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COMMISSIONING PARTNERSHIP BOARD Agenda

- Date Thursday 30 January 2020
- 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 Mark Hardman at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Mark Hardman Tel. 0161 770 5151 or email mark.hardman@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 Monday, 27 January 2020
 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 Mike Barker, Graham Foulkes, Ben Galbraith, Dr. Mudiyr Gopi, Dr. Shelley Grumbridge, Majid Hussain, Helen Lockwood, Dr. Ian Milnes, Nadia Baig, Dr. John Patterson, Claire Smith, Rebekah Sutcliffe, Dr. Andrew Vance, Mark Warren and Carolyn Wilkins OBE

- 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 28th November 2019 are attached for approval.
- 6 Public Question Time
To receive Questions from the Public, in accordance with the Council's Constitution.
- 7 Implementation Update - Adults Care at Home Category 1
Report to follow.
- 8 Investment Review - Transformation Funds (Pages 7 - 16)
- 9 Care at Home Novation
Report to follow.
- 10 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.
- 11 Implementation Update - Adults Care at Home Category 1
Report to follow.
- 12 Care at Home Novation
Report to follow.



COMMISSIONING PARTNERSHIP BOARD

28/11/2019 at 1.00 pm

Present: Councillor Hussain (Vice-Chair, in the Chair)
Councillors Chadderton, Fielding and Shah

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

Also in Attendance:

Carolyn Wilkins OBE	Chief Executive / Accountable Officer
Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Rebekah Sutcliffe	Strategic Director, Communities and Reform
Mark Warren	Director, Adult Social Care
Graham Foulkes	Lay Member for Patient and Public Involvement
Dr. Mudiyr Gopi	Hospital Consultant Representative
Claire Smith	Executive Nurse
Nikki Boaler	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 Chauhan, Dr John Patterson, Dr Andrew Vance, Helen Lockwood and Anne Ryans.

3 **URGENT BUSINESS**

The Chair advised that there was an item of urgent business and it would be considered as the final item of the meeting.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Commissioning Partnership Board held on 31st October 2019 be approved as a correct record.



7

OLDHAM LOCALITY PLAN

The Commissioning Partnership Board gave consideration to a report regarding the Oldham Locality Plan.

The Board was informed that in June 2019, the Greater Manchester Health and Social Care Partnership Executive Board approved a paper on developing the Implementation Plan for the Greater Manchester Health and Social Care Prospectus. This paper had described that the Implementation Plan would include how Greater Manchester intended to deliver on its requirements under the NHS Long Term Plan.


The NHS had published the Long-Term Plan Implementation framework which had required all Integrated Care Systems (ICS's) and Sustainability & Transformation Partnerships (STP's) to publish a strategic plan for their footprint. In the case of Oldham, this was at Greater Manchester level. The GM Health & Social Care Partnership (GMH&SP) requested that all 10 localities refresh their Locality Plans to feed into the GM submission at the end of November. The report brought forward Oldham's refreshed Locality Plan.

The Board noted that the revised Locality Plan also:

- Reaffirmed the outcomes sought to be influenced;
- Described progress against those outcomes since 2016;
- Outlined plans for the local system in terms of integrated neighbourhood delivery and place-based commissioning - particularly in the context of the GM Prospectus's core aim of creating a population health system in Greater Manchester and the approach to public service reform set out in the White Paper.

The report set out the following key areas of the Long Term Plan Implementation Framework:

- Fully Integrated Community-based Care (including Primary Care Networks) Reducing Pressure on Emergency Hospital Services
- Giving people more control over their own health and more personalised care
- Digitally-enabling primary care and outpatient care
- Improving Cancer Outcomes
- Improving Mental Health Services
- Shorter Waits for Planned Care
- More NHS Action on Prevention
- A Strong Start in Life for Children and Young People
- Learning Disability and Autism
- Cardiovascular Disease
- Stroke Care
- Diabetes
- Respiratory Disease
- Genomics

- 
- Giving NHS Staff the Backing they Need
 - Delivering digitally-enabled care across the NHS
 - Using taxpayers' investment to maximum effect
 - Engagement with Staff, Stakeholders and Communities

For each area of the Long Term Plan, a programme lead had co-ordinated an

Oldham system response that included:

- The specific asks of the Long Term Plan and Implementation Framework for that service area or objective;
- An assessment of the extent to which Oldham is already delivering against the area in the LTP - building on the last three years of implementation;
- A translation of the level of resource required to deliver those asks for which fair shares resource is indicated;
- A translation of the level of resource required to deliver those asks for which targeted resource is indicated.

