

# Public Document Pack



## **COMMISSIONING PARTNERSHIP BOARD**

### ***Supplement - Reports***

Date	Thursday 25 March 2021
Time	1.00 pm
Venue	Virtual Meeting - <a href="https://www.oldham.gov.uk/info/200608/meetings/1940/live_council_meetings_online">https://www.oldham.gov.uk/info/200608/meetings/1940/live_council_meetings_online</a>
Notes	<p>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 Elizabeth Drogan at least 24 hours in advance of the meeting.</p> <p>2. CONTACT OFFICER for this agenda is Mark Hardman / Kaidy McCann, email <a href="mailto:constitutional.services@oldham.gov.uk">constitutional.services@oldham.gov.uk</a></p> <p>MEMBERSHIP OF THE COMMISSIONING PARTNERSHIP BOARD Councillors Chauhan, Fielding, Moores and Shah CCG Ben Galbraith, Majid Hussain, Dr Ian Milnes, Dr John Patterson.</p>

#### Item No

- |    |   |
|----|---|
| 7  | Section 75 Month 8 and 9 Budget Position 2020/21 (Pages 1 - 8)  |
| 8  | Approval of 2020/21 Revised Section 75 Agreement (Pages 9 - 94) |
| 9  | Transformation Fund 2020/21 Budget Update (Pages 95 - 102)      |
| 10 | Thriving Communities Programme Funding (Pages 103 - 110)        |

This page is intentionally left blank



## Commissioning Partnership Board

<b>Decision Maker</b>	<b>Commissioning Partnership Board</b>
<b>Date of Decision:</b>	<b>25th March 2021</b>
<b>Subject:</b>	<b>Section 75 Months 8 and 9 Position Report</b>
<b>Report Author:</b>	<b>Anne Ryans (Director of Finance, Oldham Council) Ben Galbraith (Chief Finance Officer, Oldham CCG)</b>
<b>Report Reference:</b>	

---

---

**Reason for the decision:** To consider the Oldham Cares Section 75 pooled fund forecast position for Months 8 and 9.

**Summary:** The report sets out the Oldham Cares Section 75 (S.75) pooled fund forecast at the end of months 8 and 9 in the 2020/21 financial year. It shows a forecast of £183.038m at month 9 (£182.069. month 8) compared to a budget of £180.673m resulting in an adverse variance of £2.365m at month 9 (£1.397m at month 8).

***What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):*** The alternatives that might be considered are:  
a) To note the contents of the report  
b) To challenge the contents and recommendations in the report

It is recommended that the Commissioning Partnership Board notes this report as it sets out the forecast position for the budgets within the S75 Agreement for months 8 and 9 2020/21.

**Recommendation(s):** The Commissioning Partnership Board notes the 2020/21 Oldham Cares S.75 months 8 and 9 forecast position report.

**Implications:**

*What are the **financial** implications?* Financial implications are within the body of the report

What are the **procurement** implications? N/A

*What are the **legal** implications?* N/A

*What are the **Human Resources** implications?* N/A

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

*What are the **property** implications* N/A

**Risks:** N/A

---

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? N/A

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? N/A

Reason(s) for exemption from publication: N/A

---

**Reason why this is a Key Decision** Financial Implications

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

Background papers are the reports as follows:

Month 6 Monitoring Report presented to the Commissioning Partnership Board of 28 January 2021

<http://decisionrecording.oldham.gov.uk/ieListDocuments.aspx?CId=548&MId=7906&Ver=4>

---

---

<b>Report Author Sign-off:</b>	
	Anne Ryans & Ben Galbraith
<b>Date:</b>	17 <sup>th</sup> March 2021

<b>Appendix number or letter</b>	<b>Description</b>
1	Forecast Outturn Months 8 & 9

## **1 Background:**

- 1.1 Section 75 (S.75) agreements exist between Local Authorities and the NHS nationally for the pooling of budgets to facilitate closer working. Oldham Council and Oldham CCG have entered into such an agreement for a number of years. Originally the S.75 agreement covered expenditure funded by the Better Care Fund. The agreement initially expanded to include the Improved Better Care Fund and the Winter Resilience Grant. The Council and the CCG have also chosen to further widen the scope of the agreement to incorporate a number of areas where services are being commissioned jointly. The main purpose is to facilitate a whole system approach to deliver care where and how it can be best delivered to the citizens of Oldham.
- 1.2 An area that is pooled and therefore included in the S.75 agreement, is the Transformation Fund. This is a grant that was allocated to the Oldham Locality to transform the Health and Social Care system to provide better and more efficient outcomes to the residents of Oldham. Whilst changes have occurred with regards to the total grant available due to national funding regimes being in place for the majority of the year, Transformation funded schemes that were being delivered at the beginning of 2020/21 have been funded for the year from both resources provided to the CCG and NHS providers directly where they were the delivery partners.
- 1.3 An addition to the S.75 agreement that will be pooled in 2020/21 are the resources that the CCG and OMBC have used in dealing with the COVID-19 pandemic, particularly in relation to the Hospital Discharge Programme (HDP). Both parties' costs have, in part, been refunded from the NHS, with OMBC being reimbursed via the CCG. In order to remove unnecessary variations from the initial position, a budget has been introduced to match forecast costs. In addition, the Council has received Central Government funding via the Ministry for Housing, Communities and Local Government (MHCLG), to support the Councils overall net revenue budget. This has not been applied directly to Portfolios budgets, as it is being used to underpin the corporate financial position and is therefore not included in the figures being reported within the S.75 agreement
- 1.4 The purpose of this report is to present the month 8 and month 9 positions in respect of the Section 75 pooled fund for Oldham Cares for 2020/21 (based on 2018/19 reporting requirements). A revised and updated 2020/21 S.75 agreement is being presented elsewhere on the agenda. Therefore, this report has been prepared on the assumption that the revised and updated S.75 Agreement is approved with the financial position reflected accordingly.

## **2 Current Position**

- 2.1 As advised above, this report has been produced on the basis that the 2020/21 S.75 agreement elsewhere on the agenda is approved and the budget therefore revised to reflect the position included in the tables below. Full detail is shown in Appendix 1.

**Table 1 – Overall Budget and Month 8 and 9 Variances**

	2020/21	Month 8		Month 9	
	Budget	Forecast	Variance	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000
Pooled Aligned Budget	145,867	147,681	1,815	148,388	2,521
Community Equipment Pooled Budget	1,448	1,450	2	1,450	2
Transformation Fund	11,191	11,171	- 20	11,113	(78)
Covid-19 Expenditure Including HDP	22,167	21,767	(400)	22,087	(80)
<b>Total Pooled Funds</b>	<b>180,673</b>	<b>182,069</b>	<b>1,397</b>	<b>183,038</b>	<b>2,365</b>

**Table 2 - Total Pooled Funds analysed between the Council and the CCG**

	2020/21	Month 8		Month 9	
	Budget	Forecast	Variance	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000
Total OMBC Contribution	63,189	68,109	4,920	65,932	2,743
Total CCG Contribution	117,484	113,960	(3,524)	117,106	(378)
<b>Total Contribution</b>	<b>180,673</b>	<b>182,069</b>	<b>1,397</b>	<b>183,038</b>	<b>2,365</b>

- 2.2 Oldham Council is reporting an adverse variance of £2.743m at month 9 (£4.920m as at month 8). The major contributing factors are pressures within community care placements, especially those linked to people with learning disabilities and poor mental health. Of the total variance, £2.742m is attributed to 'business as usual' activity. In month 8 there was also £2.378m of additional costs borne directly by the Council which were attributable to the pandemic. These have reduced as estimates were revised and some of the additional cost could be supported by the NHS.
- 2.3 The operational adverse variance (£2.743m) will be offset by favourable variances from income generation and reduced salaries costs; these variances relate to budgets that are currently outside the scope of the Section 75 agreement. The Community Health and Adults Social Care Services portfolio forecast a 'business as usual' underspend of £4.398m at month 9 (£1.560m overspend at month 8), excluding spend that has resulted from the COVID-19 pandemic. Therefore, there is currently no anticipated financial risk to Oldham Cares or the wider integrated health economy in Oldham at the end of 2020/21.
- 2.4 At Month 9 Oldham CCG is reporting a pooled budget underspend of £0.378m (£3.524 at month 8).
- 2.5 The financial reporting regime for CCGs for 2020/21 consists of 2 distinct elements. Firstly, for months 1 to 6 (April – September), CCGs were funded retrospectively for all costs reasonably incurred in commissioning services and responding to the

Coronavirus pandemic. For months 7 to 12 (October to March), the Greater Manchester Integrated Care System (ICS) has been allocated resources through GM Health and Social Care Partnership (GMHSCP) which are then allocated to CCG's on the basis of submitted budgets. The CCG is then required to work within these budgets with the exception of the Hospital Discharge Plan and Elective Incentive Scheme funding which has continued to be funded outside of months 7 to 12 funding envelopes on a retrospective basis

- 2.6 As part of the budgeting process for 2020/21, NHS England has imposed block contract values on CCGs and NHS provider Trust and Foundation Trusts. These are of set values and exist within the budgets presented.
- 2.7 Oldham CCG also hosts the Oldham Cares Transformation Fund which it receives from the GMHSCP. However, owing to the changes in the NHS national finance framework, specific allocations for Transformation activities are no longer received. Instead, the budget has been set at the costs incurred for months 1 to 6 and the anticipated costs for months 7 to 12.
- 2.8 The additional cost of dealing with the COVID-19 pandemic for Community Health and Adult Social Care is pooled within the S.75 agreement. The total cost forecast for 2020/21 at month 9 for OMBC is £16.793m (£17.815m at month 8). Of this sum, £10.833m (£9.527m at month 8) is expected to be recouped from the NHS via Oldham CCG. The Council is therefore showing a COVID related spend of £5.910m (£8.288m at month 8). Notional budget has been included to match expenditure so no overspend is showing at month 9.
- 2.9 The Council has received specific Central Government funding via the MHCLG to assist with the costs arising from the pandemic. This funding is supporting the Council's overall net revenue budget so has not been applied directly to Portfolios and is therefore not included in the figures being reported within the S.75 agreement. The main costs for Adult Social Care are packages of care for people discharged from hospital, financial support to the Care Provider community and costs to the Council itself, including unachieved efficiencies and lost income. In addition to this, the CCG incurs some expenditure directly, including the commissioning of the COVID "hot site" at the Oldham Integrated Care Centre. The cost of this element is forecast at £5.374m at month 9 (£3.952m at month 8).

## **Recommendation**

It is recommended that the Commissioning Partnership Board considers and notes the Oldham Cares Section 75 forecast positions for months 8 and 9 2020/21.



**Appendix 1 - Forecast Outturn Months 8 & 9**

1) **Pooled Aligned Budget**

OMBC Lead Commissioner / Provider	Provider	2020/21	Month 8		Month 9	
		Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
Care Management Placements includes inter alia, home care, care homes, personal budgets and respite care						
Learning Disability	Various	16,417	18,802	2,385	18,802	2,385
Mental Health	Various	8,158	8,876	718	8,855	697
Physical Support	Various	32,536	32,280	(256)	32,450	(86)
Sensory Support	Various	859	936	77	936	77
Support with Memory & Cognition	Various	3,014	3,087	73	3,107	93
Mental Health and LD block and external contracts	Various	5,006	4,557	(449)	4,597	(409)
Older People contracts	Various	1,033	1,028	(5)	1,028	(5)
Mio-Care Contract, including reablement	Mio-Care	11,612	11,612	0	11,612	0
Hollybank	Mio-Care	485	489	4	489	4
Hospital and Urgent Care Social Work Team	OMBC	871	850	(21)	855	(16)
Community Cluster Teams	OMBC	2,211	2,211	0	2,211	0
Carers Services	OMBC / Various	333	342	9	329	(4)
Housing Related Commissioning	Various	403	409	6	409	6
<b>Total OMBC Lead Commissioner/Provider</b>		<b>82,938</b>	<b>85,479</b>	<b>2,541</b>	<b>85,680</b>	<b>2,742</b>
Disabled Facilities Grant		2,065	2,065	0	2,065	0
<b>Total Disabled Facilities Grant</b>		<b>2,065</b>	<b>2,065</b>	<b>0</b>	<b>2,065</b>	<b>0</b>

Note: This table includes OMBC commissioned services for which funding is received from the CCG.

