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COMMISSIONING PARTNERSHIP BOARD
Agenda

Date Thursday 25 July 2019

Time 1.00 pm

Venue Lees Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

Notes

1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Lori Hughes at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Lori Hughes, Tel. 0161 770 5151 or email lori.hughes@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Friday, 19th July 2019.

4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE COMMISSIONING PARTNERSHIP BOARD
Councillors Chadderton, Chauhan, Fielding and Shah
CCG Ben Galbraith, Majid Hussain, Dr. Ian Milnes, Dr. John Patterson

Item No

1 Election of Chair

The Panel is asked to elect a Chair for the duration of the meeting.

2 Apologies For Absence

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

5 Minutes of Previous Meeting (Pages 1 - 6)

The Minutes of the Commissioning Partnership Board held on 27th June 2019 are attached for approval.

6 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

7 Transformation Fund Review - Primary Care Proposals Inclusive of Focused Care (Pages 7 - 30)

8 Exclusion of the Press and Public

That, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they contain exempt information under paragraph 3 of Part 1 of Schedule 12A of the Act, and it would not, on balance, be in the public interest to disclose the reports.

9 Transformation Fund Review - Primary Care Proposals Inclusive of Focused Care (Pages 31 - 116)

NHS Oldham Clinical Commissioning Group

Oldham Council

Oldham cares
Health and Social Care for Oldham

COMMISSIONING PARTNERSHIP BOARD
27/06/2019 at 1.00 pm

Present: Councillors Chauhan (Chair), 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
Helen Lockwood	Deputy Chief Executive
Andrew Vance	GP Governing Body, North Cluster
Claire Smith	Executive Nurse
Mark Warren	Managing Director Community Health and Adult Social Care
Anne Ryans	Director of Finance
Erin Portsmouth	Director of Corporate Affairs, CCG
Nicola Hepburn	Commissioning Director CCG
Sian Walter-Browne	Constitutional Services

1 **ELECTION OF CHAIR**

RESOLVED that Majid Hussain 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.

7 **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,
- 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

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Commissioning Partnership Board Report

Decision Maker	**Commissioning Partnership Board**
Date of Decision:	**25th July 2019**
Subject:	GM Transformation Fund Investment Review and Assurance Process - Update and Approval of further Schemes
Report Owner:	Mike Barker -Sponsor for Primary Care Transformation and Strategic Director of Commissioning and Chief Operating Officer
Report Writer:	Vicky Crossley, Associate Director of Oldham Cares Programmes

1) Summary:

The purpose of this report is to provide the Oldham Cares Commissioning Partnership Board (CPB) with assurance and an update on progress against the implementation of transformation proposals for health and social care, funded through the Greater Manchester Transformation Fund (£21.3m of funds overall).

The report also provides an update on the due diligence work that has taken place around the Primary Care proposals approved at the CPB's February 2019 meeting recommending that the Advanced Visiting Service and the Health Champions schemes will now commence whilst the Express Care Hub requires the further development and appropriate sign off of the medical workforce model before implementation.

£1m is recommended as being ring fenced from transformation funds for focused care related activity. £501k of funding is recommended to be allocated to the current provider Focused Care CIC for 2019/20 to support the ambition to roll out to 23 practices in 2019/20 which will provide full population coverage. Focused Care workers will be based in practices identified by the greatest need as identified by deprivation rankings but any practice can refer into the service. A wider placed based procurement exercise delivering similar targeted interventions to cover delivery from April 1st 2020 will be undertaken by Oldham's Integrated Commissioning Function using the remaining ring-fenced transformation funds.

The Commissioning Partnership Board (CPB) are assured that the Transformation Fund investment continues to support care pathway development in Oldham for place based prevention, community resilience and care closer to home in line with local, regional and national requirements.

2) Alternative options:

1. Option1 - The CPB are asked to agree the recommendations at Section 3.
2. Option 2 - The CPB not to agree the recommendations; this puts transformation funding set aside for the Oldham locality plan and winter resilience at risk as it will delay decision making and so, funding is likely to be re-assigned to another GM locality programme.

3) Recommendation(s):

The CPB are asked to note the content of this report and be assured that:

3.1 The transformation proposals continue to support the delivery of the Oldham Vision and Outcomes Framework for the people of Oldham as well as the national NHS requirements for service developments. They enable a sustainable Health and Social Care system closer to home and reduce the reliance on acute hospital services. They deliver Oldham Care's commitment to create a health and social care system which is focused upon prevention and early intervention in our "Thriving" Communities.