The Board was informed that, to support the Greater Manchester approach to Long Term Plan implementation, localities would need to provide detailed returns on finance and activity covering the period to the end of 2023/24.

Included within the guidance were five key financial tests that all organisations would need to demonstrate adherence to within their plans:

- i. return to, or maintain financial balance
- ii. achieve cash-releasing productivity growth of at least 1.1% per year with the requirement for providers in deficit to deliver an additional cash-releasing productivity benefit of 0.5%.
- iii. reduce growth in demand for care through better integration and prevention
- iv. reduce variation in performance across the health system
- v. make better use of capital investment and its existing assets to drive transformation

As well as undertaking a refresh of the Locality Plan, the opportunity had been taken to contribute to the overarching Greater Manchester response to the Long Term Plan deliverables.

In order to provide the finance, activity and narrative on how GM would address the Long term Plan within the NHSE timescale, GMH&SP would develop a proforma for the response areas to NHSE, that indicated:

- The sections the GM team could fill in because they already knew about current position and plans to meet requirements, (with support of GM leads from localities for cross-cutting themes as needed); and

- The sections each locality needed to provide information on and the date for completion



Oldham
Council

The Board noted the refreshed Oldham Locality Plan narrative had been broader and deliberately place-focussed in order to help clarify how public services would work together to deliver the intended outcomes. Work would commence immediately on re-developing the governance and delivery programme for the Locality Plan, including strengthening the programme leadership arrangements.

Options/Alternatives Considered

- a) Not to refresh the Locality Plan which technically expires in 2020. Ruled out as provides insufficient direction for the development of the health and care system in Oldham.
- b) Simply refresh the plan in a light touch way. Also ruled out as much of the original Locality Plan is outdated.
- c) Rewrite the Locality Plan to reflect the current position in Oldham

RESOLVED that Oldham's refreshed Locality Plan be approved.

8

GEOGRAPHICAL ALIGNMENT OF PUBLIC SERVICES AT POPULATIONS OF 30-55,000

The Board gave consideration to a report which asked it to endorse the development of 5 geographical footprints at populations of 30-55,000 across the borough. These 5 footprints would align the geographical footprints of key public services including Primary Care Networks, Community Health and Adult Social Care IMDTs (Community Provider), Council Districts, Police beats and Housing management. The Board was asked to endorse the decision and recommend that the respective partner organisations - the Council and CCG and others – seek geographical alignment on 5 common footprints.

The report detailed the preferred option for developing 5 common geographical operational footprints. The Board were informed that place-based, multi-agency integration was key to the transformation and reform of public services and communities both in Oldham and across Greater Manchester. Only by developing a single approach to building resilience, that is informed by insight into what drives demand and shapes behaviour in communities, would the stubborn inequalities that existed within the borough be shifted. Place based integration was not new to Oldham and was not a “project” unrelated to the way mainstream services are delivered. Rather it was the way mainstream services should be delivered across the whole system and in partnership with residents.

The Board noted the forms of multi-agency integration that had already been put in place and the benefits of these. They were informed that the model for place-based integration across the whole system was currently being developed, that would articulate how the mainstream delivery of services would be

fundamentally reshaped by bringing staff together in a common geographic footprint, operating to a shared purpose and working in a holistic way with people and communities.



Members were informed that, without geographical alignment, it was unlikely that the full integration and reform of public services would be progressed, as staff, resources and capacity would not align. The building blocks for Locality Care Organisations and public health management, police beats and district working were at a 30-55,000 footprint. This was the optimum size for services to organise themselves as it was big enough to create economies of scale and small enough to be locally sensitive. Any footprint below this would make it difficult for services to align their capacity and resources to a place-based model. However, more localised and focused approaches could be needed below this footprint and natural communities could be defined at this population size.