CCG Lead Commissioner	Provider	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
Mental Health Contracts	Pennine Care FT	31,474	31,474	0	31,474	0
	Greater Manchester Mental Health FT	640	640	0	640	0
	Learning Assessment & Neurocare Centre	192	192	0	192	0
	Turning Point	729	729	0	729	0
	Others	130	528	(398)	531	(401)
Child and Adolescent Mental Health	Various	212	285	73	427	215
Dementia	Various	35	35	0	33	(2)
	Making Space	74	74	0	74	0
	Age UK	22	22	0	22	0
Improving Access to Psychological Therapies	TOG Mind	1,061	1,075	14	1,075	14
	Others	19	39	20	39	20
Mental Capacity Act	Various	111	116	5	113	2
Mental Capacity Services - Non-Contracted Activity	Various	46	43	(3)	45	(1)
Mental Capacity Services - Other	Various	16	13	(3)	13	(3)
Learning Disabilities block contracts	Various	350	350	0	350	0
Placements						
Mental health	Various	2,581	2,895	314	2,900	319
Mental Capacity Services - Adults	Various	4,982	4,982	0	4,904	(78)
Mental Capacity Services - Older People	Various	262	261	(1)	295	33
Learning Disabilities	Various	833	832	(1)	832	(1)
Adult CHC and FNC	Various	10,783	10,179	(604)	10,490	(293)
Children's CHC	Various	847	843	(4)	791	(56)
Intermediate Care	Various	272	272	0	297	25
Intermediate Care - Butler Green	SRFT	2,332	2,332	0	2,332	0
Falls Service	SRFT	227	227	0	227	0
Falls Service	Age UK	79	79	0	79	0
Early Supported Discharge and Community Stroke	SRFT	915	915	0	915	0
Alternate to Convey	Go To Doc	274	274	0	274	0
Wheelchair Service	Rosscare	579	571	(8)	571	(8)
End of Life Coordinator	SRFT	47	43	(4)	43	(4)
End of Life Consultant	Dr Kershaws	81	79	(2)	79	(2)
Carers	OMBC	432	432	0	432	0
Patient Support	Action for Blind People (formerly RNIB)	19	19	(0)	19	(0)
Assisted Discharge	Red Cross	104	105	1	105	1
Joint Working Agreement	Various	113	-	(113)	113	(0)
Alcohol Liaison	PAHT	125	113	(12)	125	0
Warm Homes (Fuel Poverty)	OMBC	125	125	0	125	0
		<b>60,864</b>	<b>60,137</b>	<b>(727)</b>	<b>60,643</b>	<b>(221)</b>
<b>Total Pooled Aligned Budget Expenditure</b>		<b>145,867</b>	<b>147,681</b>	<b>1,815</b>	<b>148,388</b>	<b>2,521</b>

	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
<b>OMBC Contribution</b>					
OMBC Disabilities Facilities Grants	2,065	2,065	0	2,065	-
OMBC Social Care Support Grant (improved BCF grant)	9,020	9,020	0	9,020	-
OMBC funding for OMBC commissioned services	45,494	48,035	2,541	48,236	2,742
<b>Total OMBC Contribution</b>	<b>56,579</b>	<b>59,120</b>	<b>2,541</b>	<b>59,321</b>	<b>2,742</b>
<b>CCG Contribution</b>					
CCG funding for OMBC commissioned services	28,424	28,424	0	28,424	0
CCG funding for CCG commissioned services	60,864	60,137	(727)	60,643	(221)
<b>Total CCG Contribution</b>	<b>89,288</b>	<b>88,561</b>	<b>(727)</b>	<b>89,067</b>	<b>(221)</b>
<b>Total Contribution</b>	<b>145,867</b>	<b>147,681</b>	<b>1,815</b>	<b>148,388</b>	<b>2,521</b>

2) **Community Equipment Pooled Budget**

	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
OMBC Contribution	700	701	1	701	1
CCG Contribution	748	749	1	749	1
<b>Total Pooled Budget</b>	<b>1,448</b>	<b>1,450</b>	<b>2</b>	<b>1,450</b>	<b>2</b>

3) **Transformation Fund**

	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
Oldham Locality	9,430	9,410	(20)	9,352	(78)
GM Mental Health - RAID and Crisis Care	1,761	1,761	0	1,761	-
<b>Total Transformation Fund</b>	<b>11,191</b>	<b>11,171</b>	<b>(20)</b>	<b>11,113</b>	<b>(78)</b>

3) **Covid-19 Expenditure**

OMBC Lead Commissioner / Provider	Provider	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
Hospital discharge		10,883	9,527	(1,356)	10,883	-
Supporting Care Providers		3,100	5,478	2,378	3,100	-
Cost to Council		2,810	2,810	0	2,810	-
		<b>16,793</b>	<b>17,815</b>	<b>1,022</b>	<b>16,793</b>	<b>0</b>
<b>CCG Lead Commissioner / Provider</b>						
Acute		270	131	(139)	210	60
Community		862	860	(2)	932	70
Continuing Care - Care costs		11,105	8,637	(2,468)	11,204	99
Mental Health Services		259	283	24	284	25
Other services		1,017	966	(51)	969	48
Estates costs		63	167	104	143	80
Primary Care costs		2,681	2,435	(246)	2,435	246
		<b>16,257</b>	<b>13,479</b>	<b>(2,778)</b>	<b>16,177</b>	<b>(80)</b>
OMBC funding for OMBC commissioned services		5,910	8,288	2,378	5,910	0
		<b>5,910</b>	<b>8,288</b>	<b>2,378</b>	<b>5,910</b>	<b>0</b>
CCG funding for OMBC commissioned services		10,883	9,527	(1,356)	10,883	
CCG funding for CCG commissioned services		5,374	3,952	(1,422)	5,294	(80)
		<b>16,257</b>	<b>13,479</b>	<b>(2,778)</b>	<b>16,177</b>	<b>(80)</b>
<b>Total</b>		<b>22,167</b>	<b>21,767</b>	<b>(400)</b>	<b>22,087</b>	<b>(80)</b>

**Summary of Pooled Funds**

	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
Pooled Aligned Budget	145,867	147,681	1,815	148,388	2,521
Community Equipment Pooled Budget	1,448	1,450	2	1,450	2
Transformation Fund	11,191	11,171	(20)	11,113	(78)
Covid-19 Expenditure Including HDP	22,167	21,767	(400)	22,087	(80)
<b>Total Pooled Funds</b>	<b>180,673</b>	<b>182,069</b>	<b>1,397</b>	<b>183,038</b>	<b>2,365</b>

OMBC Contribution	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
Pooled Aligned Budget	56,579	59,120	2,541	59,321	2,742
Community Equipment	700	701	1	701	1
Transformation Fund	-	-	-	-	-
Covid-19 expenditure	5,910	8,288	2,378	5,910	-
<b>Total OMBC Contribution</b>	<b>63,189</b>	<b>68,109</b>	<b>4,920</b>	<b>65,932</b>	<b>2,743</b>
CCG Contribution	Budget £'000	Forecast £'000	Variance £'000	Forecast £'000	Variance £'000
CCG funding for OMBC commissioned services	39,307	37,951	(1,356)	39,307	0
CCG funding for CCG commissioned services	78,177	76,009	(2,168)	77,799	(378)
<b>Total CCG Contribution</b>	<b>117,484</b>	<b>113,960</b>	<b>(3,524)</b>	<b>117,106</b>	<b>(378)</b>
<b>Total Contribution</b>	<b>180,673</b>	<b>182,069</b>	<b>1,397</b>	<b>183,038</b>	<b>2,365</b>



## Commissioning Partnership Board Report

<b>Decision Maker</b>	<b>Commissioning Partnership Board</b>
<b>Date of Decision:</b>	<b>25th March 2021</b>
<b>Subject:</b>	<b>Approval of Revised Section 75 Agreement for 2020/21</b>
<b>Report Author:</b>	<b>Anne Ryans (Director of Finance, Oldham Council) Ben Galbraith (Chief Finance Officer, Oldham CCG)</b>
<b>Report Reference:</b>	

---

---

**Reason for the decision:** To give approval for the final version of the 2020/21 Oldham Section 75 legal document, schemes included and financial contributions of the CCG and OMBC.

**Summary:** To update the Commissioning Partnership Board (CPB) on proposals for a new pooled fund for Hospital Discharge Funding and a one off variation in contributions of the CCG and OMBC to the Section 75 Pooled Funds for 2020/21 and the final version of the Section 75 legal agreement.

***What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):***

**Recommendation(s):**

- a) Note the strong history of joint working and funding arrangements in Health and Social Care in Oldham
- b) Approve the creation of a new Scheme for Hospital Discharge Programme funding as described below and included as “Scheme D” in the Section 75 documentation;

- c) Note the significant challenges in OMBC's long term financial position and specifically the increases in funding it has provided to Adult Social Care over the past several years;
- d) Approve the variation in contributions to the Section 75 Pooled Budget by the CCG and OMBC for 2020/21;
- e) Approve the Section 75 Agreement attached at Appendix 2, and specifically the intention to adopt a flexible approach to contributions to support delivery of the best services for Oldham residents.
- f) Authorise the Director of Legal Services to sign the Section 75 Agreement on behalf of OMBC; and
- g) Delegate approval jointly to OMBC Director of Finance and the CCG Chief Finance Officer to finalise the financial expenditure and contribution figures included at Schedule 8 as part of year end processes, with final version to be reported back to CPB in May.

**Implications:**

<i>What are the <b>financial</b> implications?</i>	Financial implications are within the body of the report
What are the <b>procurement</b> implications?	N/A
<i>What are the <b>legal</b> implications?</i>	The draft Section 75 Partnership Agreement has been subjected to a review by the external legal advisers acting for the CCG and the Council's in-house legal service. The proposed amendments update the document in accordance with the recent amendments to Data Protection Legislation following the UK's departure from the EU. Other amendments are included for the sake of clarity and to ensure that all proposed variations to contributions from the respective partners are confirmed in writing. (Elizabeth Cunningham Doyle)
<i>What are the <b>Human Resources</b> implications?</i>	N/A
<b>Equality and Diversity Impact Assessment</b> attached or not required because (please give reason)	N/A



What are the **property** implications? N/A

**Risks:** N/A

---

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

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? N/A

Reason(s) for exemption from publication: N/A

---

**Reason why this Is a Key Decision** Financial Implications

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

Background papers are the reports as follows:

Oldham Council Month 9 Financial Monitoring report March 2020

<http://decisionrecording.oldham.gov.uk/ieListDocuments.aspx?CId=144&MId=7668&Ver=4>

Oldham Council Statement of Accounts 2019/20

[https://www.oldham.gov.uk/info/200145/performance\\_and\\_spending/486/financial\\_publications](https://www.oldham.gov.uk/info/200145/performance_and_spending/486/financial_publications)

---

<b>Report Author Sign-off:</b>	
	Anne Ryans & Ben Galbraith
<b>Date:</b>	19 <sup>th</sup> March 2021

<b>Appendix number or letter</b>	<b>Description</b>
Appendix 1 Appendix 2	Legal Opinion Section 75 Agreement 2020/21

## Background

- 1.1 Section 75 (S.75) agreements exist between Local Authorities and the NHS nationally for the pooling of budgets to facilitate closer working. The enabling legislation is the NHS Act 2006. Oldham Council and Oldham CCG have entered into such an agreement for a number of years. Originally the S.75 agreement covered expenditure funded by the Better Care Fund. The agreement initially expanded to include the Improved Better Care Fund and the Winter Resilience Grant. The Council and the CCG have chosen to further widen the scope of the agreement to incorporate a number of areas where services are being commissioned jointly. The main purpose is to facilitate a whole system approach to deliver care where and how it can be best delivered to the citizens of Oldham.
- 1.2 The Oldham system has a strong history of joint working and of organisations providing support where flexibility allows. Some examples of the financial system working include:
  - Oldham CCG providing additional funding to Adult Social Care through the Better Care Fund of over £6m between 2014/15 and 2016/17
  - OMBC providing investment funds of £5.9m in 2019/20
  - Oldham CCG and Pennine Acute Hospitals NHS Trust agreeing financial contracts that moved away from activity tariffs to move to a more constructive relationship focussed on joint working

### Budget position 2020/21

- 1.3 The NHS Budget Regime 2020/21 has been very unusual for both NHS organisations and those providing services to the NHS. For Months 1-6, the financial regime was that all CCGs would be retrospectively brought to a breakeven position to the end of the period (i.e. no surplus/deficit). For Months 7-12 the CCG is operating within a fixed financial envelope with funding allocated through Greater Manchester system work and approved by the GM Partnership Executive Board.
- 1.4 Whilst NHS budget planning guidance for 2021/22 is still to be issued, it has been confirmed that current (Month 7-12) budget arrangements of fixed system envelopes will continue for at least the first quarter of 2021/22. In addition, national announcements have been made regarding CCG arrangements from 2022/23 with regard to 'Integrating Care: Next steps to building strong and effective integrated care systems across England'. However, there are many aspects of the 2021/22 NHS finance regime which will not be confirmed before at least the end of Quarter 1.
- 1.5 During 2020/21 the Oldham Directors of Finance have worked together to set out the system wide financial challenge being faced. Based on the financial plans developed by each organisation at the start of 2020/21 the underlying gap was £87.8m for the Oldham system before savings plans and use of reserves. Whilst there has been some movement in the elements and drivers of this position, the current draft plans are still showing an underlying financial gap of approximately £90m at the end of 2020/21.
- 1.6 Within this position, the CCG is currently showing an underlying gap (2020/21 exit run rate) of a £30m deficit. As allocations and planning guidance for 2021/22 has not been published then the gap for next year is not confirmed, albeit it is clear that there will still be a very large financial challenge.

- 1.7 OMBC, as is statutorily required, has prepared a balanced budget for 2021/22. This includes £8.8m of recurrent savings and £18.8m of one-off measures, the majority of which is general reserves. Based on the latest estimates there are headline budget gaps, after the further use of reserves, of £13.6m in 2022/23 and £17.1m in 2023/24.

## **2 Report Details**

### **New Pooled Fund: Hospital Discharge Funding**

- 2.1 From the 19<sup>th</sup> March 2020 funding has been available from NHS England to support the cost of discharging patients from hospital as quickly as possible either following confirmation that they are medically fit, or to support costs involved in putting care plans in place which would otherwise necessitate a hospital admission. NHS England has confirmed that this scheme will cease at the end of 2020/21 with final patients discharged on 31<sup>st</sup> March 2021.
- 2.2 Care packages have been directly commissioned by both the CCG and OMBC with a monthly claim being submitted by the CCG on behalf of both parties. There have been no claims rejected to date reflecting strong joint working to support the process.
- 2.3 The current forecast spend for the full financial year is £12.127m of which £10.883m is on behalf of OMBC.
- 2.4 This report asks for formal confirmation from the Commissioning Partnership Board on the creation of a new Pooled Fund at Scheme D in the s.75 agreement.