3.2 The outstanding equality impact assessment for the Focused Care proposal has been assessed by GMSS with no outstanding issues. *(Appendix A – Equality Impact Assessment)*

3.3 The governance process for the allocation of transformation funding and the development of the plans has been followed for all the proposals for transformation funding including those for Integrated Community Care. CPB approved proposals relating to Thriving Communities, Start Well (Avoidable Admissions), Mental Health and Community Enablement and these are now in the delivery phase of transformation as per the previous CPB reports.

3.4 Due diligence for the Primary Care proposals relating to the Acute Visiting Service and Health Champions is now complete and these have been approved to move to delivery. The Express Care Hub requires further development of the medical model by Oldham CCGs Chief Clinical Officer and the Strategic Director of Commissioning with South Cluster.

3.5 The risks highlighted in this report have sufficient mitigating actions to reduce their likelihood, including ensuring adherence across the system to implementing gateway review points, the evaluation of pilots and a robust change management methodology. Oldham is working with GM and the national vanguard evaluators Cordis Bright Ltd on a three year evaluation programme of our transformation.

3.6 Release of funds by Oldham Cares (CCG fund holder) will be subject to;

- **a)** Confirmation that proposed service changes will deliver sufficient savings both to contribute to the financial sustainability challenge and cover the incremental costs of the new service.
- **b)** A quarterly review process, assuring the Commissioning Partnership Board that adequate progress is being made.
- **c)** An equality impact assessment being produced for each proposal.
- **d)** Required procurement rules (inclusive of OJEU) being adhered to and legal advice sought and considered

3.7 £1m has been ring fenced from transformation funds for focused care related activity. £501k of funding is recommended to be allocated to the current provider Focused Care CIC for 2019/20, to enable the roll out to 23 practices in 2019/20 which will provide full population coverage. Focused Care workers will be based in practices identified by the greatest need as identified by deprivation rankings but any practice can refer into the service. A wider placed based procurement exercise delivering similar targeted interventions to cover delivery from April 1st 2020 will be undertaken by Oldham's Integrated Commissioning Function using the remaining £499 ring-fenced transformation funds.

3.8 Information sharing is an important consideration in the development of integrated services. It remains a risk to the Oldham system that resource for the development of information governance policy and guidance needs identifying at a one Oldham Cares level. It is recommended that IG specialist resources are made available for Oldham Cares (commissioning and providers) and, where additional transformation funding is required, JLT will agree an allocated sum from its already delegated Seed Funding pot and in line with GM transformation funding guidelines.

4) Background:

4.1 Oldham's vision is to achieve and sustain the greatest and fastest improvement in wellbeing and health for the 236,000 people of Oldham. Through innovative programmes, new ways of working, and partnerships our population will be encouraged and empowered to:

- take more control, improve their life chances, reduce risks to health and live well and adopt healthy lifestyles,
- access care and support at an earlier stage, and
- manage their own conditions and live independently.

Stakeholder engagement is a key principal of Oldham Cares. Stakeholders who have been involved on the journey toward these proposals include Health and Wellbeing Board members, System Leaders and Citizen participation and Health Watch are being asked to become involved in key areas.

The key areas of focus described in Oldham's Locality Plan are the fostering of thriving communities, the transformation of primary, community and social care services, mental health and early years. We also describe the mobilisation of a workforce that includes other parts of the public sector, social housing, the voluntary and private sectors, carers and citizens.

The Outcomes Framework for Oldham was agreed by the Health and Wellbeing Board in January 2018. The framework sets out a range of high level outcomes based on key changes planned over the next decade. It describes the priorities that the whole system will work together to deliver and that inform commissioning priorities and performance management.

The 12 high level outcomes can be found in Appendix B – Outcomes Framework

In April 2017 a bid was submitted for £23.2m of Greater Manchester Transformation Fund monies to support the realisation of our ambitions (see below for final allocation of £21.3m).

As outlined in Greater Manchester's Transformation Fund Investment Agreement with Oldham, a central part of our plans are to increase the pace and scale of delivery of our Locality Plan which will improve care and close our then, forecasted financial gap of £71m (subsequently revised to £90m) through:

- Supporting people to be more in control of their lives
- Having a health and social care system that is geared towards wellbeing and the prevention of ill health.
- Providing access to health services at home and in the community
- Providing social care that works with health and voluntary services to support people to look after themselves and each other

Our funding is to support Health and Social Care Transformation that builds on the work undertaken in Oldham over the last 4 years to progress our vision around integrated care.

Our transformation funding is for the following schemes;

- Establishing the primary care cluster system across the locality, completing the establishment of integrated health and care teams and creation of single structures at a GP cluster level
- Creating and implementing a more effective urgent and emergency care offer
- Oldham's community re-ablement, rehabilitation and community bed services (including a rapid response facility)
- Oldham's approach to community resilience, branded as 'Thriving Communities'

In October 2017, approval was successfully received for an Oldham allocation of £21.3m, a reduction of £1.9m. This adjustment reflected monies which were not deemed transformation costs by NHS Greater Manchester Health & Social Care Partnership (GM H&SCP). It has been acknowledged by GM H&SCP that the allocation of the GM Transformation Funds is over-committed and programmes are not guaranteed if there is under delivery or non-recoverable slippage in transformation plans.

