to improved outcomes, reduced prescribing and acute spend.

2. Services for children

Five-year vision, outcome objectives and phases

The ambition is to deliver improved outcomes for children across GM by:

- Improving outcomes for children and families; supporting parents and carers to be the best they can be.
- Reducing, appropriately, the number of looked-after children (LAC) and setting a high-level ambition, e.g. 20% reduction in spend on LAC.
- Reducing, appropriately, the number of children in need and children with child protection plans.
- Developing a safe system that is financially sustainable within five years through joint

investment of resources to reduce future demand.

- Supporting more asset-based interventions to promote resilience, confidence and wellbeing in families and local communities.
- Applying a more effective organisational system in order to make best use of resources and expertise.
- Increasing social worker capability and capacity, as part of wider workforce reform and development.
- Reduction of caseload so more time can be spent with families. Less sickness time and fewer agency staff.
- Deepening commissioning arrangements and stimulating new models of early intervention, prevention and provision.
- Learning from best practice and building on existing innovation.

3. Learning disability services

Five-year vision, outcome objectives and phases

- Greater Manchester has developed the following seven principles within which service delivery models will be developed and delivered. These are based on recognised best practice.
- All people with learning disabilities and/or autism will be supported within the community wherever possible.
- People with severe disabilities and complex support needs will be integrated into typical neighbourhoods, work environments and community settings.
- Support will be provided for the placement of individuals with severe disabilities and complex needs in homes and natural settings.

- Community living arrangements will be family-scale and/or in line with age-appropriate communal styles. They will all enable individuals to have their own space.
- We will encourage the development of social relationships between people with severe disabilities and complex needs and a range of other people.
- Individuals will be supported to participate in busy community life and develop functional, meaningful, interesting and community-living skills.
- Families and service users will be involved in the co-design, development, active delivery and monitoring of services.

4. Mental health

Five-year vision, outcome objectives and phases

- Improving child and adult mental health, narrowing their gap in life expectancy and ensuring parity of esteem with physical health.
- Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and wellbeing of GM residents.

5. Population health improvement

Five-year vision, outcome objectives and phases

- Creating a health and care system capable of contributing to a transformational and sustainable shift in the health of the 2.8 million people who live in GM.

- Enable more people to manage health, looking after themselves and each other.
- Shift public and clinical behaviours towards early intervention and prevention.
- Children under the age of five reaching a good level of development to make the most of education and training opportunities and provide the best start in life.
- Improving the health and wellbeing of working-age adults and ensuring all residents are connected to the current and future economic growth in the GM conurbation, including quality work, improved housing and strengthened education and skills attainment.
- Close the health inequalities gap faster, both within GM and between GM and the rest of England.
- Increasing intervention at scale and finding the missing thousands who have diseases but do not know it yet.
- Support older people to stay well and independent and live at home for as long as possible.

6. Primary care

Five-year vision, outcome objectives and phases

- **Delivery of primary care at scale:** The integrated provision of primary, community, social care, mental health and other services, serving defined neighbourhoods of circa 30-50,000 people. These integrated neighbourhood teams provide a foundation for the development of local care organisations (LCOs), operating at a borough/city-wide level. A number of 'early adopter sites' have been identified to implement this new way of working in shadow form in early 2016/17. By 2021, LCOs will be operating in all 10 GM localities.

- **A population approach to health and wellbeing:** The creation of a primary care system that more proactively supports people and communities to take charge of – and responsibility for – managing their own health and wellbeing, whether they are well or ill. Rolling out the Healthy Living Framework will increase the number of outlets where people are able to access health improvement advice and services. During 2017/18, the Healthy Living Framework will have been rolled out to all community pharmacies in GM, and to all community optical and dental practices by April 2018.
- **Improving access and responsiveness:** The development of seven-day access plans was part of the commitment to the Healthier Together programme and was specifically designed to make sure that primary care services are available seven days a week to mirror the move to seven-day working in hospitals. All parts of Greater Manchester are now delivering seven-day services. However, it is expected these will be redesigned in 2017/18 based on the findings of an independent evaluation and to align to wider commissioning intentions/service transformation. Increased access to dental, pharmacy and optometry services will provide a more responsive service, ensuring people access treatment and advice by the right person, at the right time and closer to home.
- **Consistently high quality care/reducing unwarranted variation:** The quality of most primary care provision is good, but there are wide and often unwarranted variations in performance. There is a need to reduce this inconsistency so patients, the public and professional colleagues across the health and social care system are assured that primary care in Greater Manchester is of the highest possible quality. By December 2017, the Greater Manchester Primary Care Medical

Standards will be implemented across the 10 localities. Aligned and complementary standards for dental, optometry and pharmacy are also being developed and implemented.

7. Specialised commissioning

Five-year vision, outcome objectives and phases

Model to be implemented based on the following principles and outcomes, which will guide the development of future service delivery models. These are based on recognised best practice.

- Elimination of variation and improvement of patient outcomes and experience.
- Achievement of evidence-based clinical standardisation.
- Creation of one clinical workforce for key services.
- Achievement of consistent and effective clinical governance for all services.
- Optimise scale and achieve consolidation of services, where required.
- Improve efficiency.
- Achieve integration of care for the whole patient pathway for the GM population.



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