### **Variation to Pooled Fund Contributions**

#### **CCG Budget Position**

- 2.5 For a variety of reasons, the CCG has significant scope to contribute additional funds into the pooled budget. This has principally arisen due to:
- £38m higher than normal baseline funding during 2020/21;
  - Acute contracts lower than expected, in particular the impact of lower levels of planned treatments as well as changed NHS England funding arrangements for AQP and elective care; and
  - Delays to investments and costs covered in-year under block contracting arrangements with NHS providers.
- 2.6 The result of the changes above has resulted in the CCG being able to vary its contribution into the pooled budget for 2020/21 by approximately £16.823m.
- 2.7 The Commissioning Partnership Board gave approval at its meeting on the 25<sup>th</sup> February 2021 to delegate jointly to the OMBC Director of Finance (DoF) and CCG Chief Finance Officer (CFO) the authority to agree the management of year end flexibilities for part of this amount.

## **Explanation of Powers used for additional CCG contributions**

2.8 The intention is that the additional funds will be used to vary the contributions made by the CCG and OMBC into the S.75 Pooled Fund. There are a number of tests which the CCG External Auditors have confirmed must be met and the rationale is set out against each of these below.

### A) Allowable Spend for CCG

2.9 Firstly, the expenditure which the CCG is contributing funds towards must be within the allowable types of expenditure for a CCG.

2.10 The CCG's funding derives from allocations given to the Department of Health and Social Care, and then allocated to NHS England and ultimately down to the CCG. As such, all spend must be in line with the overall objectives of the Department of Health and Social Care and the intentions of Parliament when funding was agreed.

2.11 All Section 75 expenditure is considered to be in line with Parliament's intention because the NHS Act 2006 gives CCGs and Local Authorities the right to enter in to pooled budget under S.75. Such a pooled budget allows payments to "be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the authority or authorities." Given that the types of services funded from the S. 75 are permitted under the NHS Act, then any expenditure on them is legitimate for the CCG to fund.

2.12 The Oldham S.75 Pooled Funds incorporate the Better Care Fund (BCF). This requires the CCG to make a at least a minimum contribution towards the costs incurred by the local authority in the provision of Adult Social Care. This is contained within guidance issued jointly by the Department for Health and Social Care and the Ministry of Housing, Communities and Local Government in the Better Care Fund: policy statement 2020 to 2021. As such, given the BCF requires the CCG to make at least a set minimum contribution towards the costs of Adult Social Care, it is considered that the costs of Adult Social Care constitute regular expenditure of the CCG, and further increased contributions to the S.75 in respect of Adult Social Care similarly are allowable spend for the CCG.

### B) Permissible under the Section 75 legal document

2.13 This test requires that the CCG is acting within the rules that have been agreed locally between Oldham CCG and OMBC.

2.14 The S.75 document itself is set out as an overarching document supplemented by detailed "Scheme" descriptions. There are four such Schemes within the Oldham Section 75 document:

- A. Community Equipment Scheme (existing);
- B. Health and Social Care (existing);
- C. Transformation Funds (existing); and
- D. Hospital Discharge Programme (new).

2.15 There are two key elements to the documentation regarding overspends and contributions.



- 2.16 Firstly, within the overarching S.75 document, it sets out in paragraphs 10.1 and 10.2 that both the CCG and OMBC may vary their contributions as desired subject to agreement in writing. There are no limits or caveats to such changes. In 10.4 it also makes allowance for either party to make additional one off payments.
- 2.17 The CCG's Scheme of Delegation gives authority for all matters relating to the S.75 agreement to the Commissioning Partnership Board.
- 2.18 Secondly, within Schedule 1: Scheme B (starting on page 34), which gives the detailed rules relating to the main Health and Social Care Pooled Fund, Sections 8 (part II) and 16 are both explicit as to the ability of partners to vary their contribution by mutual agreement.

#### C) Spend relates to 2020/21

- 2.19 NHS funding is approved for use by organisations within the financial year in which Parliament has voted it for. The auditors require confirmation that this has been adhered to.
- 2.20 The CCG is not seeking to vary the elements of expenditure within the pooled budget. All of the expenditure relates to this financial year and is subject to all normal financial governance within each of the partner organisations.

#### D) Authority given during 2020/21

- 2.21 During 2020/21 there has been ongoing reporting of the expenditure position both of the CCG finances and the S.75 Pooled Funds. During the first part of the year this was undertaken directly to Governing Body as other committee meetings were initially not held. However, for the second half of the year this has been through the normal routes of Commissioning Partnership Board and Statutory Duties Committee.
- 2.22 These additional contributions have been discussed by the Commissioning Partnership Board and the CCG's Statutory Duties Committee during 2020/21 and are formally approved through this paper.
- 2.23 In addition, Mills and Reeves, as CCG legal advisers, have provided a note confirming their view that the increased CCG contributions to the Pooled Funds represents a legitimate use of CCG funds and is consistent with the S.75 legal framework. This is attached for information at Appendix 1.

### **3 Rationale for Contribution**

- 3.1 Adult Social Care services play a key role in the delivery of health services. Specifically, the support that is given to Oldham residents in being cared for and supported at home by the OMBC Social Care team and how this alleviates some of the burden from Royal Oldham Hospital through pro-active and integrated support.
- 3.2 Notwithstanding the budgetary pressure the Covid-19 pandemic has had on adult social care budgets this year, OMBC has been increasing contributions into adult social care for the past three years since the pooled budget was expanded and aligned in 2018/19.

- 3.3 Since 2018/19 OMBC has increased its annual expenditure by more than £9m into supporting adult social care as detailed below. This is before any adjustments for money received from the CCG.

<b>Year</b>	<b>Budget</b>	<b>Outturn</b>
	<b>£000</b>	<b>£000</b>
2018/19	62,426	62,425
2019/20	66,451	68,663
2020/21	64,013	71,528

- 3.4 Resources received by the Council by a variation to the S.75 agreement as described above will be treated as contributions to the costs of Adult Social Care and reflected in the published Statement of Accounts as such. The accounts of the Council are subject to External Audit.
- 3.5 Incorporation of varied contributions into the S.75 and agreement of such variations is essential otherwise any transactions would be subject to challenge. However, as it is considered that the costs of Adult Social Care constitute regular expenditure of the CCG, and further increased contributions to the S.75 in respect of Adult Social Care similarly are allowable spend for the CCG, then the receipt of such contributions by the Council (backed by the approved S.75 Agreement) is also supportable.
- 3.6 The Council's External Auditor will review the approved S.75 Agreement and the application of the CCG resources as part of the audit of the 2020/21 Statement of Accounts. The correct accounting treatment is therefore essential.
- 3.7 It is important to note that the variation to contributions will have an impact on the final outturn of the Council and will improve the projected position for Adult Social Care services. The contribution in relation to the HDP has been included in reports, however, the full £16.823m impact of additional CCG support could not have been included in financial monitoring reports prior to agreement, although on-going discussions in this regard have been referenced.

#### **4 Recommendations:**

- 4.1 CPB and GB are requested to:
- a) Note the strong history of joint working and funding arrangements in Health and Social Care in Oldham
  - b) Approve the creation of a new Scheme for Hospital Discharge Programme funding as described below and included as "Scheme D" in the Section 75 documentation;
  - c) Note the significant challenges in OMBC's long term financial position and specifically the increases in funding it has provided to Adult Social Care over the past several years;
  - d) Approve the variation in contributions to the Section 75 Pooled Budget by the CCG and OMBC for 2020/21;

- e) Approve the Section 75 Agreement at attached at Appendix 2, and specifically the intention to adopt a flexible approach to contributions to support delivery of the best services for Oldham residents.
- f) Authorise the Director of Legal Services to sign the Section 75 Agreement on behalf of OMBC; and
- g) Delegate approval jointly to OMBC Director of Finance and the CCG Chief Finance Officer to finalise the financial expenditure and contribution figures included at Schedule 8 as part of year end processes, with final version to be reported back to CPB in May.

## **5 Appendices**

- 1) Legal Opinion
- 2) Section 75 documentation

## Appendix 1: Legal Opinion

**MILLS & REEVE**

Your reference:  
Our reference: BRVA/4044523-0014  
Document number: 244558959\_1

Direct line: +44(0)121 456 8280  
Direct fax: +44(0)121 200 3028  
rhian.vandrift@mills-reeve.com

11 March 2021

Ben Galbraith  
NHS Oldham CCG  
Ellen House  
Waddington Street  
Oldham  
OL9 6EE

Sent by email to: [ben.galbraith@nhs.net](mailto:ben.galbraith@nhs.net)

Dear Ben

### Section 75 Agreements

We write further to your request for information on the statutory requirements of Section 75 agreements and specifically on the ability to vary contributions to a pooled fund established under such an agreement.

### Varying Contributions

There is nothing in Section 75 of the NHS Act 2006 or the Regulations<sup>1</sup> which prohibits the CCG from varying its contributions to a pooled fund established under Section 75 of the NHS Act 2006.

Regulation 7(3) requires, amongst other things (see below for the full list), that any pooled fund agreement be in writing and must specify the contributions to be made to the pooled fund by each of the partners and how those contributions may be varied. Therefore, it is for the parties to specify the process for varying contributions. It is sensible to include safeguards around varying contributions to ensure sufficient money remains in the pooled fund in order to cover the costs of the services contracts commissioned. These could include requiring both parties to consent to the variation. All variations to the contributions should be made in writing.

### Statutory requirements

A CCG has the power to enter into partnerships with local authorities in accordance with Section 75 of the NHS Act 2006 provided that the requirements in Section 75 and the Regulations are adhered to (details of those requirements are set out below).

As you know, we have only been asked to carry out a light touch review of the section 75 agreement and we were not involved in drafting it. Therefore, we have not reviewed all of the clauses in detail. We cannot therefore provide a letter which confirms that the CCG has

---

<sup>1</sup> *NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (SI 2000/617)* (the "Regulations") (as amended by *SI 2003/629* and *SI 2012/3094*)

Mills & Reeve LLP  
78-84 Colmore Row  
Birmingham  
B3 2AB

Tel: +44(0)121 454 4000  
Fax: +44(0)121 200 3028  
DX 707290 BIRMINGHAM 65  
info@mills-reeve.com  
www.mills-reeve.com

**Birmingham Cambridge Leeds London Manchester Norwich**

Mills & Reeve LLP is a limited liability partnership authorised and regulated by the Solicitors Regulation Authority and registered in England and Wales with registered number OC326165. Its registered office is at 7th & 8th floors, 24 King William Street, London, EC4R 3AT, which is the London office of Mills & Reeve LLP. A list of members may be inspected at any of the LLP's offices. The term 'partner' is used to refer to a member of Mills & Reeve LLP.

complied with each and every one of the requirements below. In particular, we cannot comment on the appropriateness of any financial arrangements as this is a matter for finance experts. However, we can set out the statutory requirements for others at the CCG to confirm they have been addressed and provided they have been addressed then the CCG can exercise its power to enter into a section 75 agreement.

### ***Legislative powers***

Under Section 75 of the NHS Act 2006 local authorities and NHS bodies (including CCGs) can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. The powers permit:

- The formation of a pooled fund made up of contributions by both parties "out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the authority or authorities".
- The exercise by a CCG of a local authority's prescribed health-related functions in conjunction with the exercise of the CCG of its prescribed functions.
- The exercise by a local authority of a CCG's prescribed functions in conjunction with the exercise by the local authority of its prescribed health-related functions.
- The provision of staff, goods or services, or the making of payments between the two partners, in connection with the above arrangements.

### ***Exercising of prescribed functions***

Regulations 5 and 6 specify which NHS and local authority health-related functions fall within the scope of these powers. The list has been amended over time by several statutory instruments, for example, see the *NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (SI 2012/3094)*.

NHS functions that cannot form part of a section 75 agreement include surgery, radiotherapy, termination of pregnancies and other invasive treatments.

Local authority functions that cannot form part of a section 75 agreement include adoption panels, inspection of children's homes and registration of residential care homes.

Regulations 8 and 9 set out the requirements in the event that the CCG exercises health-related functions of the local authority in conjunction with the exercise of their own NHS functions (reg. 8) or a local authority carries out NHS functions in conjunction with the exercise of their own health-related functions (reg. 9). In that case, the section 75 agreement must be in writing and specify:

- The agreed aims and outcomes of the arrangements.
- The payments to be made by the CCG to the local authority or by the local authority to the CCG.
- How those payments may be varied.



- The NHS functions and the health-related functions which are the subject of the arrangements.
- The persons and the kinds of services likely to be affected by the functions.
- The staff, goods, services or accommodation to be provided by the partners in connection with the arrangements.
- The duration of the arrangements and provision for the review or variation or termination of the arrangements.
- The arrangements for determining which services may be subject to a charge and how service users and informed of such charges.
- The arrangements in place for monitoring the exercise by the local authorities and the CCG of the functions.
- The arrangements for sharing information between the CCG and local authority.

The parties are both required to report quarterly and annually to the other on the exercise of the other's that are the subject of the arrangements.

