

COMMISSIONING PARTNERSHIP BOARD
27/06/2019 at 1.00 pm

Present: Councillors Chauhan, Fielding and Shah

Dr. Ian Milnes (Deputy Chief Clinical Officer CCG)
Ben Galbraith Chief Finance Officer CCG

Also in Attendance:

Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Ben Galbraith	Chief Finance Officer CCG
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Helen Lockwood	Deputy Chief Executive - People and Place
Dr. Ian Milnes	(Deputy Chief Clinical Officer CCG)
Claire Smith	Executive Nurse
Mark Warren	Director, Adult Social Care

1 **ELECTION OF CHAIR**

RESOLVED that Councillor Chauhan be elected Chair for the duration of the meeting.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chadderton, Graham Foulkes, John Patterson and Carolyn Wilkins.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting held on 30th May 2019 be approved as a correct record, subject to adding Nicola Hepburn to the list of those also in attendance.

6 **PUBLIC QUESTION TIME**

There were no public questions received.

ANNUAL REVIEW OF THE COMMISSIONING PARTNERSHIP BOARD



The Commissioning Partnership Board received a presentation which reviewed the Board's achievements over the last twelve months and proposed ways forward for the next year.

The Board were reminded that the Greater Manchester model anticipated synergies to materialise from:

- A. Economies of scale from pooling expertise and eliminating duplicative functions; reducing unit costs by removing duplication and broadening the portfolio of commissioning responsibilities.
- B. Synergies from shared infrastructure (e.g. estates, IT)
- C. Synergies from adopting best practice processes, pooling of skills or favourable terms and conditions across organisations

Oldham had not been working in this way 18 months ago and significant progress had been made. The Board noted the key highlights and achievements made in the last year, which included:

- Chief Clinical Officer identified, agreed and appointed
- Commissioning team brought together for adult services
- Strategic Director of Commissioning - jointly appointed (in post now for 8 months)
- Commissioning Partnership Board (CPB) - terms of reference, membership and agenda agreed
- CPB now operating: it had now met 11 times and everybody was still here
- Councillors and GPs sat round same table engaged in meaningful discussion about health and care service planning
- Transformation programme in place and agreed by CPB

The Board noted the achievements of each of the meetings. Challenges had been overcome and the Board had tackled big issues. Major contracts were being awarded. The Board also noted the achievements through the Transformation Fund.

The Board gave consideration to the proposed key areas of development for the next year. The key focus would be on integrating commissioning by developing a new integrated care system, featuring an integrated care partnership, which would involve bringing the commissioning resources together into an integrated function and integrating the delivery function, such that both could work seamlessly as a single connected system. The ultimate aim was to move beyond excellent service commissioning to Commissioning for Outcomes and Communities of Identity, with a focus on social value.

There would also be a focus on the actual commissioning of services. An annual business cycle would be developed that divided the planning year into two phases – a 'deliberative phase' and a 'contracting phase'. This would link with other work



to ensure contracting positions were developed much earlier in the year, enabling more clinical engagement with both commissioners and providers and more time to establish new requirements e.g. for quality indicators. The work would be guided by Oldham's Integrated commissioning framework requiring that the following ten core principles were embedded in everything done when operating as an integrated commissioning function:

1. Focused on improved outcomes for the people of Oldham
2. A consistent commissioning approach to planning, designing and evaluating services
3. The right people involved at the right stage of commissioning
4. Open-minded about how best to achieve outcomes
5. High-quality, robust evidence informing our decisions
6. Hold all services to account for the delivery of Oldham's strategic outcomes
7. People at the heart of our commissioning approach
8. A commitment to building capacity
9. We will maximise social value
10. Our supply chains will be sustainable and effective

The Board noted the proposed new governance and commissioning models, and the timetable for the transition of contract into the new delivery vehicle, the Oldham Provider Alliance.

8

SECTION 75 OUTTURN POSITION 2018-19

The Board gave consideration to a report of the Director of Finance, Oldham Council and Chief Financial Officer, Oldham Clinical Commissioning Group which set out the Oldham Cares 2018-19 financial outturn against the Section 75 pooled budget.

The Board were informed that the initial Section 75 agreement for Oldham Cares for 2018/19 encompassed pooled funds totalling £135.625m, comprised of a Pooled Aligned Budget (£124.986m), a Pooled Budget of £1.447m and Greater Manchester (GM) Health and Social Care Partnership Transformation Funding of £9.192m. This reduced to £133.462m with the movement of resources and virements between budgets in and outside of the pool. Against the revised budget there was an adverse year-end variance of £8.812m.

The Board noted that Oldham Council had a year-end adverse variance of £4.325m, all within the Pooled Aligned Budgets for which it was the lead commissioner/ provider. The major contributing factor was pressure within community care placements, linked to Learning Disability and Mental Health and also Older People and Safeguarding, and was a continuation of the position reported throughout the year. This was an increase of £2.710m from the variance of £1.615m reported at month 9, linked to:

- Increases in the complexity of care packages for people receiving care at home,

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- Enhanced bank holiday payments over the Christmas period,
 - An increase in the number of people in short stay placements over and above the level of activity that had been forecast at month 9.

The adverse variance at the year-end was offset by favourable variances from income generation and salaries costs; these variances related to budgets which sat outside of the Section 75 agreement in 2018/19. This meant that the Health and Adults Social Care Community Services portfolio had a balanced outturn and as such presented no financial risk to Oldham Cares or the wider integrated health economy in Oldham at the end of 2018-19.

The Board also noted the CCG reported an adverse variance of £4.487m, being £4.722m within the Pooled Aligned Budget for which it is the lead commissioner (compared to £3.493m at month 9) offset by a £0.235m underspend against the 2018/19 allocation of the Transformation Fund.

The overspend within the Pooled Aligned Budget (£4.722m) was principally caused by under-delivery of CCG efficiency measures of £3.172m (£2.511m as at month 9). The over spend within CCG elements of the pooled fund has been managed through non-recurrent resources held by the CCG outside the section 75 agreement. The CCG also reported a net overspend of £0.260m in respect of mental health cases caused by increases in the number of mental health placements.

Oldham Cares reported an underspend of £0.235m against transformation schemes for 2018/19. This principally related to late confirmation of spend by partners, where budgets were not able to be re-profiled into future years. The Board were informed that Oldham CCG, as holder of the funding, would re-instate this underspend into 2019/20 so that it remained available to the local economy.

RESOLVED – That:

1. The outturn position be noted.
2. The contents of this report and its approval by the Joint Leadership Team be noted.

The meeting started at 1.00 pm and ended at 1.45 pm