



Commissioning for reform

The Greater Manchester Commissioning Strategy



Greater Manchester Commissioning Strategy

Commissioning for Reform: The Greater Manchester Commissioning Strategy has been developed under the direction of the Joint Commissioning Board (JCB), working with its executive and working group. During the course of the process, input has been gained from a series of leadership groups, including the **Strategic Partnership Board and** its executive, the Association of Greater Manchester Clinical **Commissioning Groups**, and Association of Greater **Manchester Authorities wider** leadership team.

From an early stage it has been clear that the strategy needs to be ambitious in its scope, becoming a driver for public service reform in its widest sense. The strategy seeks to meet this requirement by setting out an ambitious five-year vision and associated implementation plan to deliver improvement and reform across Greater Manchester (GM).

The strategy describes the role of the JCB from 1 April 2016. It will become the lead body for the commissioning of over £800 million of activity previously commissioned directly by NHS England. This budget is expected to increase significantly over time as the JCB's portfolio expands in line with the ambition described in the strategy.

The strategy outlines the intention to develop integrated commissioning approaches for an initial list of priority areas, including Adult Social Care, Children's Services, Learning Disabilities, Mental Health and improving population health.

The JCB will drive forward the progression of developments in areas that underpin all of the

Underpinning the work across Greater Manchester involves continuing the reform of urgent and scheduled care, supporting older people as part of Ageing Well, and supporting people and families living with dementia. From 1 April 2016, the Greater Manchester Joint Commissioning Board is the lead body for the commissioning of over £800 million, previously commissioned directly by NHS England.

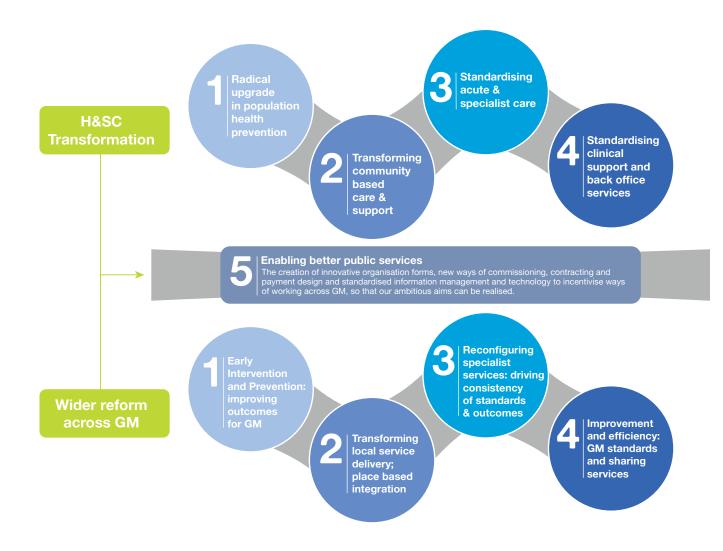
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work programmes, such as reforming GM's urgent and unscheduled care system and the key agenda relating to Ageing Well and support for people and families living with dementia. It will work closely with the GM Reform Board to support moving further and faster on key public service reform priorities. And the JCB will take a lead responsibility in driving forward the improvement in outcomes that this integrated way of working offers.

The diagram on the next page attempts to illustrate the scope of the ambition set out in the commissioning strategy, showing the five implementation priorities described in Taking Charge of our Health and Social Care in Greater Manchester: The Plan and complementing these with further themes relating directly to the wider public service reform programme. As the strategy explains, our ambition is that this work will also become a driver for the delivery of Stronger Together: Greater Manchester Strategy 2013. The strategy and detailed actions plans of the initial commissioning workstreams contain examples of proposed developments covering all of these thematic areas. The following sample initiatives offer a sense of the scale and range of work proposed through the commissioning strategy.

 Significant work at a GM level around the development and sustainability of the homecare and residential care market, linked to a wider programme of adult social care review and reform.

Priority areas to develop integrated commissioning include Adult Social Care, Children's Services, Learning Disabilities, Mental Health and Health Improvement



- Children's services and mental health colleagues working together to design, commission and implement new models of care for child and adolescent mental health services (CAMHS).
- Delivering on objectives to ensure that all people with learning disabilities and/ or autism are supported within the community wherever possible.
- Development of a multi-agency pathway for mental health, as part of a delivery plan to ensure parity of esteem with physical health issues.
- Development and implementation of a programme to find and treat the 'missing thousands' of people at risk of developing conditions that are preventable, undiagnosed or untreated, through initiatives such as health checks and better targeted screening and immunisation programmes.

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- Commissioning a bespoke integrated intervention for the most deprived GM communities, connecting prevention support with broader support such as work and skills.
- Development of a set of shared principles for substance misuse commissioning.

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This includes creating an integrated commissioning system to secure integrated service delivery at both a GM and locality level. Appropriately designed governance will support the effective stewardship of public funds, drive forward broad-ranging and connected programmes of work and accelerate innovation into practice. A revised commissioning cycle, based on public service reform principles, focuses on the identification and implementation of new delivery models and associated disinvestment of previous models. The strategy takes a wide-ranging approach to the scope and opportunities presented by this new commissioning vehicle, linked to strategic priorities.

There is a strong commitment to coproduction between commissioners, providers and residents, recognising the need for joint working across all areas while maintaining a necessary separation at appropriate decision-making points in the commissioning process. Implementation includes explicit links to wider GM public service reform (PSR) with opportunities already emerging for the JCB to work in partnership with other parts of the PSR programme.





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