#### *Creation and management of a pooled fund*

Regulation 7(3) requires any pooled fund agreement to be in writing and specify:

- The agreed aims and outcomes of the pooled fund arrangements.
- The contributions to be made to the pooled fund by each of the partners and how those contributions may be varied.
- Both the NHS functions and the health-related functions the exercise of which are the subject of the arrangements.
- The persons and the kinds of services likely to be affected by the functions exercised by the partnership.
- The staff, goods, services or accommodation to be provided by the partners in connection with the arrangements.
- The duration of the arrangements and provision for the review or variation or termination of the arrangements.
- How the pooled fund is to be managed and monitored, including which body or authority is to be the host partner.
- The host partner is responsible for the accounts and audit of the pooled fund arrangements and is required to appoint an officer of theirs (often known as the "pooled fund manager") to be responsible for managing the pooled fund on behalf of the host partner and submitting to the partners quarterly reports, and an annual return, about the income of, and expenditure from, the pooled fund and other information by which the partners can monitor the effectiveness of the pooled fund arrangements.
- The host partner shall arrange for the audit of the accounts of the pooled fund arrangements.

Please do not hesitate to contact me should you require any clarification regarding the above.

Yours sincerely

A handwritten signature in cursive script that reads "Rhian Vandrill". The signature is written in black ink and is positioned below the "Yours sincerely" text.

**Rhian Vandrill**  
Partner for Mills & Reeve LLP

This page is intentionally left blank



**APPENDIX 2**

**Dated**

**2021**

**OLDHAM METROPOLITAN BOROUGH COUNCIL**

**And**

**NHS OLDHAM CLINICAL COMMISSIONING GROUP**

**PARTNERSHIP AGREEMENT RELATING TO THE COMMISSIONING OF HEALTH AND SOCIAL CARE  
SERVICES 2020/21**

## Contents

---

### Item

---

#### **PARTIES**

#### **BACKGROUND**

- 1 **DEFINED TERMS AND INTERPRETATION**
- 2 **TERM**
- 3 **GENERAL PRINCIPLES**
- 4 **PARTNERSHIP FLEXIBILITIES**
- 5 **FUNCTIONS**
- 6 **COMMISSIONING ARRANGEMENTS**
- 7 **ESTABLISHMENT OF A POOLED FUND**
- 8 **POOLED FUND MANAGEMENT**
- 9 **POOLED ALIGNED BUDGET**
- 10 **FINANCIAL CONTRIBUTIONS**
- 11 **NON FINANCIAL CONTRIBUTIONS**
- 12 **RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS**
- 13 **CAPITAL EXPENDITURE**
- 14 **VAT**
- 15 **AUDIT AND RIGHT OF ACCESS**
- 16 **LIABILITIES AND INSURANCE AND INDEMNITY**
- 17 **STANDARDS OF CONDUCT AND SERVICE**
- 18 **CONFLICTS OF INTEREST**
- 19 **GOVERNANCE**
- 20 **REVIEW**
- 21 **COMPLAINTS**
- 22 **TERMINATION & DEFAULT**
- 23 **DISPUTE RESOLUTION**
- 24 **FORCE MAJEURE**
- 25 **CONFIDENTIALITY**
- 26 **FREEDOM OF INFORMATION AND ENVIRONMENTAL PROTECTION REGULATIONS**
- 27 **OMBUDSMEN**
- 28 **INFORMATION SHARING**
- 29 **NOTICES**
- 30 **VARIATION**
- 31 **CHANGE IN LAW**
- 32 **WAIVER**
- 33 **SEVERANCE**
- 34 **ASSIGNMENT AND SUB CONTRACTING**
- 35 **EXCLUSION OF PARTNERSHIP AND AGENCY**
- 36 **THIRD PARTY RIGHTS**

**37 ENTIRE AGREEMENT**  
**38 COUNTERPARTS**  
**39 GOVERNING LAW AND JURISDICTION**  
**40 INTELLECTUAL PROPERTY RIGHTS**  
**EXECUTION CLAUSE**  
**SCHEDULE 1 – AGREED SCHEME SPECIFICATIONS**  
A: Community Equipment  
B: Health and Social Care Services  
C: GM Transformation Fund  
D: Covid-19 Hospital Discharge Fund  
**SCHEDULE 2 – GOVERNANCE**  
**SCHEDULE 3 – DECISION MAKING**  
**SCHEDULE 4 – JOINT WORKING OBLIGATIONS**  
    **Part 1 – LEAD COMMISSIONER OBLIGATIONS**  
    **Part 2 – OBLIGATIONS OF THE OTHER PARTNER**  
**SCHEDULE 5 – ORGANISATIONAL STRUCTURE**  
**SCHEDULE 6 – DOCUMENTS RELIED UPON**  
**SCHEDULE 7 - INFORMATION GOVERNANCE PROTOCOL**  
**SCHEDULE 8 - EXPENDITURE PLAN**

---



## 1 DEFINED TERMS AND INTERPRETATION

1.1 In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

**2000 Act** means the Freedom of Information Act 2000;

**2004 Regulations** means the Environmental Information Regulations 2004;

**2006 Act** means the National Health Service Act 2006 (as amended from time to time) and its Regulations;

**Affected Partner** means, in the context of Clause 24, the Partner whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event;

**Agreement** means this agreement including its Schedules and Appendices;

**Approved Expenditure** means any additional expenditure approved by the Partners in accordance with the Delegation Arrangements in Schedule 3, in relation to an Individual Service above any Contract Price and Performance Payments;

**Authorised Officers** means an officer of each Partner appointed to be that Partner's representative for the purpose of this Agreement.

**BCF 2015 Agreement** means the agreement between the Parties in respect of the Better Care Fund for the period commencing 1 April 2015;

**Better Care Fund** means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners;

**Commissioning Partnership Board (CPB)** means the Commissioning Partnership Board responsible for review of performance and oversight of this Agreement as set out in Schedule 2;

**CCG Statutory Duties** means the Duties of the CCG pursuant to Sections 14P to 14Z2 of the 2006 Act;

**Change in Law** means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any judgment of a relevant court of law which changes binding precedent in England after the date of this Agreement;

**Commencement Date** means 00:01 hrs on 1<sup>st</sup> April 2020;

**Community Equipment Scheme** means the Individual Scheme described in Schedule 1, Scheme A;

**Confidential Information** means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this Agreement and the Services and:

- (a) which comprises Personal Data or which relates to any patient or his treatment or medical history;
- (b) which comprises Personal Data or which can be linked to an identifiable Service User;
- (c) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or
- (d) which is a trade secret;

**Contract Price** means any sum payable to a Provider under a Service Contract as consideration for the provision of Services and which, for the avoidance of doubt, does not include any Default Liability or Performance Payment;

**Data Controller, Data Processor, Data Subject, Data Protection Officer, Personal Data, Personal Data Breach, Process, Processing and Sub-Processor** shall have the same meaning as set out in the Data Protection Legislation;

**Data Loss Event** means an event which results in the loss or destruction of, or damage to, Personal Data;

**Data Processor Personnel** means any employee or agent of the Data Processor;

**Data Subject Access Request** means a request **made** by a Data Subject under the Data Protection Legislation;

**Data Protection Legislation** means all applicable data protection and privacy legislation in force from time to time in the UK including the retained EU law version of the General Data Protection Regulation ((EU) 2016/679) (**UK GDPR**); the Data Protection Act 2018 (**DPA 2018**) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended; .

**Default Liability** means any sum which is agreed or determined by Law or in accordance with the terms of a Services Contract to be payable by any Partner(s) to the Provider as a consequence of (i) breach by any or all of the Partners of an obligation(s) in whole or in part) under the relevant Services Contract or (ii) any act or omission of a third party for which any or all of the Partners are, under the terms of the relevant Services Contract, liable to the Provider;

**Delegation Arrangements** means the arrangements for decision making as set out in Schedule 3;

**Expenditure Plan** means the financial plan for expenditure by service as agreed by the Commissioning Partnership Board prior to the start of each Financial Year. The plan for the first Financial Year is as attached at Schedule 8;

**Financial Contributions** means the financial contributions made by each Partner to a Pooled Fund in any Financial Year;

**Financial Year** means each financial year running from 1 April in any year to 31 March in the following calendar year;

**Force Majeure Event** means one or more of the following:

- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
- (b) acts of terrorism;
- (c) acts of God;
- (d) fire or flood;
- (e) industrial action;
- (f) prevention from or hindrance in obtaining raw materials, energy or other supplies;
- (g) any form of contamination or virus outbreak; and
- (h) any other event,

in each case where such event is beyond the reasonable control of the Partner claiming relief;

**Functions** means the NHS Functions and the Health Related Functions;

**Health Related Functions** means those of the health related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification;

**Host Partner** means for each Pooled Budget the Partner that will host such Pooled Budget and for each Pooled Aligned Budget the Partner that will host such Pooled Aligned Budget.

**Health and Wellbeing Board (HWBB)** means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012;

**Health and Social Care Scheme** means the Individual Scheme described in Schedule 1, Scheme B;

**Indirect Losses** means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis;

**Individual Scheme** means one of the schemes which is agreed by the Partners to be included within this Agreement using the powers under Section 75 as documented in a Scheme Specification;

**Integrated Commissioning** means arrangements by which both Partners commission Services in relation to an individual Scheme on behalf of themselves and each other in exercise of both the NHS Functions and Council Functions through integrated structures;

**Intellectual Property Rights (IPR)** means without limitation all intellectual property rights including patents, business service and trade marks and names, designs, registered designs and design rights whether or not registered or capable of registration and the right to apply for and any applications for any of the foregoing, copyrights, database rights, domain names, together with the rights in inventions, methods, processes, drawings, documents, methodologies, utility models semi-conductor chip topography, software, databases, know-how, trade or business secrets and other industrial property, and in each case whether protectable or not and, if protectable, whether an application has been made for protection or not, and all similar industrial, commercial, monopoly or other similar right or asset capable of protection whether present or future, vested or contingent, and wherever protected;

**Improved Better Care Fund** means a grant made directly to a local authority under the grant determination issued by the Department for Communities and Local Government dated 24 April 2017;

**Law** means:

- (a) any statute or proclamation or any delegated or subordinate legislation;
- (b)
- (c) any guidance, direction or determination with which the Partner(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Partner(s) or relevant third party (as applicable); and
- (d) any judgment of a relevant court of law which is a binding precedent in England.

**Lead Commissioning Arrangements** means the arrangements by which one Partner commissions Services in relation to an Individual Scheme on behalf of the other Partner in exercise of both the NHS Functions and the Health Related Functions;

**Lead Commissioner** means the Partner responsible for commissioning an Individual Service under a Scheme Specification;

**Losses** means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and/or professional services), proceedings, demands and charges whether arising under statute, contract or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly;

**Month** means a calendar month;

**National Conditions** mean the national conditions as set out in the NHS England Planning Guidance as are amended or replaced from time to time;

**NHS Functions** means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the CCG as are relevant to the commissioning of the Services and which may be further described in each Service Schedule;

**Non-Recurrent Payments** means funding provided by a Partner to a Pooled Fund in addition to the Financial Contributions pursuant to arrangements agreed in accordance with Clause 10.4;

**Overspend** means any expenditure from a Pooled Fund in a Financial Year which exceeds the Financial Contributions for that Financial Year;

**Partner** means each of the CCG and the Council, and references to "**Partners**" shall be construed accordingly;

**Partnership Agreement Relating to the Commissioning of Health and Social Care Services 2019/20** means the s.75 agreement entered into between the CCG and the Council on 1<sup>st</sup> April 2019;

**Performance Payment Arrangement** means any arrangement agreed with a Provider and one of more Partners in relation to the cost of providing Services on such terms as agreed in writing by all Partners;

**Performance Payments** means any sum over and above the relevant Contract Price which is payable to the Provider in accordance with a Performance Payment Arrangement;

**Permitted Budget** means in relation to a Service where the Council is the Provider, the budget that the Partners have set in relation to the particular Service;

**Permitted Expenditure** has the meaning given in Clause 7.3;

**Pooled Aligned Budget** means a pooled fund but the Partners' respective Financial Contributions to such fund are held in their own bank accounts;

**Pooled Budget** means a pooled fund comprising Financial Contributions from both of the Partners hosted by one of the Partners in its bank account;

**Pooled Fund** means a Pooled Budget or a Pooled Aligned Budget;

**Pooled Fund Manager** means such officer of the Host Partner which includes a Section 113 Officer for the relevant Pooled Fund established under an Individual Scheme as is nominated by the Host Partner from time to time to manage the Pooled Fund in accordance with Clause 8;

**Provider** means a provider of any Services commissioned under the arrangements set out in this Agreement;

**Public Health England** means the SOSH trading as Public Health England;

**Quarter** means each of the following periods in a Financial Year:

1 April to 30 June;

1 July to 30 September;

1 October to 31 December;

1 January to 31 March ;



and "**Quarterly**" shall be interpreted accordingly;

**Regulations** means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended);

**Scheme Specification** means a specification setting out the arrangements for an Individual Scheme agreed by the Partners to be commissioned under this Agreement;

**Services** means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this Agreement and more specifically defined in each Scheme Specification.

**Services Contract** means an agreement for the provision of Services entered into with a Provider by one or more of the Partners in accordance with the relevant Individual Scheme.

**Service Users** means those individuals for whom the Partners have a responsibility to commission the Services.

**SOSH** means the Secretary of State for Health and Social Care.

**Third Party Costs** means all such third party costs (including legal and other professional fees) in respect of each Individual Scheme as a Partner reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the Commissioning Partnership Board.

**Underspend** means expenditure from any Pooled Fund in any Financial Year that is less than the aggregate value of the Financial Contributions made for that Financial Year.

**Working Day** means 8.00am to 6.00pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971.

- 1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made thereunder and any conditions attaching thereto. Where relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.
- 1.3 Any headings to Clauses, together with the front cover and the index are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Agreement.
- 1.4 Any reference to the Partners shall include their respective statutory successors, employees and agents.
- 1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
- 1.6 Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.
- 1.7 In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assigns.
- 1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.