Since November 2017, Oldham has had in place an Investment Review and Assurance Process to enable robust and fully costed transformation proposals to be developed and committed. A final deadline of end of June 2019 was set by the Alliance Board for submitting proposals in order to ensure the Transformation Fund is maximised; the Alliance Board has also asked sponsors for an acknowledgement of where they will not need their full allocation so as to estimate any further slippage. Our approach has been to strengthen Oldham Care's approach to integration from the outset and Oldham has, so far, been successful in maintaining its grant funding because of its performance in transformation development.

5) Programme Update

5.1 The £21.3m of funding received from GM has been allocated across Oldham Cares Transformation programmes based upon an expected level of non-elective deflections from key transformation proposals. (Appendix_C_Oldham_Cares _Deflections_Dec18) outlines these expected levels as of the December 2018 baseline.

5.2 As outlined above, a central part of our plans are is increase the pace and scale of delivery of our Locality Plan which will improve care and close Oldham's then forecasted financial gap of £71m (subsequently revised to £90m).

5.3 To develop plans around our transformation, six service component work streams were initially established to scope and design the plans. As the Investment Review and Assurance Process has progressed, we have reviewed the approach to integration in key areas.

Thriving Communities
Mental Health is Central to Good Health
Start Well – Avoidable Admissions
Integrated Community Care
• Core & Extended Primary Care
• Community Enablement
• Urgent & Emergency Care

5.4 To be assured of transformation plans in each of the component areas and to ensure we continue to constructively challenge ourselves and learn, the Oldham Cares Investment Review and Assurance process for the allocation of funds has been implemented and an assurance assessment against the delivery of our transformation plans is undertaken on a quarterly basis and with GM.

5.5 Each work stream listed above has produced individual proposals for the Commissioning Partnership Board to review and it was agreed that in order to strengthen our approach to integration and achieve better outcomes, Core & Extended Primary Care, Community Enablement and Urgent & Emergency Care would work together under the combined proposal of Integrated Community Care. Further work will take place in 19/20 to strengthen our integrated approach to place based commissioning and operational working in Clusters.

6) Proposals for Integrated Community Care- Primary Care

Proposals have been reviewed at each stage by a wide range of stakeholders across Oldham Cares. The assessment criteria were produced by Oldham Cares PMO in line with Greater Manchester Transformation bid criteria and then best practice from the Government's Infrastructure and Projects Authority Assurance Review Toolkit (OGC Best Practice and available on request) with regards to assessing readiness for implementation at a gateway review point.

The process for assessment has been iterative to ensure reflection and the triangulation of stakeholder requirements are incorporated into proposals where necessary (i.e. LTFP group RAG rating assessments have been conducted in order to ensure robust and objective feedback to authors in a consistent manner). The Focused Care proposal was assessed during May and June 2019 and revisions have been taken through the relevant decision making groups including the Long Term Financial Planning Group with finance representatives from across Commissioning and Providers, the CCGS Finance and Contracts Committee, the Alliance Board and Joint Leadership.

6.1 Focused Care

Focused Care is an approach pioneered in Oldham, from front line experience of GPs in primary care working in areas of deprivation. It is a response to the triad of clinical complexity, social complexity and poverty in Oldham and is a key part of integrated working. Focused Care workers are based in GP surgeries, they focus on the people who need care the most to improve their lives and reduce pressure on the wider NHS as it supports with the management of risk in primary care. The service works with people in a primary care setting who present in ways that the health and social care system struggle to respond to. This is usually a combination of clinical diagnosis and need, social situations and then further augmented through issues surrounding engagement.

Focus Care is already in operation in 9 (of 43) GP Practices across Oldhamand has been funded by GM in many Boroughs across GM. Focused Care aims to:

- Support on the ground integration with the right care at the right time
- Shift activity from acute admissions and AED usage to outpatient appointments and other planned care initiatives.
- Improvement in chronic disease management: Focused Care delivers improvement in medicines optimisation, one key step in Focused Care is to ensure a GP has undertaken a medical review of the patient and rationalised any medications. Compliance is also increased following Focus Care.
- See the invisible patient and make them visible.
- Supports reduction in exception reporting and also increase in prevalence in undiagnosed conditions. Focused Care also brings clinical attention to patients who are not highlighted in QOF and therefore not highlighted on GM clinical systems
- Improve safeguarding in practices through encouragement of information sharing and clinical thinking.
- Improve wellbeing outcomes: Whether through improved mental wellbeing, increase in walking, increase in social activity, volunteering, training, education or employment or simply taking up a new hobby FC wellbeing outcomes are tracked

and important.