Discussions and negotiations had taken place across public services over the past 12 months. This had included engagement with elected members, GPs and colleagues from across the whole system of public services. Following this, 5 geographical footprints appeared to be the most feasible both operationally and financially and this was the current number of health and social care Primary Care Networks (PCNs). To increase the number to more than 5 would have both financial, resource and logistical implications as staff and assets were already co-located on this footprint. However, whilst 5 footprints were the most operationally sound, there was agreement that the current PCN boundaries were not sustainable and that any new arrangements should use ward boundaries as the legitimate building blocks for service footprints.

Via the Oldham Leadership Board, the Clinical Commissioning Group, Greater Manchester Police and First Choice Homes, along with other key Oldham partner agencies had agreed to change and amend their existing boundaries to align to the same geographies. This would enable the full integration of services at this footprint, as it was expected other agencies would follow-suit.

Options/Alternatives Considered

- a) Not to endorse geographical alignment across public services at 30-55,000 populations.
- b) Not to endorse geographical alignment on 5 common geographical footprints (but ask to recommend 6 or 7 footprints).
- c) To endorse geographical alignment on 5 footprints, close to PCNs but using wards as building blocks and the preferred option.

RESOLVED that geographical alignment on 5 footprints, close to PCNs but using wards as building blocks and the preferred option for doing this be endorsed.

S.75 BUDGET MONITORING REPORT - MONTH 6



Urgent Business The Board gave consideration to a report which asked them to consider the 2019/20 Oldham Cares Section 75 pooled budget monitoring position as at month 6.

The report set out the 2019/20 Oldham Cares Section 75 (S75) pooled budget monitoring position as at month 6. It showed a budget of £148.92m and a year-end forecast of £152.18m, producing an adverse variance of £3.26m. Most of this variance related to Oldham Council services, some of which was offset by favourable variances outside the S75 budget areas, whilst the rest was expected to be brought back to balance by the year-end after the application of management action.

The Board noted that there was work ongoing in relation to the assessment of the further pooling of resources and the benefits of this to the population.

Options/Alternatives Considered

- a) To note the contents of the report.
- b) To challenge the contents and recommendations in the report.

RESOLVED that the Oldham Cares S75 financial monitoring report at month 6, 2019/20 be noted.

URGENT BUSINESS

The Board gave consideration to an item of urgent business in relation to the Transformation Fund.

The Board noted that Transformation Funding would be considered alongside the new Locality Plan rather than progressing with schemes from the previous Locality Plan. Those aspects of the previous Plan that had been fully signed off would proceed and a fresh look would be taken at those matters which had not been finalised. There was an opportunity to consider alternative approaches that may offer greater benefits.

Members were informed that Oldham was the only area in Greater Manchester to achieve its savings target. The Chair gave his thanks to everyone involved in this huge achievement.

RESOLVED that the approach be noted.

The meeting started at 1.00 pm and ended at 2.00 pm



Commissioning Partnership Board Report

Decision Maker: Commissioning Partnership Board

Date of Decision: 30th January 2020

Subject: Investment Review - Transformation Fund 2019/20 – 2020/21

Report Author: Ben Galbraith, Chief Finance Officer, Oldham Cares

Reason for the decision: To request that the Commissioning Partnership Board approve the proposed expenditure of Transformation Funds in 2019/20 and 2020/2.

Summary: The purpose of the report is to outline the proposed changes to the use of Transformation Funds in 2019/20 and 2020/21.

The Transformation Funding ceases in March 2021 and a recent review of the Transformation Schemes has highlighted £3.0m of slippage across a number of areas. To ensure that the Oldham Locality makes full use of Transformation Funds, this proposal suggests use of this slippage to support other schemes across the Locality as outlined in this report.

What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s): Should the proposal outlined not be approved then further work would be required to identify alternative schemes so that the Locality would

not lose the benefit of the Transformation Funds.

Recommendation(s): To approve the reallocation of the Transformation Funds as outlined in this report.

Implications:

What are the **financial** implications?

If Oldham locality does not fully utilise the Transformation Fund by the end of 2020/21 it risks losing the funding and not benefitting from the additional resources given to the system. The funding proposals outlined within this paper support continued transformational work and in addition support the collective financial gap in 2019/20 and 2020/21.

What are the **procurement** implications?

There may be procurement implications when the new business cases are approved, but these are not covered in this report.