- 1.9 In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part time employee or officer, director, manager and agent.
- 1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Partners shall be in writing (including by electronic mail).
- 1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.
- 1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated or assigned from time to time.

## **2 TERM**

- 2.1 This Agreement shall come into force on the Commencement Date.
- 2.2 This Agreement shall continue until it is either superseded by a replacement agreement or terminated in accordance with Clause 22.
- 2.3 The duration of the arrangements for each Individual Scheme shall be as set out in the relevant Scheme Specification.
- 2.4 This Agreement supersedes the BCF 2015 Agreement without prejudice to the rights and liabilities of the Partners under the BCF 2015 Agreement and the Partnership Agreement Relating to the Commissioning of Health and Social Care Services 2019/20

## **3 GENERAL PRINCIPLES**

- 3.1 Nothing in this Agreement shall affect:
- 3.1.1 the liabilities of the Partners to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or
  - 3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any local authority function (including the Health Related Functions).
- 3.2 The Partners agree to:
- 3.2.1 treat each other with respect and an equality of esteem;
  - 3.2.2 be open with information about the performance and financial status of each; and
  - 3.2.3 provide early information and notice about relevant problems.
- 3.3 For the avoidance of doubt, the aims and outcomes relating to an Individual Scheme may be set out in the relevant Scheme specification.

## **4 PARTNERSHIP FLEXIBILITIES**

- 4.1 This Agreement sets out the mechanism through which the Partners will work together to establish one or more of the following:
- 4.1.1 Lead Commissioning Arrangements;
  - 4.1.2 Integrated Commissioning; and

4.1.3 the establishment and management of one or more Pooled Funds

in relation to Individual Schemes (the "**Flexibilities**").

- 4.2 From the Commencement Date the Partners agree that for the Community Equipment Scheme described in Schedule 1, Scheme A, will operate as a Pooled Budget the CCG and the Council will operate under Lead Commissioning Arrangements. The Council will be the Lead Commissioner.
- 4.3 From the Commencement Date the Partners agree that for the Health and Social Care Scheme described in Schedule 1, Scheme B, the CCG and the Council will both operate under the Integrated Commissioning arrangements with Pooled Aligned Budgets.
- 4.4 The Partners agree that decisions about the use of the different commissioning models shall be delegated for operational purposes to the Commissioning Partnership Board.
- 4.5 Where there are Lead Commissioning Arrangements, the Council agrees that the CCG will exercise on its behalf, and the CCG agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.
- 4.6 Where there are Lead Commissioning Arrangements, the CCG agrees that the Council will exercise on its behalf, and the Council agrees to exercise, on the CCG's behalf, the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health Related Functions.
- 4.7 Where the powers of a Partner to make arrangements for the exercise of any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Scheme Specification and the Partners shall agree arrangements for the exercise of their functions that are designed to achieve to the greatest degree possible the Partners' aims in entering into this Agreement whilst also being consistent with the statutory constraints.
- 4.8 Where there is Integrated Commissioning, the Partners agree that they shall exercise their respective Functions only through the Commissioning Partnership Board and/or in accordance with Schedule 3.
- 4.9 Where there is Integrated Commissioning, the Partners may rely on Clauses 4.5 and 4.6 above.

## **5 FUNCTIONS**

- 5.1 The purpose of this Agreement is to establish a financial framework through which the Partners can secure the provision of health and social care services in accordance with the terms of this Agreement.
- 5.2 This Agreement shall include such Functions as shall be agreed from time to time by the Partners as are necessary to commission the Services in accordance with their obligations under this Agreement.
- 5.3 The Scheme Specifications for the Individual Schemes included as part of this Agreement at the Commencement Date are set out in Schedule 1.
- 5.4 Where the Partners add a new Individual Scheme to this Agreement a Scheme Specification for each Individual Scheme in the form of the Scheme Specifications set out in Schedule 1 shall be completed and agreed between the Partners. The Scheme Specifications are set out in Schedule 1.
- 5.5 The Partners shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.
- 5.6 The introduction of any Individual Scheme will be subject to business case approval by the Commissioning Partnership Board.

## **5A STAFFING**

- 5A.1 The Partners agree to establish an integrated commissioning team with appropriate support from each Partner's back office function.
- 5A.2 At the commencement of this Agreement all staff employed in the integrated commissioning team by either Partner will remain employed by that Partner unless and until their employment contract comes to an end. Each Partner will be responsible for their staff, but day to day management shall be as per the Delegation Arrangements set out in Schedule 3, as may be varied from time to time by mutual agreement between the Partners.
- 5A.3 The integrated commissioning structure, as at the date of this Agreement, is as set out in Schedule 5 but is subject to variations as may be agreed between the Partners from time to time.
- 5A.4 During the period when this Agreement is in place, the Partners agree to exercise their relevant commissioning functions through the integrated commissioning structure (as set out in Schedule 5).
- 5A.5 In order to facilitate the Integrated Commissioning, the Council may exercise the CCGs Functions when acting as Lead Commissioner and the CCG may exercise the Council's Health Related Functions when acting as Lead Commissioner pursuant to S75 of the 2006 Act.
- 5A.6 The Partners will ensure that decisions relating to Integrated Commissioning are made through the Commissioning Partnership Board and/or in accordance with Schedule 3. The Pooled Fund Manager for each Individual Scheme must authorise all expenditure against the Pooled Fund.
- 5A.7 Each Partner is accountable to the other through the Commissioning Partnership Board when exercising the other Partner's Functions.

## **6 COMMISSIONING ARRANGEMENTS**

### **Integrated Commissioning**

- 6.1 Where there are Integrated Commissioning arrangements in respect of an Individual Scheme, both Partners shall work in cooperation and shall endeavour to ensure that the NHS Functions and Health Related Functions are commissioned with all due skill, care and attention.
- 6.2 Each Partner shall be responsible for compliance with and making payments of all sums due to a Provider in respect of those Services which it receives pursuant to the terms of each Service Contract.
- 6.3 Both Partners shall work in cooperation to ensure that, where there is Integrated Commissioning, the relevant Services as set out in each Scheme Specification are commissioned within each Partner's Financial Contribution in respect of that particular Service in each Financial Year.
- 6.4 Each Partner shall keep the other Partners and the Commissioning Partnership Board regularly informed of the effectiveness of the arrangements including the Better Care Fund and the Improved Better Care Fund and in particular on any forecast or actual Overspend or Underspend in a Pooled Fund, including proposals for managing any Overspend or Underspend.
- 6.5 The Commissioning Partnership Board will report back to the Health and Wellbeing Board as required by its Terms of Reference.

### **Appointment of a Lead Commissioner**

- 6.6 Where there are Lead Commissioning Arrangements in respect of an Individual Scheme the Lead Commissioner shall:
- 6.6.1 exercise the NHS Functions in conjunction with the Health Related Functions as identified in the relevant Scheme Specification;

- 6.6.2 endeavour to ensure that the NHS Functions and the Health Related Functions are funded within the parameters of the Financial Contributions of each Partner in relation to each particular Service in each Financial Year.
- 6.6.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Scheme Specification;
- 6.6.4 contract with Provider(s) for the provision of the Services on terms agreed with the other Partners;
- 6.6.5 comply with all relevant legal duties and guidance of both Partners in relation to the Services being commissioned;
- 6.6.6 where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the "Commissioner" and "Co-ordinating Commissioner" with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;
- 6.6.7 undertake performance management and contract monitoring of all Service Contracts in line with their normal contract management procedures. Contract management reporting to be provided to the Commissioning Partnership Board in the manner and form that it specifies;
- 6.6.8 make payment of all sums due to a Provider pursuant to the terms of any Services Contract; and
- 6.6.9 keep the other Partner and the Commissioning Partnership Board regularly informed of the effectiveness of the arrangements including (where relevant) the Better Care Fund and any Overspend or Underspend in a Pooled Fund.

## **7 ESTABLISHMENT OF A POOLED FUND**

- 7.1 In exercise of their respective powers under Section 75 of the 2006 Act and such other powers as may be relevant, the Partners have agreed to establish and maintain such Pooled Funds for revenue and capital expenditure as set out in the Scheme Specifications.
- 7.2 Each Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement.
- 7.3 Subject to Clauses 7.4 and 7.5, it is agreed that the monies held in a Pooled Fund may only be expended on the following:
  - 7.3.1 the Contract Price including any contractually required performance payments;
  - 7.3.2 where the Council is to be the Provider, up to the Permitted Budget; and
  - 7.3.3 Approved Expenditure
 ("**Permitted Expenditure**").
- 7.4 Third Party Costs and internal management costs of overseeing any contracts are excluded from Permitted Expenditure.
- 7.5 The Partners may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of each Partner.
- 7.6 For the avoidance of doubt, monies held in the Pooled Fund may not be expended on any Default Liability unless this is agreed by all Partners.

- 7.7 The Commissioning Partnership Board (acting in accordance with their Terms of Reference) may agree on behalf of the Partners to create additional Pooled Funds if required.
- 7.8 The Pooled Fund for each Individual Scheme may comprise of separate budgets which can be amended as agreed by the Partners.
- 7.9 Pursuant to this Agreement, the Partners agree to appoint a Host Partner for each of the Pooled Funds set out in the Scheme Specifications. The Host Partner shall be the Partner responsible for:
  - 7.9.1 holding all monies contributed to the Pooled Fund on behalf of itself and, in the case of Pooled Budgets, the other Partner;
  - 7.9.2 providing the financial administrative systems for the Pooled Fund, save where the Pooled Budget is a Pooled Aligned Budget and the Partners have agreed otherwise in the Scheme Specification;
  - 7.9.3 appointing the Pooled Fund Manager; and
  - 7.9.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.

## **8 POOLED FUND MANAGEMENT**

- 8.1 When introducing a Pooled Fund in respect of an Individual Scheme, the Partners shall agree:
  - 8.1.1 which of the Partners shall act as Host Partner for the purposes of Regulations 7(4) and 7(5) and shall provide the financial administrative systems for the Pooled Fund;
  - 8.1.2 which officer, including Section 113 Officers, of the Host Partner shall act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations.
- 8.2 The Pooled Fund Manager in respect of each Individual Scheme where there is a Pooled Fund shall have the following duties and responsibilities:
  - 8.2.1 the day to day operation and management of the Pooled Fund;
  - 8.2.2 ensuring that all expenditure from the Pooled Budget is in accordance with the provisions of this Agreement and the relevant Scheme Specification;
  - 8.2.3 maintaining an overview of all joint financial issues affecting the Partners in relation to the Services and the Pooled Fund;
  - 8.2.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
  - 8.2.5 reporting to the Commissioning Partnership Board as required by the Partnership Board and the relevant Scheme Specification;
  - 8.2.6 ensuring action is taken to manage any projected Underspend or Overspend relating to the Pooled Fund in accordance with this Agreement and as set out in the Scheme Specification;
  - 8.2.7 preparing and submitting to the Commissioning Partnership Board Monthly reports (or with such different frequency as required by the Commissioning Partnership Board but no less than Quarterly) and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Partners and the Commissioning Partnership Board to monitor the effectiveness of the Pooled Fund and to enable the Partners to complete their own financial accounts and returns. The Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met; and

8.2.8 preparing and submitting reports to the Health and Wellbeing Board as required by it.

8.3 In carrying out their responsibilities as provided under Clause 8.2 the Pooled Fund Manager shall have regard to the recommendations of the Commissioning Partnership Board and shall be accountable to the Partners for delivery of those responsibilities.

8.4 The Pooled Fund Manager may delegate functions in accordance with the Delegation Arrangements in Schedule 3.

8.5 Within any Pooled Fund, the Commissioning Partnership Board may authorise or require there to be separate budgets for the purposes of individual service lines funded by such budgets. Any such budgets shall be set out in the Expenditure Plan

8.6 The Pooled Budget Fund Manager must obtain authority from the Commissioning Partnership Board before viring funds between Pooled Funds and such viring shall be subject to the normal financial governance of the Host Partner.

## **9 POOLED ALIGNED BUDGET**

9.1 In addition to clauses 7 and 8, the following provisions shall apply to Pooled Aligned Budgets:

9.1.1 The Commissioning Partnership Board is responsible for making commissioning decisions in accordance with its Terms of Reference. The decisions are implemented through the Integrated Commissioning arrangements.

9.1.2 Each Partner, in consultation with the other Partner and in accordance with the Delegation Arrangements set out in Schedule 3, will be responsible for making its own financial arrangements for each Pooled Aligned Budget it holds. The relevant Partner will report regularly to the Commissioning Partnership Board in relation to each Pooled Aligned Budget.

## **10 FINANCIAL CONTRIBUTIONS**

10.1 The Financial Contribution of the CCG and the Council to any Pooled Fund for the first Financial Year of operation of each Individual Scheme shall be as set out in the relevant Scheme Specification and may be varied at any time by mutual agreement of the Parties, such agreement must be made in writing.

10.2 The Financial Contribution of the CCG and the Council for years after the first Financial Year of operation will use the first Financial Year as a baseline and be varied by mutual agreement dependent on the schemes being considered. These will be approved by the internal governance of the CCG and Council and notified to the Commissioning Partnership Board in advance of the start of each Financial Year. The Financial Contribution of the CCG and the Council for years after the first Financial Year of operation may be varied at any time by mutual agreement of the Parties, such agreement must be made in writing.

10.3 Financial Contributions will be paid as set out in each Scheme Specification.

10.4 With the exception of Clause 13, no provision of this Agreement shall preclude the Partners from making additional contributions of Non-Recurrent Payments to any Pooled Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be explicitly recorded in Commissioning Partnership Board minutes and recorded in the budget statement as a separate item.

