

Commissioning Partnership Board Report

Decision Maker	Commissioning Partnership Board
Date of Decision:	26 September 2019
Subject:	Using Local Resources to Bring People and Communities Together to achieve positive change: strengths-based approaches training for Oldham Cares Workforce
Report Author:	Debra Ward, Programme Manager

Reason for the decision:	<i>To approve the commissioning of a provider to design and deliver strengths-based training for Oldham Cares workforce.</i>
Summary:	<i>Oldham Cares has recommended an approach for strengths-based training for the Oldham Cares Workforce. Commissioning Partnership Board are invited to endorse the approach and provide approval to procure a provider.</i>
<i>What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):</i>	<p><i>Option 1 – do nothing</i> Whilst this training is necessary this still remains an option in light of ASC financial challenges.</p> <p><i>Option 2 – reduce the scope of training</i> Discounted on the basis that Oldham Cares previously indicated that the training should be delivered collectively for all Oldham Cares, and there will be efficiencies in delivering & procuring for a larger number of staff to be trained as part of one contract.</p> <p><i>Option 3 – develop an apprenticeship levy trailblazer</i> Discounted as scoping showed that this would not meet Levy requirements.</p> <p><i>Option 4 – procure the full scope</i></p>

Endorse the Oldham Cares recommendation to design and deliver training across the Oldham Cares workforce.

Recommendation(s):

The Commissioning Partnership Board is recommended to approve Option 4 to procure the Full Scope.

Implications:

*What are the **financial** implications?*

A soft market testing process has been undertaken and the outcome of this testing will be fed into the procurement process.

In addition to commissioning the training from an external provider, a project manager will be recruited to run the scheme. This person is expected to be recruited by the Council for a period of 2 years.

Funding options are being explored such as Transformation Funding or contributions from the various partners within the Health Economy.

Gioia Morrison, Finance Manager Oldham Council
Joanne Rourke, Head of Finance, Oldham CCG

*What are the **procurement** implications?*

Commercial Procurement Unit supports the option in this report to go out to Procure. Given the nature of the services that are being procured in this commission, and the challenges within the market, Commercial Procurement will work with the services to develop a service specification that is in accordance with procurement obligations such as value for money and equal treatment. Commercial Procurement Unit intends to advertise this opportunity on the chest on 3rd October and the requirement will need to be sufficiently mature in a timely manner to develop the suite of procurement documentation required.

Mohammad Sharif, Interim Sourcing

*What are the **legal** implications?*

The Council must be mindful of its obligations under the Council's Contract Procedure Rules and the Public Contracts Regulations 2015 to ensure that it conducts a compliant procurement process to select the preferred provider to deliver the training services. This must be an open and transparent procurement process and in view of the sums involved compliant with the EU Treaty Principles including equal treatment and non-discrimination, transparency, mutual recognition and proportionality.

The Council has carried out soft market testing and will need to ensure that all the information gleaned during the process is made available to the market as part of the invitation to tender.

The Council is cognisant of the full scope of the training requirement and therefore the commission will have to consider the total value of the commission and not treat the commissions in a piecemeal approach.

It would be advisable to set up a working group to consider the procurement options to ensure that the best approach is taken to procuring a provider with the appropriate expertise to provide training across the spectrum of disciplines. It may well be that a consortium with a lead provider is used to deliver the wide diversity of training which will be required. Funding from the appropriate source will also have to be identified for the procurement to proceed.

Elizabeth Cunningham Doyle

*What are the **Human Resources** implications?*

We cannot underestimate the size and scope of this commission and the pre-work/planning that would need to go into this to engage and prepare the workforce and organisations to work in a different way. This work has started but there is much more to do. Consideration therefore needs to be given to the lead in time for this and the commitment required from leadership to front line.

We need to think carefully how we resource this to enable implementation and sustainability going forward for example how we decide who the most appropriate people are to be the “trainers” in the train the trainer model including release of people to attend training and deliver on an ongoing basis.