- Shift in Primary Care approach: FC has been shown to support a change in practice for clinicians as described above including narrative consulting, holding risk, personalised care, and managing complex patients. Focused Care has been reported to help resilience in GPs and increase compassion, which in turn increases resilience.
- Whole primary care team mobilisation through clinical meeting (with access to clinical notes in support of patient care).
- Focused Care list tracks patients building on Gold Standard Framework used in palliative care.
- Takes failure to thrive approach developed in Paediatrics to hold risk, allow narrative and unpick complex interplay of factors.
- Works on a household by household basis.

Focused care is a complimentary model to Oldham's new models of care working side by side with an emphasis upon operational integration. Social prescribing focuses on building critical community capacity and being the glue, which joins people into the grassroots 'more than medical support.' Focused care is different because it has the ability to work with individuals and families with more complex needs and is an emergent model of practice. (http://www.nationalhealthexecutive.com/Comment/the-oldham-model).

A Focused Care worker is a Band 6 or equivalent person with a minimum of 10 years' experience at the front line and who want to stay at the front line navigating complex situations, whereas before they would have referred on to other organisations. They need to be qualified in an area of health and social work, often coming from health visiting, nursing, social work, probation, or housing background. This role is best explained in a similar manner to a Macmillan nurse. Macmillan nurses support patients with cancer and support practices in the provision of care, Focused Care workers do a similar work for poverty and complexity and get a person ready to the point of social prescribing.

The Focused Care workforce model is being assessed and evaluated and will be looked at as part of the wider primary care and social care workforce strategy and the form and principles of the roles will be required to flex in support of future commissioning intentions, related funding and case management at an operational level. Roles are emerging in support of the new ways of working for primary and social care and the new Primary Care Network model has additional resource for social prescribing.

Focused Care CIC operates as a not for profit organisation with a board consisting of representatives from Oglesby Charitable Trust, GMHSP Population Health and Primary Care representatives, Hope Citadel Healthcare (initial IP) and Focused Care Senior leadership. The Board includes Dr John Patterson who sits on the Board and is the Chief Clinical Officer and Deputy Accountable Officer for Oldham CCG and who has not taken part in the decision making process for this proposal in order to keep the process separate and avoid any conflict of interest; Dr Laura Neilson has been the lead officer to work on the proposal. This core team is supported by a board overseeing the Focused Care CIC which currently has 8 members. (Website at: http://focusedcare.org.uk/)

6.1.1 Focused Care Conditions

The Focused Care CIC service has been developing for eight years and, as part of the request is for retrospective delivery funding in 19/20, successful delivery appears feasible.

However, under the guidelines of the transformation fund, the investment review process for the scheme has found that detailed information relating to evaluation and monitoring is not yet available -although it is noted that studies are underway- further information is therefore required at set dates.

It is noted that a condition of the grant funding is for Focused Care CIC to develop in line with the emerging commissioning intentions for new, strengthened and collaborative place based integrated models of care across the Borough and at a Cluster level (noting that Focused Care CIC has historically adapted as a service). Conditions have been set to ensure that the CCG is compliant with its procurement requirements.

These issues appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.

It is therefore recommended that Transformation Funding is allocated with the conditions applied and in keeping with other Transformation Funded schemes and CCG procurement rules.

6.1.2 Evaluation and Monitoring

1. Whilst there is notable qualitative evidence and growing evidence of support for Focused Care from practitioners in Oldham and across GM, the quantitative or qualitative evidence as demonstrated by the investment case is still required.
2. Current evidence/evaluation processes:
    a. SQW – Qualitative Evaluation
    b. ROI – with New Economy and further patient data analysis
    c. Time Series Analysis
3. Oldham Cares QI/ Lean Lead has agreed to work with Focused Care on identifying the root cause of the need for the service – e.g. the presenting conditions in areas of deprivation in Oldham and identifying evidence to support where new, preventative, pathways are required
4. All emerging evidence will be shared with the Alliance Board and Commissioners when published.
5. Core or baseline performance standards will be subject to the existing performance and support regime of Health and Care Commissioning in Oldham.
6. Data methodologies for focused care will be required to align with the Oldham Cares overall BI evidence based commissioning developments

6.1.3 Funding

The report recommends that:

1. £1m has been ring fenced from transformation funds for focused care related activity. £501k of funding is recommended to be allocated to Focused Care CIC for 2019/20, to enable the roll out to an estimated 23 practices in 2019/20 which will provide full population coverage – Focused Care workers will be based in practices identified by the greatest need as identified by deprivation rankings but any practice can refer into the service. A wider placed based procurement exercise delivering similar targeted interventions to cover delivery from April 1st 2020 will be undertaken by Oldham's Integrated Commissioning Function using the remaining ring-fenced sum of £499k of transformation funds.