## **11 NON FINANCIAL CONTRIBUTIONS**

11.1 The Scheme Specification shall set out non-financial contributions of each Partner including staff (including the Pooled Fund Manager), premises, IT support and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of Service Contracts and the Pooled Fund).

11.2 Where such non-financial contributions are not specified then it is expected that these will be provided by the Lead Commissioner for that particular Scheme.

11.3 Responsibility for the Provider's costs of providing Services, including premises costs, will be addressed in the Service Contract.

## **12 RISK SHARE ARRANGMENTS, OVERSPENDS AND UNDERSPENDS**

### **Risk share arrangements**

12.1 The Partners shall agree risk share arrangements as set out in any Individual Scheme Specification which provide for financial risks arising within the commissioning of Services from the Pooled Funds.

### **Overspends in Pooled Fund**

12.2 Subject to Clause 12.3, the Host Partner for the relevant Pooled Fund shall manage expenditure from a Pooled Fund within the Financial Contributions and shall ensure that the expenditure is limited to Permitted Expenditure.

12.3 The Host Partner shall not be in breach of its obligations under this Agreement if an Overspend occurs PROVIDED THAT the only expenditure from a Pooled Fund has been in accordance with Permitted Expenditure and it has informed the Commissioning Partnership Board in accordance with Clause 12.4.

12.4 In the event that the Pooled Fund Manager identifies an actual or projected Overspend the Pooled Fund Manager must ensure that the Commissioning Partnership Board is informed as soon as reasonably possible and the provisions of the relevant Scheme Specification shall apply.

### **Underspend**

12.7 In the event that expenditure from any Pooled Fund in any Financial Year is less than the aggregate value of the Financial Contributions made for that Financial Year the Partners shall agree how the surplus monies shall be spent in accordance with the Delegation Arrangements set out in Schedule 3, carried forward and/or (where applicable) returned to the Partners and such agreement shall be approved and minuted by the Commissioning Partnership Board. Such arrangements shall be subject to the Law and the Standing Orders and Standing Financial Instructions (or equivalent) of the Partners and the terms of the Performance Payment Arrangement. For the avoidance of doubt, any such agreement should be approved by the Councils S151 Officer and Director of Adult Social Services where it is the Host Partner and the CCGs Chief Finance Officer and Director of Commissioning where it is the Host Partner, prior to final approval by the Commissioning Partnership Board.

## **13 CAPITAL EXPENDITURE**

13.1 Subject to Clause 13.2 below, Pooled Funds shall not normally be applied towards any one-off expenditure on goods and/or services, which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Partners. If a need for capital expenditure is identified this must be agreed by the Partners.

13.2 Disabled Facilities Grant funding may be applied to capital expenditure by the Partner hosting it.

## **14 VAT**

The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise and shall set this out in the relevant Scheme Specification.



## **15 AUDIT AND RIGHT OF ACCESS**

- 15.1 All Partners shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the relevant Pooled Fund by a local auditor appointed pursuant to Section 7 of the Local Audit and Accountability Act 2014 (as amended) to carry out the duties set out in Section 20 or 21 of that Act, as applicable.
- 15.2 All internal and external auditors and all other persons authorised by the Partners will be given the right of access by them to any document, information or explanation they require from any employee, member of the relevant Partner in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.
- 15.3 The Partners shall comply with relevant Local Authority and NHS finance and accounting obligations as required by relevant Law and/or National Guidance.

## **16 LIABILITIES AND INSURANCE AND INDEMNITY**

- 16.1 Subject to Clause 16.2, and 16.3, if a Partner (“First **Partner**”) incurs a Loss arising out of or in connection with this Agreement or the Services Contract as a consequence of any act or omission of another Partner (“Other **Partner**”) which constitutes negligence, fraud or a breach of contract in relation to this Agreement or the Services Contract then the Other Partner shall be liable to the First Partner for that Loss and shall indemnify the First Partner accordingly.
- 16.2 Clause 16.1 shall only apply to the extent that the acts or omissions of the Other Partner contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Partner acting in accordance with the instructions or requests of the First Partner or the Commissioning Partnership Board.
- 16.3 If any third party makes a claim or intimates an intention to make a claim against either Partner, which may reasonably be considered as likely to give rise to liability under this Clause 16, the Partner that may claim against the other indemnifying Partner will:
- 16.3.1 as soon as reasonably practicable give written notice of that matter to the Other Partner specifying in reasonable detail the nature of the relevant claim;
- 16.3.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Partner (such consent not to be unreasonably conditioned, withheld or delayed);
- 16.3.3 give the Other Partner and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Partner and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.
- 16.4 Each Partner shall ensure that they put in place and maintain in force appropriate policies of insurance (or equivalent arrangements through schemes operated by the National Health Service Litigation Authority (known as NHS Resolution)) in respect of potential liabilities arising from this Agreement and in the event of Losses shall seek to recover such Loss through the relevant policy of insurance (or equivalent arrangement).
- 16.5 Each Partner shall at all times take all reasonable steps to minimise and mitigate any loss for which one Partner is entitled to bring a claim against the other pursuant to this Agreement.

## **17 STANDARDS OF CONDUCT AND SERVICE**

- 17.1 The Partners will at all times comply with Law and ensure good corporate governance in respect of each Partner (including the Partners respective Standing Orders and Standing Financial Instructions) and Officer and Member Codes of Conduct for the Council.
- 17.2 The Council is subject to the duty of Best Value under Section 3 the Local Government Act 1999. This Agreement and the operation of the Pooled Funds is therefore subject to the Council's obligations for Best Value and the other Partners will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value obligations.
- 17.3 The CCG is subject to the CCG Statutory Duties and these incorporate a duty of clinical governance, which is a framework through which they are accountable for continuously improving the quality of its Services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Funds are therefore subject to ensuring compliance with the CCG Statutory Duties and clinical governance obligations.
- 17.4 The Partners are committed to an approach to equality and equal opportunities as represented in their respective policies. The Partners will maintain and develop these policies as applied to service provision, with the aim of developing a joint strategy for all elements of the service.

## **18 CONFLICTS OF INTEREST**

- 18.1 Each Partner shall comply with its own internal governance procedures as regards the reporting of any conflict of interest by its members or employees, servants and agents. In the event of any disagreement between the Partners as regards the effect, or potential effect of any perceived conflict of interest, any dispute will be dealt with under the dispute resolution procedure set out in Clause 23.
- 18.2 If, during any arrangements where staff are exercising the other Partner's functions, there is a difference in standards for reporting of conflict of interests, the higher standard will apply.

## **19 GOVERNANCE**

- 19.1 Overall strategic oversight of partnership working between the Partners is vested in the Health and Well Being Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.
- 19.2 The Partners have an established Commissioning Partnership Board to further facilitate integration and joint commissioning across all areas of health, wellbeing and social care for both adults and children in Oldham.
- 19.3 The Commissioning Partnership Board is a joint committee of the Partners established pursuant to Regulation 10(2) of the Regulations. The Commissioning Partnership Board shall exercise those duties and functions as set out in this Clause 19 and Schedule 2.
- 19.4 The terms of reference of the Commissioning Partnership Board as at the date of this Agreement are set out in Schedule 2. The Partners may agree, in writing, to vary those terms of reference from time to time.
- 19.5 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.
- 19.6 The Commissioning Partnership Board shall be responsible for the overall approval of the Individual Schemes, ensuring compliance with the Expenditure Plan and the strategic direction of the Better Care Fund and Improved Better Care Fund.
- 19.7 Each Scheme Specification shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the Commissioning Partnership Board and Health and Wellbeing Board.

## **20 REVIEW**

- 20.1 Save where the Commissioning Partnership Board agree alternative arrangements (including alternative frequencies) the Partners shall undertake an annual review (“**Annual Review**”) of the operation of this Agreement, any Pooled Fund and the provision of the Services within 3 Months of the end of each Financial Year.
- 20.2 Subject to any variations to this process required by the Commissioning Partnership Board, Annual Reviews shall be conducted in good faith and, where applicable, in accordance with the governance arrangements set out in Schedule 2.
- 20.3 The Partners shall within 20 Working Days of the Annual Review prepare a joint annual report documenting the matters referred to in this Clause 20. A copy of this report shall be provided to the Commissioning Partnership Board and Health and Wellbeing Board.
- 20.4 In the event that the Partners fail to meet the requirements of the Better Care Fund and the Improved Better Care Fund including funding requirements regarding the Better Care Fund and the Improved Better Care Fund, the Partners shall provide full co-operation with overseeing authorities to agree a recovery plan.

## **21 COMPLAINTS**

The Partners’ own complaints procedures shall apply to this Agreement. The Partners agree to assist one another in the management of complaints arising from this Agreement or the provision of the Services. The default process shall be that complaints relating to particular services are handled by the commissioner or the Lead Commissioner for that service under their normal operating procedures.

## **22 TERMINATION & DEFAULT**

- 22.1 This Agreement may be terminated by any Partner giving not less than 6 Months' notice in writing to terminate this Agreement provided that such termination shall not take effect prior to the termination or expiry of all Individual Schemes.
- 22.2 Each Individual Scheme may be terminated in accordance with the terms set out in the relevant Scheme Specification provided that the Partners ensure that the Better Care Fund and Improved Better Care Fund requirements continue to be met.
- 22.3 If any Partner (“**Relevant Partner**”) fails to meet any of its obligations under this Agreement, the other Partner may by notice require the Relevant Partner to take such reasonable action within a reasonable timescale as the other Partner may specify to rectify such failure. Should the Relevant Partner fail to rectify such failure within such reasonable timescale, the matter shall be referred for resolution in accordance with Clause 23 (Dispute Resolution).
- 22.4 Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Partners’ rights in respect of any antecedent breach.
- 22.5 In the event of termination of this Agreement, the Partners agree to cooperate to ensure an orderly wind down of their joint activities and to use their best endeavours to minimise disruption to the health and social care which is provided to the Service Users.
- 22.6 Upon termination of this Agreement for any reason whatsoever the following shall apply:
- 22.6.1 the Partners agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Partners is carried out smoothly and with as little disruption as possible to Service Users, employees, the Partners and third parties, so as to minimise costs and liabilities of each Partner in doing so;
- 22.6.2 where either Partner has entered into a Service Contract which continues after the termination of this Agreement then the contract shall be novated to the commissioner or

Lead Commissioner and will enter into all appropriate legal documentation required in respect of this;

22.6.3 the commissioner or Lead Commissioner shall make reasonable endeavours to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Commissioner in breach of the Service Contract) where the other Partner requests the same in writing provided that the Lead Commissioner shall not be required to make any payments to the Provider for such amendment or termination unless the Partners shall have agreed in advance who shall be responsible for any such payment.

22.6.4 where a Service Contract held by a commissioner or Lead Commissioner relates all or partially to services which relate to the other Partner's Functions then provided that the Service Contract allows the other Partner may request that the commissioner or Lead Commissioner assigns the Service Contract in whole or part upon the same terms mutatis mutandis as the original contract.

22.6.5 the Commissioning Partnership Board shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and

22.6.6 termination of this Agreement shall have no effect on the liability of any rights or remedies of either Partner already accrued, prior to the date upon which such termination takes effect.

22.7 In the event of termination in relation to an Individual Scheme the provisions of Clause 22.6 shall apply mutatis mutandis in relation to the Individual Scheme (as though references as to this Agreement were to that Individual Scheme).

## **23 DISPUTE RESOLUTION**

23.1 In the event of a dispute between the Partners arising out of this Agreement, either Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute.

23.2 The Authorised Officers shall meet in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 23.1, at a meeting convened for the purpose of resolving the dispute.

23.3 If the dispute remains after the meeting detailed in Clause 23.2 has taken place, a nominated deputy of the CCG Accountable Officer and the Council Chief Executive shall meet in good faith as soon as possible after the relevant meeting and in any event within fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

23.4 If the dispute remains after the meeting detailed in Clause 23.3 has taken place, then the Partners will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the Partners. To initiate a mediation, either Partner may give notice in writing (a "**Mediation Notice**") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Partners asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither Partner will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Partners). The Partners will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

23.5 Nothing in the procedure set out in this Clause 23 shall in any way affect either Partner's right to terminate this Agreement in accordance with any of its terms or take immediate legal action.

## 24 FORCE MAJEURE

- 24.1 Neither Partner shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Partner or incur any liability to the other Partner for any losses or damages incurred by that Partner to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.
- 24.2 On the occurrence of a Force Majeure Event, the Affected Partner shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Partner and any action proposed to mitigate its effect.
- 24.3 As soon as practicable, following notification as detailed in Clause 24.2, the Partners shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 24.4, facilitate the continued performance of the Agreement.
- 24.4 If the Force Majeure Event continues for a period of more than sixty (60) days, either Partner shall have the right to terminate the Agreement by giving fourteen (14) days written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause.

## 25 CONFIDENTIALITY

- 25.1 In respect of any Confidential Information a Partner receives from another Partner (the "**Discloser**") and subject always to the remainder of this Clause 25, each Partner (the "**Recipient**") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:
- 25.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and
- 25.1.2 the provisions of this Clause 25 shall not apply to any Confidential Information which:
- (a) is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or
- (b) is obtained by a third party who is lawfully authorised to disclose such information.
- 25.2 Nothing in this Clause 25 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.
- 25.3 Each Partner:
- 25.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement; and
- 25.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 25.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 25;
- 25.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

## **26 FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS**

- 26.1 The Partners agree that they will each cooperate with each other to enable any Partner receiving a request for information under the 2000 Act or the 2004 Regulations to respond to a request promptly and within the statutory timescales. This cooperation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.
- 26.2 Any and all agreements between the Partners as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Act. No Partner shall be in breach of Clause 26 if it makes disclosures of information in accordance with the 2000 Act and/or the 2004 Regulations.