None of the above prevents us from progressing we just need to ensure that due consideration is given to enable its success.

Emma Gilmartin, HR Business Partner

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

It is not considered necessary to carry out an EIA as the proposed ways of working represents accepted best practice across health and social care sector and is fully in line with the approaches set out in legislation such as the Care Act 2014.

*What are the **property** implications*

None.

Risks:

There is a risk that if this essential training is not provided for Oldham Cares staff, we will not be able to deliver appropriate care and support within the model of care.

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Yes

Constitution/CCG's Standing Orders?

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

Reason(s) for exemption from publication:

3. Information relating to the financial or business affairs of any particular person including the Council

Reason why this is a Key Decision

The Local Authority/Clinical Commissioning Group incurring expenditure or the making of savings which are, significant having regard to the S.75 budget for the service or function to which the decision relates.

The Key Decision made as a result of this report will be published within **48 hours** and cannot be actioned until **five working days** have elapsed from the publication date of the decision, i.e. before 7 October 2019, unless exempt from call-in.

This item has been included on the Forward Plan under reference CPB-14-19.

List of Background Papers under Section 100D of the Local Government Act 1972:

Title	Available from
There are no background papers for this report.	

Report Author Sign-off:	
Date:	

Please list any appendices:-

Appendix number or letter	Description

1	Timeline for strengths-based training for Oldham Cares Workforce
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Background:

It is recognised that engagement with residents/patients/people in Oldham should have a more positive narrative which moves Oldham away from the deficit norm which local government and health has historically taken. At GM and nationally the strength/asset-based approach is considered best practice given that it is delivering improvement in population health and reducing demand on services.

Proposals:

This approach will happen through having different conversations with people to achieve different outcomes. We need to equip and develop our staff to be skilled in how to have different conversations. This should involve providing the workforce with access to a range of tools to enable people to work together to have different conversations not only with patients, service users and carers, but with each other. This will result in less duplication of assessments and the need for multiple professionals to be involved.

The move to embedding a strengths-based approach across the workforce, both front line and others having contact with the public, will enable a one system approach to changing the way we assess for and provide services. Thus ensuring we are able to target services and resources more effectively, and use community resources as a first option.

There are a number of positive impacts expected as a result of this training being delivered to all professions. It will provide opportunities for relationship building in recently formed community health and adult social care services and ensure we are all giving the same message, using the same language and using the same approach to practice, 'making every contact count'. In terms of a phased approach, undertaking the link with primary care staff will enable the development over time of a common culture for first contact.

It was therefore requested that training should be designed and delivered for the relevant Oldham Cares workforce. In addition there are other cohorts of staff (including Members and Non-Elected Directors) and volunteers who would benefit from basic strengths-based approach development to ensure an appreciation of the approach that their workforce will be taking with people, and how this may affect the way that they support these services e.g. commissioners will be taking a different approach to commissioning in the future.

It is therefore requested that both basic and in-depth strengths-based approaches training be delivered, for the respective groups.

We have considered if this training could be designed and delivered in-house. However, given the specialist nature, importance and pace that is required, led us to conclude that this would be better commissioned externally. It is however proposed that as part of this commission we develop a train the trainer model which will enable system wide capability and sustainability in the future. It is important to note this is not one-off training events, but an ongoing intensive on-site programme with individuals and groups. A timeline for the training programme is provided in the Appendices.

Oldham's place-based integration model puts the needs of people and place first – not organisations. Upskilling the locality workforce on strengths-based approaches supports this model. The intention is to use the rollout of the training in Oldham Cares as a learning exercise to inform an approach for the locality.

Informed by soft market testing, the budget for commissioning a provider is being established from the various partners in the health economy. A Project Manager will be recruited to manage and oversee the delivery of the commissioned training.

Conclusions:

The Commissioning Partnership Board is recommended to approve Option 4 to procure the Full Scope.