    A condition of the grant funding requires Focused Care CIC to develop in line with the emerging commissioning intentions for new, strengthened and collaborative place based integrated models of care across the Borough and at a Cluster level (noting that Focused Care CIC has historically adapted as a service).

2. The Commissioning Partnership Board is asked to note the conditions attached to the Focused Care proposal which include the required CCG approach to the funding

allocation in line with the internal governance and European (OJEU) procurement regulations. The CFO for the CCG has sought legal advice and there are no legal obligations of the CCG to publish our intention to procure for this service. Internal governance normally requires that a procurement process is undertaken but allows for this to be waived. Following this advice, should the procurement exercise extend beyond the April 1st 2020 date, further funds can be allocated by the Strategic Director of Commissioning from transformation funds to Focused Care CIC subject to the wider place based procurement exercise.

The CCG has wavered for the contract, reflecting the following:

- this is a new contract to pilot borough-wide delivery across the full range of GP practices and patient cohorts;
- the Focused Care service is one which has been developed internally by Hope Citadel CIC and they are therefore the only available supplier of this particular service;
- it is for a limited period whilst the new models of care for Oldham, which includes social prescribing and care coordination, are evaluated and reviewed to develop the integrated health and social care operating model going forwards; and
- the contract is below the financial value which would require publication under OJEU rules.

3. Transformation Fund is additional, non-recurrent, funding and its purpose is to support delivery of new models/pathways of care and drive integration.

4. Focused Care will not expect the CCG to provide further funding as its exit strategy from the Transformation Fund, but instead will present a clear investment case in line with the commissioning intentions for the Borough and in the format required – the case for continuation will be required by January 2020 and will be reported as part of the transformation and CCG governance process.

5. Cash releasing savings will need to have clear identification of tariff costs reduction – i.e. as a result of reducing the number of patients

6. A trial at the front end of Urgent Care is developed between Focused Care CIC and the Oldham Care Organisation; through the Urgent and Emergency Care Transformation programme.

6.1.4 Governance and transparency

1. Focused Care CIC are asked to work with Oldham Cares (Alliance and the CCG as lead commissioning organisation) on an open book basis, providing information when requested as part of its Transformation Funding reporting processes and to commit to a complete process of transparency in terms of finance *(inclusive of recruitment to posts being funded),* outcomes and risks and issues

6.1.5 Equality impact assessment

1. An equality impact assessment has been reviewed and approved by GMSS.

6.1.6 Optimum phasing of Focused Care

1. Focused Care CIC are asked to commit to a principle of proportionate universalism

recognising the variation challenges facing the system
2. To commit to working with the system on delivery and achieving optimum phasing wherever appropriate and necessary. This may mean closer integration with other relevant new models of care in Oldham and GM.

6.1.7 Communications and engagement

1. It is advised that Health Watch will be asked by the Alliance Director to engage with Focused Care CIC to provide an additional patient voice to this development
2. Focused Care ensures the CCG is notified of any publicity within the community via communications, engagement and consultation.

7) Procurement implications:

£1m has been ring fenced from transformation funds for focused care related activity. £501k of funding is recommended to be allocated to Focused Care CIC for 2019/20, to enable the roll out to an estimated 23 practices in 2019/20 which will provide full population coverage – Focused Care workers will be based in practices identified by the greatest need as identified by deprivation rankings but any practice can refer into the service. A wider placed based procurement exercise delivering similar targeted interventions to cover delivery from April 1st 2020 will be undertaken by Oldham's Integrated Commissioning Function using the remaining ring-fenced sum of £499k of transformation funds.

A condition of the grant funding requires Focused Care CIC to develop in line with the emerging commissioning intentions for new, strengthened and collaborative place based integrated models of care across the Borough and at a Cluster level (noting that Focused Care CIC has historically adapted as a service).

The Commissioning Partnership Board is asked to note the conditions attached to the Focused Care proposal which include the required CCG approach to the funding allocation in line with the internal governance and European (OJEU) procurement regulations. The CFO for the CCG has sought legal advice and there are no legal obligations of the CCG to publish our intention to procure for this service. Internal governance normally requires that a procurement process is undertaken but allows for this to be waived. Following this advice, should the procurement exercise extend beyond the April 1st 2020 date, further funds can be allocated by the Strategic Director of Commissioning from transformation funds to Focused Care CIC subject to the wider place based procurement exercise.