What are the **legal** implications?

There may be legal implications when the new business cases are approved, but these are not covered in this report.

What are the **Human Resources** implications?

There may be HR implications when the new business cases are approved, but these are not covered in this report.

Equality and Diversity Impact Assessment attached or not required because (please give reason)

EIAs will be done for new business cases as part of the approval process.

What are the **property** implications

There may be property implications when the new business cases are approved, but these are not covered in this report.

Risks:

If Oldham locality does not fully utilise the Transformation Fund by the end of 2020/21 it risks losing the funding and not benefitting from the additional resources given to the system. The funding proposals outlined within this paper support continued transformational work and in addition support the collective financial gap in 2019/20 and 2020/21.

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?

Yes Ben Galbraith

Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the S.75 budget?

Yes Ben Galbraith

Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG?

No

Reason(s) for exemption from publication:

None

Reason why this is a Key Decision

Not applicable

There are no background papers for this report

Report Author Sign-off:	
Ben Galbraith, CCG CFO	
Date: 22 January 2020	

Please list any appendices:-

Appendix number or letter	Description
1	Forecast of the Transformation Fund
2	List of smaller proposed schemes for use of funds

Background:

Background

Oldham has been allocated £21.3m of locality transformation funding by Greater Manchester Health & Social Care Partnership (GMHSCP) to be utilised between 2017/18 and 2020/21 across a range of transformational services. Business cases have been developed and reviewed and funds allocated with a proportion of allocation ringfenced for future consideration.

A recent review of the Transformation schemes has identified slippage of £3.0m by 2020/21, the detail of which can be viewed in detail in Appendix 1. The most significant slippage has arisen in the following areas:

- £1.4m – Primary Care Express Care Hub
- £1.4m – Previously Uncommitted Funds
- £0.6m – Cluster Gateways.

If the Transformation Fund remains unused at the end of 2020/21 there is a risk that the money is withheld by GMHSCP. This paper therefore outlines proposals to make best use of these resources against the current operational and financial pressures within both Oldham and Greater Manchester.

Re-phasing of Funds

Following on from the work completed to understand the total slippage expected by 2020/21, Oldham CCG has been in discussion with GMHSCP to provide support to the Greater Manchester system as a whole by agreeing to re-phase the planned spend across 2019/20 and 2020/21 in Oldham. The 2019/20 slippage is to be used to support the financial pressures across Greater Manchester at the end of this financial year.

Oldham has agreed to re-phase £3m of allocation from 2019/20 to provide this support on the agreement that this funding is returned to Oldham in 2020/21 to be utilised for its Transformation schemes.

Further discussions are being held with GMHSCP to approve the re-phasing of funds from 2020/21 to 2021/22 to support those schemes that have experienced unforeseen delays in mobilisation and to ensure maximum benefit can be achieved from the Transformation Funds.

Proposals:

Proposals for using the Transformation Fund slippage

Through the Oldham Alliance Board, requests for additional funding have been received and reviewed to support the continuation of service transformation across the Locality and to support the collective financial gap in 2019/20 and 2020/21. Transformation funds remain non-recurrent and so any funding approved is a short-term allocation and should services be permanently required then alternative recurrent sources of funding will need to be identified.

As described in the Background section above, there is £3m of slippage on previously approved business cases. It has been agreed with the GMHSCP that some of this will be returned to Greater Manchester in 2019/20 to support the wider health economy and will be returned to Oldham in 2020/21.

Following discussion between stakeholders within the Oldham Locality, it is proposed that the slippage is used to fund the schemes shown in Table 1 below.

Table 1: Summary of Proposals for using Transformation Fund slippage

Proposed Schemes	2019/20 £000	2020/21 £000	Total £000
System Resilience Funding (SRG)	834	834	1,668
Cluster Based Budgets (CBBs)	128	312	440
StartWell		500	500
Strength Based Approach Training		105	105
Locality Plan development support	79		79
Information Governance resources		77	77
End of Life	26	51	77
MSK		60	60
Mental Health		45	45
Person and Community Centred Approaches	25		25
Total	1,092	1,984	3,076

a) System Resilience Group (SRG) Funding

At present the CCG uses £1.7m of core allocations every winter to invest in additional services and increased capacity to improve continuity and consistency of services to patients and residents.