## **27 OMBUDSMEN**

The Partners will co-operate with any investigation undertaken by the Parliamentary and Health Service Ombudsman or the Local Government Commissioner for England (or both of them) in connection with this Agreement.

## **28 INFORMATION SHARING**

The Partners will follow the Information Governance Protocol set out in Schedule 7, and in so doing will ensure that the operation of this Agreement complies with Law, in particular the Data Protection Legislation.

## **29 NOTICES**

- 29.1 Any notice to be given under this Agreement shall either be delivered personally or sent by first class post or electronic mail. The address for service of each Partner shall be as set out in Clause 29.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:
- 29.1.1 personally delivered, at the time of delivery;
  - 29.1.2 posted, at the expiration of forty-eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and
  - 29.1.3 if sent by electronic mail, at the time of transmission a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent.
- 29.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).
- 29.3 The address for service of notices as referred to in Clause 29.1 shall be as follows unless otherwise notified to the other Partner in writing:
- 29.3.1 if to the Council, addressed to the Director of Legal Services, Civic Centre, West Street, Oldham, OL1 1UG;
- Tel: 0161 770 4208  
E.Mail: Paul.Entwistle@oldham.gov.uk

and

29.3.2 if to the CCG, addressed to Erin Portsmouth, Director of Corporate Affairs, NHS Oldham CCG, Civic Centre, West Street, Oldham, OL1 1UG;

Tel: 0161 622 6442  
E.Mail: erin.portsmouth@nhs.net

### **30 VARIATION**

No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.

### **31 CHANGE IN LAW**

31.1 The Partners shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

31.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

31.3 In the event of failure by the Partners to agree the relevant amendments to the Agreement (as appropriate), the Clause 23 (Dispute Resolution) shall apply.

### **32 WAIVER**

No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

### **33 SEVERANCE**

If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

### **34 ASSIGNMENT AND SUB CONTRACTING**

The Partners shall not sub contract, assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, which shall not be unreasonably withheld or delayed. This shall not apply to any assignment to a statutory successor of all or part of a Partner's statutory functions.

### **35 EXCLUSION OF PARTNERSHIP AND AGENCY**

35.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

35.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:

35.2.1 act as an agent of the other;

35.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

35.2.3 bind the other in any way.

## **36 THIRD PARTY RIGHTS**

Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Contract pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

## **37 ENTIRE AGREEMENT**

37.1 The terms herein contained together with the contents of the Schedules constitute the complete agreement between the Partners with respect to the subject matter hereof and supersede all previous communications representations understandings and agreement and any representation promise or condition not incorporated herein shall not be binding on any Partner.

37.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Partner unless in writing and signed by a duly authorised officer or representative of the parties.

## **38 COUNTERPARTS**

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

## **39 GOVERNING LAW AND JURISDICTION**

39.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

39.2 Subject to Clause 23 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

## **40. INTELLECTUAL PROPERTY RIGHTS**

40.1 All intellectual property rights in any information or material existing prior to the date of this Agreement ("the Background Rights") shall remain the property of the Partner introducing such information or its third party licensors. Insofar as it is able to do so each Partner shall grant the other a non-exclusive non-transferable, royalty free licence to use all such pre-existing information and materials, including any intellectual property rights in the same for the purposes of delivering the Individual Schemes during the term of the Agreement, and in perpetuity insofar as such licence is necessary for the Partners to use the resulting IPR for the purposes permitted in this Agreement

40.2 All Intellectual Property Rights created in or resulting from the Individual Scheme ("Foreground Rights") shall be the property of the Partner by whom the particular Foreground Rights were created.

40.3 The Partners hereby grant to each other a royalty free, non-exclusive, irrevocable, perpetual licence to use and exploit any Foreground Rights and any intellectual property in any interim results (including any patents or other registered intellectual property rights registered, together with the right to grant sub-licences to third parties to use and exploit the same) provided always that the granting Partner makes no representation or warranty that any Foreground Rights will be fit for any particular purpose, and accepts no responsibility for any use which may be made of any Foreground Rights, materials, information, apparatus, method or process arising from its work or otherwise supplied to or to which a Partner gains access.

40.4 Any Partner supplying information, including but not limited to existing intellectual property, shall be under no obligation in respect of the accuracy of such information and no warranty, condition or representation of any kind is made, given or to be implied in any case as to the sufficiency, accuracy and rights of third parties by the use of such information. The Partner receiving that information shall in any case be solely responsible for the use it puts that information to.



40.5 Each Partner will use reasonable endeavours to procure that any third party owner of the Intellectual Property Rights referred to in Clause 40.1 above grants to the other Partner an authorised sub-licence to use the material on the same terms as the licence granted in Clause 40.1.

**IN WITNESS WHEREOF** this Agreement has been executed by the Partners on the date of this Agreement

**THE CORPORATE SEAL of** )  
**OLDHAM METROPOLITAN** )  
**BOROUGH** )  
**COUNCIL** )  
was hereunto affixed in the presence of: )

Signature.....

Name (print).....

Position.....

Signed for on behalf of **CLINICAL  
COMMISSIONING GROUP**

\_\_\_\_\_  
Authorised Signatory

## **SCHEDULE 1– SCHEME SPECIFICATION**

### **Agreed Service Specifications**

#### **Scheme A: Community Equipment Services Schedule**

##### **1 OVERVIEW OF INDIVIDUAL SERVICE**

The Community Equipment Scheme aims to provide personalised equipment that supports patients and their carers to live safely at home. This is an essential service for supporting hospital discharge.

The whole of the funds for this Scheme are a Pooled Budget which will be hosted and managed through the Council acting as Lead Commissioner (as set out in Clause 6) with the uses and reporting of completed as agreed by the Commissioning Partnership Board. The Council's S.151 Officer (Director of Finance) or such other officer as they nominate will act as the Pooled Fund Manager.

##### **2 AIMS AND OUTCOMES**

Our aim is that people in Oldham will be independent, resilient and self-caring so fewer people reach crisis point. For those that need it, we will commission or design integrated health and care services that enable people to proactively manage their own care as far as they are able, with the support of their family, community and the right professionals at the right time in a properly joined up system.

All commissioning activity will reflect the high level outcomes of the Integrated Care Organisation (ICO) and translate these into meaningful, relevant and measurable personal or population level outcomes.

##### **3 THE ARRANGEMENTS**

This Scheme will be treated as a Pooled Budget with the Council acting as Lead Commissioner.

##### **4 FUNCTIONS**

Community equipment provision is increasingly important to keep vulnerable people safe and independent in the community. Providing people with the equipment they need to live safely and independently mitigates the risk of falls, so preventing hospital admissions/readmissions and also contributes to timely discharge from hospital.

A range of Community equipment is supplied to Oldham residents by authorised prescribers. These are mainly health practitioners employed by the Royal Oldham Hospital, Pennine Care NHS Foundation Trust, and some social care staff. Individuals must be resident in Oldham, or be registered with an Oldham based GP to be eligible for community equipment.

The Council as Lead Commissioner contracts (currently with Rosscare) to source and provide the equipment: this includes delivery, fitting and/or collection of equipment to a service user's address or to a peripheral store, plus repair and servicing of the equipment.

Circa 80% of equipment (defined as 'standard' products) is supplied this way. For non-standard items, which may be bespoke to an individual each application is considered by a panel.

The most commonly prescribed products are alternating pressure mattresses and electric beds, as much of the provision is required for palliative care, facilitating hospital discharge and preventing hospital admission.

The Pooled Budget for Community Equipment fund will also meet the cost of employing a Community Equipment Coordinator. The post holder will coordinate activity: oversee performance against the contract, offering support and challenge to the community equipment prescribers and maximising best value from our arrangements.

## 5 SERVICES

The services are those set out in the Expenditure Plan as approved by the Oldham Commissioning Partnership Board. The set of services included as shown in the Expenditure Plan as attached at Schedule 8 includes a reference to the areas of spend.

The aim of the service is to provide equipment to users which will enhance their independence and aid their health.

The service will be provided for adults and children who are regarded as being permanently and substantially disabled.

Access to the service will be via assessment following identification of a clinical need.

The service sources and provides the equipment: this includes delivery, fitting and/or collection of equipment to a service user's address or to a peripheral store, plus repair and servicing of the equipment.

Changes to services will be through the governance processes set out in Schedule 2.

## 6 COMMISSIONING, CONTRACTING, ACCESS

### ***Commissioning Arrangements***

This Scheme shall operate under Lead Commissioning arrangements with the Council operating as Lead Commissioner.

### **Contracting Arrangements**

The list of relevant contracts or parts thereof will be recorded in the Expenditure Plan. Each Partner organisation shall ensure that copies of the signed contracts are maintained and available for inspection by the other Partner to this Agreement upon request.

The financial and operational risks of each contract shall be managed by the Partner acting as Lead Commissioner. These risks shall be reported on as part of the regular financial reporting to the Commissioning Partnership Board or the Health and Well Being Board as determined by those groups.

The Lead Commissioner shall have the authority to agree the form and details of each contract for commissioned services using reasonable terms within their normal operating procedures with the aim of managing risk to all parties to this agreement.

Contract variations, extensions, renewals and terminations in full or in part shall be subject to approval by the Commissioning Partnership Board. The Lead Commissioner shall ensure that appropriate notice is given to the Commissioning Partnership Board and the other Partner prior to such extensions, renewals or terminations being undertaken.

At the termination of this agreement, contracts will remain with the Lead Commissioner of the scheme as set out in the Expenditure Plan.

Contracts shall only be assigned to the other party on the agreement of both parties.

### **Access**

Eligibility of individuals for access to particular services shall be set out in the service specification in the contract for that service. Material changes to eligibility shall not be made without consultation with the other party.

## 7 FINANCIAL CONTRIBUTIONS

### Financial Year 2020/21

	CCG contribution	Council Contribution
Pooled Budget	See Expenditure Plan in Schedule 8	

## 8 FINANCIAL GOVERNANCE ARRANGEMENTS

Are any amendments required to the Agreement in relation to the management of Pooled Fund	The Partners have agreed that funds for this Scheme shall be treated as a Pooled Budget.
Have the levels of contributions been agreed?	Yes for 2020/21 as set out section 7 above. Future years funds to be as per 2020/21 baseline as a minimum with any changes agreed by each Partner and the Commissioning Partnership Board.
How will changes to the levels of contributions be implemented?	Contributions to the Scheme will be approved through each Partner's individual processes using the 2020/2021 Baseline as minimum contributions. If changes cannot be agreed, the 2020/2021 Baseline will be adopted plus inflation, calculated in accordance with the CCG Minimum Mandated Uplift % (based on inflation) to Social Care.
Have eligibility criteria been established?	Yes – These are included in the individual service specifications which are attached at Schedule 1.
What are the rules about access to the Pooled Fund?	Authorised through the Lead Commissioner's normal budget delegation process.
Does the Pooled Fund Manager require training?	No.
Have the Pooled Fund Manager's delegated powers been determined?	To operate within the normal delegated limits within their organisation but with reference to the need to highlight any forecast Overspends or Underspends to the Commissioning Partnership Board at the earliest opportunity.
Is there a protocol for disputes?	Yes – prescribed protocol as set out in Clause 23.
Audit Arrangements	Oldham Council's external auditors and the internal audit functions of Oldham Council and the Clinical Commissioning Group will be responsible for auditing the Pooled Fund. The frequency and scope of audits will be agreed in advance by both Partners.
What Audit arrangements are needed?	Oldham Council and the Clinical Commissioning Group's internal audit of finance and services and review by Oldham Council's external auditors at agreed frequencies.
Has an internal auditor been appointed?	The Council and CCG established Internal Auditors will apply diligence to systems, processes and transactions within their respective financial ledgers.