The CCG has wavered for the contract, reflecting the following:

- this is a new contract to pilot borough-wide delivery across the full range of GP practices and patient cohorts;
- the Focused Care service is one which has been developed internally by Hope Citadel CIC and they are therefore the only available supplier of this particular service;
- it is for a limited period whilst the new models of care for Oldham, which includes social prescribing and care coordination, are evaluated and reviewed to develop the integrated health and social care operating model going forwards; and
- the contract is below the financial value which would require publication under OJEU rules.

A CCG waiver will be completed by the CCG to allow for contracting of this service based on a number of criteria

- sole supplier of this service
- expansion of existing Focused Care service across a wider footprint
- time to allow for development of commissioning intention of Cluster offer

(Chief Finance Officer, Ben Galbraith)

8) Legal implications:

Legal advice has been sought as necessary by the CCGs CFO and Alliance SRO in support of the procurement approach as described above. This has confirmed that the approach taken is reasonable**.**

(Chief Finance Officer, Ben Galbraith)

9) Human resource implications:

The resource model for Focused Care sits within a Community Interest Company. It is agile in its working and the majority of the workforce costs sit in operational delivery. The model will require developing as part of the Primary Care Strategy – Workforce Strategy and the wider workforce strategy across Oldham Cares.

10) Equality and Diversity Impact Assessment:

An Equality Impact Assessments (EIA) has been completed at Appendix A and assessed by GMSS. Two points were raised by GMSS and subsequently agreed as answered by Focused Care CIC as follows. There are now no outstanding issues for Focused Care or any of the TF proposals with regards to EIAs.

1. There is a risk of inequity, although there is the ambition to roll the scheme out across Oldham there is a risk that not all GP surgeries will utilise the scheme. Is there anything proposed to mitigate this risk?

   Focused Care CIC response: We have described verbally the principle of universal proportionalism. Focused Care workers will be based in practices identified by the greatest need as identified by deprivation rankings. Practices which do not have a Focused Care worker based in their practice will be able to access the service through a referral system sent through the central office.

2. For people with communication issues e.g. where English isn't the first language, people with learning difficulties how will they access the service/ will the service be open to them?

   Focused Care CIC response: Focused Care uses local translation services for patients requiring language support; this includes face to face and telephone services. Working in areas of deprivation and our experience in high BME areas has enabled huge experience of working in the many languages. Focused Care workers often highlight and uncover sensory impairment as part of their assessment and are skilled at gaining resources to support the patient usually hearing and sight loss services. All Focused Care workers undertake training as part of induction which includes learning disabilities, Asperger's, autism and other learning impairment syndromes, they have skills in working successfully with this cohort and this had led to an increase in diagnosis of adults with learning disabilities, which is often historical missed diagnosis that in current times would be made in childhood. This increase in awareness and diagnosis has been a key part of opening up healthcare access to this vulnerable group of patients.

Equality and Diversity Business - Partner Rosie Kingham

11) Property implications:

The Estates lead has confirmed that the Focused Care CIC model does not have any estates implications due to agile working in existing Primary Care Facilities. The estates requirements for the Express Care Hub requires further detailed planning in line with the workforce model considerations.

12) Risks:

The CPB are asked to note the following risks to funding and implementation highlighted by the Investment Review and Assurance Process and the mitigating actions.

1. Evidence is required around outcomes and financial sustainability when the Transformation Funding ceases post 2020/21. A financial sustainability plan is required alongside Oldham Cares blueprint and in line with national health and care guidelines
2. We are aware of staffing shortages in the health and social care market and skills gaps in the current workforce of commissioned services in primary care. A workforce strategy for Greater Manchester and Oldham is in the process of being reviewed and in key areas, e.g. nurse recruitment, to facilitate the mitigation of these risks and the Alliance will meet in July 2019 to agree how it strengthens its approach to risks in this area.
3. Public engagement in the Oldham Cares system is acknowledged as requiring further development. As one example, Health Watch will be asked to support the Primary Care proposals in strengthening this approach.
4. Greater Manchester Health & Social Care Partnership is able to reduce allocations should decision making in the locality be delayed and if they do not consider the transformation achievable. In discussions with GM since June 2018, Oldham Cares has secured its funding so far.
5. The undertaking of Equality Impact Assessments is an important requirement of the Investment Review and Assurance Process. These have been completed for proposals to date inclusive of Focused Care.
6. Information sharing is an important consideration in the development of integrated services. It remains a risk to the Oldham system that resource for the development of information governance policy and guidance needs identifying at a one Oldham Cares level. It is recommended that IG specialist resources are made available across Oldham Cares (commissioning and providers) and, where additional transformation funding is required, JLT will agree an allocated sum from its already delegated Seed Funding pot and in line with GM transformation funding guidelines.

13) Conclusion:

The Commissioning Partnership Board is provided with the assurance that Oldham Cares has secured its position with regards to assuring GM H&SCP of its Transformation fund allocation of £21.3m. The ambition is to deliver health and social care transformation plans during 2018/19-2020/21.