Unlike many other localities in Greater Manchester, in Oldham there have not been any changes to this funding stream. The two most common approaches taken are:

- for there to be a “top-slice” of SRG funds to pay for part of the core Acute hospital services contract; and/or
- for some of the services/capacity funded by SRG to be funded from Transformation Funds.

Included within the SRG schemes in Oldham for 2019/20 are a number of services which other boroughs have used their Transformation Funds to deliver – in particular Integrated Discharge Teams and Hospital Outlier teams.

In line with the approach adopted elsewhere, it is proposed that these are costs charged against the Transformation Fund for this financial year and next.

b) Cluster Based Budgets (CBB) Schemes

There were a range of new services started by the CCG with Clusters. These are transforming how we deliver care and services at a neighbourhood (cluster) level closer to home to deliver better outcomes for the people of Oldham and reduce the need for urgent/unplanned care. The services include Advance Nurse Practitioner (ANP) for Care Homes (Cluster North), Extended Clinical Pharmacist Hours and Community Matron (Cluster East).

It is proposed that these services are continued for 18 months to allow them to be embedded in the new Primary Care Networks (PCNs).

c) StartWell

The StartWell programme has been successful in this first year of operation with two key workstreams of providing Paediatric ANPs in A&E and running Multi-Disciplinary Team (MDT) reviews of paediatric cases in the PCNs.

Following the success of StartWell in preventing paediatric admissions, further funding has been requested to expand the scope of the scheme. This would see the continuation of the MDT work within PCNs. The MDTs that have been carried out have demonstrated benefit to the GP practice in terms of treatment and change to managing children with allergies, respiratory issues and cow’s milk protein allergy. The scheme has saved prescription costs and reduced A&E attendances.

The Children’s Community Nursing Team is compiling a list of children who are frequent attenders at A&E to take a targeted approach within Primary Care to increase engagement within the MDT process.

It is proposed that these schemes are extended through 2020/21.

d) Strengths Based Approach Training

This is a training and development programme across the Oldham Locality. This system wide training is recommended for roll out to 4,730 of our workforce. The majority of the funding will come from existing Transformation Fund allocations in Community Enablement and Thriving Communities as well as some North West Leadership Academy funding, but the remainder of £105k is from slippage from the Transformation Fund. The design of the programme includes Organisational Development sign-up in organisations.

It is proposed that £105k be allocated to support this training programme.

e) Smaller Schemes

There are a number of smaller schemes for which the descriptions are provided in Appendix 2.

Community Enablement: Slippage re-allocation

A business case for Community Enablement will be presented to the Commissioning Partnership Board in March 2020. There is slippage on this which is now allocated for approval in this paper. In addition to the proposed funding above, slippage has also been identified against the ringfenced funding for the Community Enablement Scheme and is to be redistributed as outlined in Table 2 below.

Table 2

Slippage from CE Ring-fenced Funds £000	Total		
	2019/20	2020/21	Forecast
Wellbeing Teams	201	78	279
Strengths Based Approach Training		295	295

The Strengths Based Approach Training is described above. The total cost to be funded from Transformation Funds is £0.5m.

Wellbeing Teams

It is proposed that Wellbeing Teams are explored as a pilot under the Oldham Cares transformation agenda in East Cluster. The pilot will explore how Wellbeing Teams could complement our integrated structure, and to inform the potential for how they might be rolled out on a cluster model. East Cluster has been selected for the pilot scheme as it has recently been awarded funding for Health Champions and is the next in-line for social prescribing to be initiated.

Conclusions:

Conclusion

The Oldham Locality continues to fully utilise the Transformation Fund and has put in place proposals to secure funding and benefit from the additional resources given to the system. The funding proposals outlined within this paper support continued transformational work and in addition support the collective financial gap in 2019/20 and 2020/21.

Recommendation

The Board is requested to support the proposals for use of Transformation Funds for 2019/20 as set out in Tables 1 and 2 and to note how Oldham will re-phase its planned spend in order to secure its funding for new schemes and support Greater Manchester system-wide requirements.