14) Key Decision Reference Number:

CPB-13-19.

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution/CCG's Standing Orders?	The report complies with the CCG's standing orders as the fund holder.
Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the S.75 budget?	Yes
Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG?	No

List of Background Papers under Section 100D of the Local Government Act 1972:
(These must be Council documents and remain available for inspection for 4 years after the report is produced, there must be a link to these documents on the Forward Plan).

Title	Available from
GM Transformation Fund Investment Review and Assurance Process	https://committees.oldham.gov.uk/documents/g7441/Printed%20minutes%2028th-Feb-2019%2013.00%20Commissioning%20Partnership%20Board.pdf?T=1 February 2019
Transformation Proposals	http://committees.oldham.gov.uk/documents/b21810/GM%20Transformation%20Fund%20-%20Oldham%20Investment%20Proposals%2027th-Sep-2018%2012.30%20Commissioning%20Partnership.pdf?T=9 September 2018 – Commissioning Partnership Board
Transformation Investment review report – update	http://decisionrecording.oldham.gov.uk/documents/b21597/Private%20GM%20Transformation%20Fund%20Investment%20Review%2028th-Jun-2018%2012.30%20Commissioning%20Partnership%20Boa.pdf?T=109 August 2018 – SRG
Transformation Investment Appraisal – Commissioning Partnership Board	http://decisionrecording.oldham.gov.uk/documents/s95112/CPB%20TF%20investment%20appraisal%20v3%20June%202016.pdf June 2018 – Commissioning Partnership Board
Greater Manchester Health and Social Care Strategic Partnership Board – Transformation Fund Update	http://decisionrecording.oldham.gov.uk/documents/s84817/Appendix%201%20-%20Transformation%20Fund%20Update.pdf July 2017 – Health & Wellbeing Board
ICS Developments and GM Transformation Fund	https://committees.oldham.gov.uk/documents/s77566/ICS%20Developments%20and%20GM%20Tran

	sformation%20Fund.pdf March 2017 – Health & Wellbeing Board
GM Health & Social Care Transformation – Oldham Integrated Commissioning Organisation (ICO) and Transformation Fund Submission	http://decisionrecording.oldham.gov.uk/documents/s76067/Local%20Care%20Organisation%20and%20Transformation%20Fund%20Update.pdf January 2017 – Health Scrutiny
Integrated Commissioning System and GM Transformation Fund Update	http://decisionrecording.oldham.gov.uk/documents/s76494/Integrated%20Commissioning%20System%20and%20GM%20Transformation%20Fund%20Update.pdf January 2017 – Health & Wellbeing Board
Update on the Oldham Transformation bid Proposal	http://decisionrecording.oldham.gov.uk/mgConvert2PDF.aspx?ID=74374&ISATT=1#search=%22transformation%20%22 October 2016 – Health & Wellbeing Board

Report Author Sign-off:	
Mike Barker, Strategic Director of Commissioning & Chief Operating Officer Donna McLaughlin, Alliance Director Ben Galbraith, CCG CFO and Procurement SRO (Procurement and funding regulations) Vicky Crossley, Associate Director of Oldham Cares Programmes	
Date:25/07/2019	
Appendix number or letter	**Description**
Appendix A Appendix B Appendix C	Equality Impact Assessment Oldham Cares Outcomes Framework Oldham Cares Deflection Dec 18

GMCSU Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to a GMSS Equality and DiversityBusiness Partner

Samina Arfan: samina.arfan@nhs.net

Rosie Kingham: rosie.kingham@nhs.net

Section 1: Responsibility **EDHR Reference :** **Your ref:**

1	Name & role of person completing the EA:	Laura Neilson
2	Service/ Corporate Area	PMO
3	Head of Service or Director (as appropriate):	Vicky Crossley
4	Who is the EA for? Select from the drop down box.	Oldham CCG
4.1	Name of Other organisation if appropriate	Focus Care CIC

Section 2: Aims & Outcomes

5 What is being proposed? Please give a brief description of the activity.	Focused Care is an approach to reducing health inequalities that has been pioneered in Oldham, emerging from front line experience of GPs in primary care working in areas of deprivation. It is a response to the triad of clinical complexity, social complexity and poverty. There are patients within primary care who present in ways that the health and social care system struggle to respond to. This is usually a combination of clinical diagnosis and need, social situations and then further augmented through issues surrounding engagement. These patients often have poor outcomes with early mortality and premature morbidity often despite using services significantly and in economic terms costing the system significantly and contributes to health inequalities. A focus care worker will work intensively with patients who have been referred into the team to support the patient to address social complexities and engage with clinical interventions. We have described verbally the principle of universal proportionalism. Focused Care workers will be based in practices identified by the greatest need as identified by deprivation rankings. Practices that do not have a Focused Care worker based in their practice will be able to access the service through a referral system sent through the central office. Focused Care uses local translation services for patients requiring language support; this includes face to face and telephone services. Working in areas of deprivation and our experience in high BME areas has enabled huge experience of working in the many languages. Focused Care workers often highlight and uncover sensory impairment as part of their assessment and are skilled at gaining resources to support the patient usually hearing and sight loss services. All Focused Care workers undertake training as part of induction which includes learning disabilities, Asperger's, autism and other learning impairment syndromes, they have skills in working successfully with this cohort and this had led to an increase in diagnosis of adults with learning disabilities, which is often historical missed diagnosis that in current times would be made in childhood. This increase in awareness and diagnosis has been a key part of opening up healthcare access to this vulnerable group of patients.
6 Why is it needed? Please give a brief description of the activity.	Oldham has a significant health and social care funding gap that needs to be closed. Unecessary A&E attendances, NEL admissions and Outpatient appointments are adding costs to the system which could be deflected by implementing the proposed interventions. Any savings could then be used to close the aforementioned gap.

7	What are the intended outcomes of the activity?	Reduced A&E attendances, NEL admissions and Outpatient appointments which will reduce costs to the system. Improved health outcomes for Oldham's population.
8	Date of completion of analysis (and date of implementation if different). Please explain any difference	17/06/2019
9	Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.	Service Users/Patients

Establishing Relevance to Equality & Human Rights

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	No	
To advance equality of opportunity between people who share a protected characteristic and those who do not.	No	
To foster good relations between people who share a protected characteristic and those who do not	No	

10.1 Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right

Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation

Age	Yes	No	The project is aimed at all age ranges. The project should only have a positive impact on the target cohort and no negative effects on other age groups.
Disability	Yes	No	No impact on disability
Gender	No	No	No impact on gender
Pregnancy or maternity	Yes	No	
Race	No	No	No impact on race identified.
Religion and belief	No	No	No impact on religion and belief identified.
Sexual Orientation	No	No	No impact on sexual orientation identified.
Other vulnerable group	Yes	No	Targeted comms and engagement should help vulnerable people suffering from long-term conditions by increasing knoweldge and confidence which should help them make the correct decisions for their wellbeing
Marriage or Civil Partnership	No	No	No impact identified
Gender Reassignment	No	No	No impact identified
Human Rights	No	No	No impact identified

If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.

Section 4: Equality Information and Engagement

11 What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.

Details of Equality Information or Engagement with protected groups	Internet link if published & date last published
Engagement has already taken place as part of the existing Start Well Programme.	None

11.1 Are there any information gaps, and if so how do you plan to address them

Section 5: Outcomes of Equality Analysis

12 Complete thequestions below to conclude the EA.

What will the likely overall effect of your activity be on equality?	Focus Care will impact positively on all groups it works best in areas of deprivation, as it tackles complexity. It provides bespoke person centred holistic care.

What recommendations are in place to mitigate any negative effects identified in 10.1?	N/a
What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	
What steps are to be taken now in relation to the implementation of the activity?	Focused Care has a lot of experience at implementing over the last few years having now successfully implemented in over 50 practices in GM. Implementation is planned and staged. Initially there are two concurrent work streams, one addressing recruitment, induction and initial training of FC workers, the second addressing recruitment, induction and initial training of practices who would like FC.

Section 6: Monitoring and Review

13 If it is intended to proceed with the activity, please detail what equality monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.

Appendix B
Outcomes Framework
High level outcomes

Oldham cares
Health and Social Care for Oldham

A. Healthy Population		B. Effective prevention, treatment and care		C. Service quality/health of the system	
A1.	Children have the best start in life	B1.	People dying early from preventable causes	C1.	Access to the right care at the right time.
A2.	Thriving communities which promote, support and enable good physical and mental health and wellbeing.	B2.	Find and treat people with undiagnosed conditions	C2.	Individuals and families have the best experience possible when using services.
A3.	Individuals and families are empowered to take control of their health.	B3.	Support people to self-manage and self-care where appropriate	C3.	Individuals and families have access to high quality treatment and care.
A4.	Everyone has the opportunity and support to improve their health and wellbeing, including the most disadvantaged.	B4.	Ensure mental health is central to good health and as important as physical health	C4.	Health and care system is financially sustainable.

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Appendix C – Deflections December 2018

	Baseline Year	20-21 do nothing	20-21 post intervention	reduction compared to do nothing		reduction compared to base year plan	
A&E	95,147	105,311	93,209	- 12,102	-11%	- 1,938	-2%
NEL	28,523	36,498	32,668	- 3,830	-10%	4,145	15%

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