Appendix 1: Forecast of the Transformation Fund

£000 Scheme	Approved Funding (£21.3m)					Actual / Forecast					Expected Slippage
	2017/18	2018/19	2019/20	2020/21	Total Approved	2017/18	2018/19	2019/20	2020/21	Total Forecast	
Transformation Core & Extended - Clusters	536	469	472	472	1,949	536	462	93	300	1,390	559
Acute Visiting Service	-	-	622	616	1,238	-	-	120	1,118	1,238	-
Health Champions Procurement	-	-	105	-	105	-	-	35	70	105	-
Cluster Express Care Hub	-	-	1,198	1,167	2,365	-	-	5	995	1,000	1,365
QI Collaborative	-	570	-	-	570	-	480	45	45	570	-
Transformation Urgent & Emergency Care	127	863	972	891	2,853	127	809	908	1,013	2,857	(4)
Transformation Thriving Communities	-	981	976	730	2,687	48	230	1,511	897	2,687	-
Transformation Health Improvement	-	-	-	-	-	-	18	8	-	26	(26)
Transformation Mental Health	-	299	726	-	1,025	-	165	571	-	736	289
Transformation Startwell	-	278	363	-	641	-	278	363	-	642	(1)
Earmarked (not approved) for Start Well	-	86	426	-	512	-	-	-	-	-	512
Transformation Estates	-	-	-	-	-	132	63	(77)	40	158	(158)
PCFT Community Transfer	-	-	250	250	500	-	240	250	-	490	10
Focus Care	-	-	500	500	1,000	-	-	310	690	1,000	-
Outcome Measurement	-	-	-	-	-	-	30	46	30	106	(106)
Transformation Community Enablement	-	353	321	-	674	-	90	534	-	624	50
"Seed" Funding	453	975	826	340	2,594	321	718	807	654	2,500	94
Uncommitted - ICC	-	-	-	271	271	-	-	-	-	-	271
Earmarked for continuation of Community Enablement	-	-	1,214	786	2,000	-	-	200	1,555	1,755	245
Uncommitted	-	-	336	-	336	-	-	-	-	-	336
Urgent Care Front Door Improvement - Alamac	-	-	-	-	-	-	-	95	-	95	(95)
PC Recovery	-	-	-	-	-	-	-	300	-	300	(300)
GRAND TOTAL	1,116	4,874	9,307	6,023	21,320	1,165	3,583	6,124	7,408	18,279	3,041
Underspend forecast						49	(1,291)	(3,183)	1,385	(3,041)	

Appendix 2: List of smaller proposed schemes for use of funds

Locality Plan

Short term funding required for external support for the development the Oldham Locality Plan.

Information Governance

The Commissioning Partnership Board agreed at its July meeting that information sharing is an important consideration in the development of integrated services and funding should be considered from Transformation Funding. The aim is to reduce the risk to the Oldham locality and funding will be used for the development of an information governance policy and to seek specialist technical guidance at a one Oldham Cares level.

End of Life Care

The Northern Care Alliance and Dr Kershaw's Hospice are reviewing and developing the end of life pathway in the Borough of Oldham with other partners. The qualified nurse Project Manager will provide support for this work. The case was approved at Alliance Board in July 2019 for the work to commence and recruitment to commence at risk, pending approval.

Musculoskeletal (MSK) programme

Following sign off from sponsors that the First Contact Practitioner (FCP) pilot (which provided MSK Physio appointments in GP practices in East Cluster) has been successful, it is recommended that this will transfer as a programme of work to the MSK programme. As FCPs will be funded through the Primary Care Networks from 1st April 2020 the focus at the MSK Programme Board will be to develop the clinical governance to support these posts within our local pathways. As a follow on from the Alliance Board decision at its July meeting, £60k is recommended to be allocated to the MSK programme until March 2021.

Mental Health

There is a requirement for a Mental Health Project Management support for the evaluation of transformation schemes and review of options on transformation funding to support implementation of the Mental Health strategy.

Person and Community Centred Approaches Service

To date, good progress has been made across Greater Manchester Localities around Person and Community-centred Approaches (PCCA). Funding ceases at the end of March 2020 and this proposal is to continue the work that has been completed to date. The work is now moving into a phase of consolidation and refinement and the proposition is that this would move, during 2020/21, towards a self-funding model of Greater Manchester PCCA support and expertise.

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