Who will liaise with/manage the auditors?	The Council Director of Finance and CCG Chief Financial Officer will nominate officers to liaise with auditors as required.
Whose external audit regime will apply?	Oldham Council.
Financial Management	Oldham Council.
Which financial systems will be used?	Oldham Council.
What monitoring arrangements are in place?	<p>Quarterly report produced by the Host Partner incorporating relevant information from both organisations. The report will be provided to the Commissioning Partnership Board and Health and Well Being Board each Month (with the exception of the first Month of the financial year).</p> <p>The Quarterly report for Quarters 1 to 3 will include budget and full year financial forecast information.</p>
Who will produce monitoring reports?	Oldham Council.
Has the scale of contributions to the Pooled Fund been agreed?	The Financial contribution of the CCG and the Council for years after the first Financial Year of operation will use the first Financial Year as a baseline and may be varied at any time by mutual agreement dependent on the schemes being considered. These will be approved by the internal governance of the CCG and Council and notified to the Commissioning Partnership Board in advance of the start of each Financial Year.
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing Overspends/Underspends?	<p>Budget variances up or down are reported as soon as practicable. Joint robust action plan will be put in place to recover Overspends in year for individual areas of expenditure. The default treatment of any net variance on the Community Equipment Pooled Budget at year end will be split 50:50 for the overall fund.</p> <p>Any Underspends or Overspends will not be carried forward and will be met in year 50:50 between the Partners.</p>
Do Pooled Fund Managers have delegated powers to Overspend?	No.
Will delegated powers allow Underspends recurring or non-recurring, to be transferred between budgets?	Approval required by each Partner and the Commissioning Partnership Board.
Will there be a facility to carry forward funds?	Oldham Council will make arrangements as required to carry forward funds where agreed by both parties and the Commissioning Partnership Board.
How do we financially deal with non performance against the BCF deflections KPIs?	See Section 16

How will pay and non pay inflation be financed?	Joint agreement on additional Partner contributions which could be zero uplift.
Will a contingency reserve be maintained, and if so by whom?	There is no contingency held by either Partner in relation to this Community Equipment Scheme. Any Overspends will need to be managed as described above and funded from normal Partner budgets.
How will efficiency savings be managed?	<p><u>Reductions in funding level</u> Targets set and funding reduced at the start of the year through planned commissioning actions. Contributions agreed by each Partner's management team, the Commissioning Partnership Board. Monitoring through Monthly reporting mechanism to the Commissioning Partnership Board.</p> <p><u>Efficiencies within existing areas of spend</u> Any efficiencies will be deployed following mutual agreement by both Partners and ratification by the Commissioning Partnership Board</p> <p>Usage of any savings on hospital deflections from exceeding targeted level of performance will be determined by the CCG.</p>
How will revenue and capital investment be managed?	<p>There are no capital budgets for the Community Equipment Scheme.</p> <p>Spend on the Community Equipment Scheme will be managed in accordance with the Pooled Fund Manager's normal authority within their organisation.</p> <p>Additional investment outside of this contract or above the agreed level of funding will be approved by each Partner and the Commissioning Partnership Board.</p>
Who is responsible for means testing?	Oldham Council.
Who will own capital assets?	The Council will hold the capital assets if any arise.
How will capital investments be financed?	There is no capital budget in this Scheme.
What management costs can legitimately be charged to pool?	None.
What are the arrangement for overheads?	Host Partner (Oldham Council) will meet the cost of overheads.
What will happen to the existing capital programme?	There is no capital budget in this Scheme.
What will happen on transfer where current liabilities exceed resources (i.e. commitments exceed budget) immediate Overspend secure?	<p>(i) The Partners will work together to develop and implement plans to recover projected Overspends within the financial year.</p> <p>Subject to the approval of the Partners and the Commissioning Partnership Board resources may be realigned across Schemes within the overall Agreement.</p>
What closure of accounts arrangement need to be applied?	Adherence to the CCG and Council's timetable and note/working paper standards and procedures

## Cash Management

At the start of each Financial Year, both Partners shall agree an estimated cash flow (payment schedule) for the services that they will be paying for as Commissioner based on the agreed Expenditure Plan in force at that point in time. This will be used to agree a schedule of Monthly or Quarterly invoices between Partners for the estimated funds required. Any difference shall be settled through agreed year end invoices or, if material through Quarterly adjustment invoices between Partners, based on the latest financial information submitted to the Commissioning Partnership Board.

It is expected that any year end over or under spends on the fund will be invoiced and settled in cash, but may be held as memorandum balances by agreement of the Commissioning Partnership Board.

## 9 VAT

Which Partner's VAT regime will apply?	Host (Oldham Council)
Is one Partner acting as 'agent' for another?	No
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Not yet. This will be proposed by the Host using the Expenditure Plan as the template and approved by the Commissioning Partnership Board.

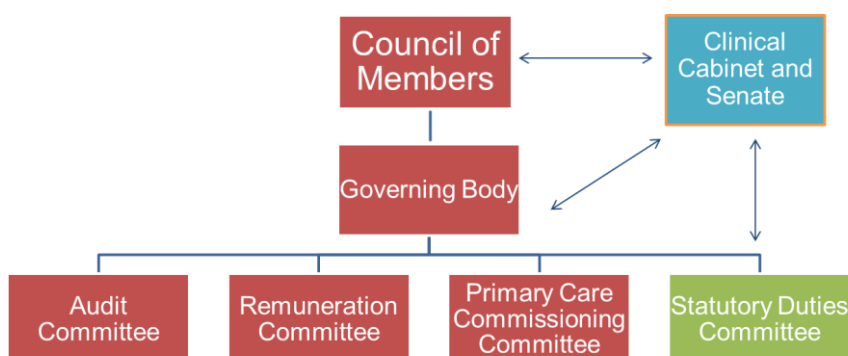
## 10 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP

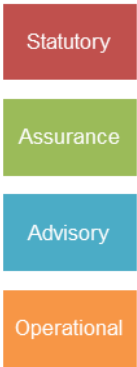
The governance arrangements at the start of this agreement are set out below with the current Terms of Reference for the Health and Wellbeing Board and Commissioning Partnership Board included at Schedule 2.

The Health and Wellbeing Board in Oldham provides the overall ownership of the plan and the associated progress and outcomes.

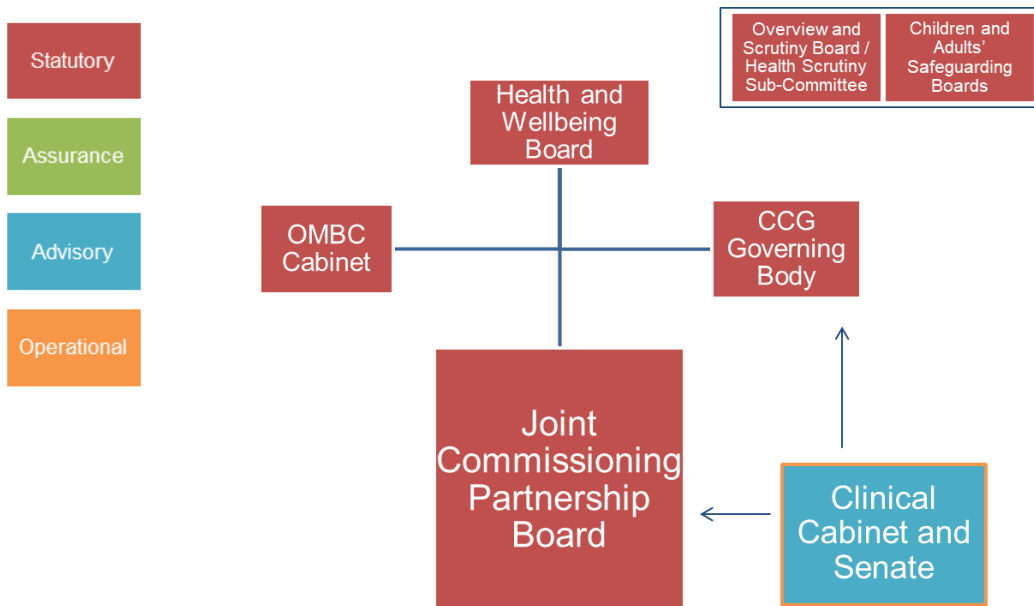
The Joint Commissioning Partnership Board is a joint committee in Oldham of key health and social care commissioners in Oldham from Oldham MBC and Oldham CCG. Its overarching focus is to develop and support integration and collaboration on all aspects of health and social care services. It has been established as a joint committee of OMBC and Oldham CCG.

### CCG





CCG and OMBC



**11 NON FINANCIAL RESOURCES**

Non-financial contributions are provided by the Lead Commissioner or service Provider.

**12 STAFF**

The provisions set out in Clause 5A will apply.



### 13 ASSURANCE AND MONITORING

The arrangements covered by this schedule shall be monitored and assured by the Lead Commissioner, in accordance with the individual monitoring requirements of each area of commissioning activity. Monitoring and assurance will take the form of quantitative and qualitative assessment, provider reporting, formal contract meetings, and proactive and reactive activity.

Commissioners will ensure that service outcomes are in line with the broader strategic outcomes of Oldham Cares, and that monitoring and assurance activity demonstrates the extent to which the outcomes are being achieved.

Reporting of performance and the achievement of outcomes will be to the Commissioning Partnership Board, in a form and frequency determined by the Commissioning Partnership Board. Reporting may also be to any other appropriate forum.

### 14 LEAD OFFICERS

Position	Partner	Name of Lead Officer (as at Commencement Date)	Address	Telephone Number	Email Address
Chief Operating Officer	CCG	Mike Barker	Civic Centre, West Street, Oldham	0161 622 6610	<a href="mailto:mike.barker3@nhs.net">mike.barker3@nhs.net</a>
Chief Financial Officer	CCG	Ben Galbraith	Civic Centre, West Street, Oldham	0161 622 6590	<a href="mailto:Ben.galbraith@nhs.net">Ben.galbraith@nhs.net</a>
Director of Adult Social Services	OMBC	Mark Warren	Civic Centre, West Street, Oldham	0161 770 4215	<a href="mailto:mark.warren@oldham.gov.uk">mark.warren@oldham.gov.uk</a>
S.151 Officer/ Director of Finance	OMBC	Anne Ryans	Civic Centre, West Street, Oldham	0161 770 4902	<a href="mailto:Anne.Ryans@oldham.gov.uk">Anne.Ryans@oldham.gov.uk</a>

### 15 INTERNAL APPROVALS

In accordance with the Commissioning Partnership Board Terms of Reference and the constitutions and Schemes of Delegation of Oldham MBC and NHS Oldham CCG.

### 16 RISK AND BENEFIT SHARE ARRANGEMENTS

The risk of financial Underspend and Overspend shall be shared 50/50 in line with each respective Partner's financial contribution.

### 17 REGULATORY REQUIREMENTS

Lead commissioner to ensure regulatory and registration requirements met for individual services.

### 18 INFORMATION SHARING AND COMMUNICATION

As set out in Schedule 7.

### 19 DURATION AND EXIT STRATEGY

General provisions for the termination of the Agreement are set out in Clause 22 of the Agreement. Those termination provisions will also apply to Individual Schemes within the Agreement where both parties agree to such a partial termination. However, where either party does not agree to the partial

termination then the Individual Scheme will either need to be terminated in its entirety or continued in its entirety.

**20 OTHER PROVISIONS**

None.

## **SCHEDULE 1 – SCHEME SPECIFICATION**

### **Agreed Service Specifications**

#### **Scheme B – Health and Social Care Services Schedule**

##### **1. AIMS AND OUTCOMES OVERVIEW OF INDIVIDUAL SERVICE**

The Integrated Health and Social Care Scheme will include those budgets and contracts jointly agreed between the CCG and the Council as attached at Schedule 8. The manner in which the funds are used will be varied from time to time as agreed through the agreed governance structures described at Schedule 2.

Both the CCG and Council will act as Host Partners of the Pooled Aligned Budget. The Host Partner for each budget within the Pooled Aligned Budget shall be whoever is acting as acting as Lead Commissioner for that budget, as set out in the Expenditure Plan in Schedule 8. When the Council is acting as Host Partner then the Council's S.151 Officer (Director of Finance) or such other officer as they nominate will act as the Pooled Fund Manager.

When the CCG is acting as Host Partner the CCG's Chief Finance Officer or such other officer as they nominate will act as the Pooled Fund Manager.

##### **2. AIMS AND OUTCOMES**

Our aim is that people in Oldham will be independent, resilient and self-caring so fewer people reach crisis point. For those that need it, we will commission or design integrated health and care services that enable people to proactively manage their own care as far as they are able, with the support of their family, community and the right professionals at the right time in a properly joined up system.

All commissioning activity will reflect the high level outcomes of the Integrated Care Organisation (ICO) and translate these into meaningful, relevant and measurable personal or population level outcomes.

##### **3. THE ARRANGEMENTS**

The Integrated Health & Social Care Scheme will be treated as a Pooled Aligned Budget with joint reporting with Integrated Commissioning arrangements as set out in Clause 6. References in this Scheme Specification to "joint commissioning" are references to the Partners commissioning the services together using Integrated Commissioning.

##### **4. FUNCTIONS**

The functions which may be exercised under this agreement are:

- The prescribed NHS Functions of the CCG under regulation 5 (a), (b), (ba), (bb), (bc) and (c) of the NHS Bodies and Local Authorities (partnership arrangements regulations 2000 ( SI no 617 of 2000)
- The Health Related Functions of the Council prescribed under regulations 6 (a), (aa), (b), (k) (l) and (m) of the aforementioned regulations

##### **5. SERVICES**

###### **Learning Disabilities, Mental Health and Dementia and Improvement to Services**

Under this section 75 Agreement, NHS Oldham CCG and Oldham Council will jointly commission, contract and monitor health and social care services for adults with learning disabilities, mental health and other assessed needs, including those with complex care needs, currently funded separately through the CCG's Mental Health, Learning Disability and Dementia budget and the Council's community care budget. There

will be additional investment into services that will provide long term transformative integration and better outcomes for the citizens of Oldham. These services include:

- Supported living services
- Residential services for people with learning disabilities and mental health conditions
- Learning disabilities, mental health and dementia services commissioned with Pennine Care Foundation Trust (PCFT)

Joint commissioning activity will also extend to services for children, where these are provided in a similar form to adults, for example, CAMHS (Child and Adolescent Mental Health Services), supported living or residential services.

NHS Oldham CCG and Oldham Council will also work to align processes for personal budgets and personal health care budgets as part of this work stream.

The joint commissioning of these arrangements will also include the development of effective links to acute, community and primary care services, to ensure that individual and service level outcomes are achieved.

### **Care Homes and Care Packages**

Under this section 75 agreement, NHS Oldham CCG and Oldham Council will jointly commission, contract and monitor services for adults, currently funded separately through the CCG's Continuing Health Care budget and the Council's community care budget. These services include:

- Residential and nursing care in care homes
- Home care services
- Supported living services
- Extra care housing

Joint commissioning activity will also extend to services for children, where these are provided in a similar form to adults, for example home care services.

NHS Oldham CCG and Oldham Council will also work to align processes for personal budgets and personal health care budgets as part of this work stream.

The joint commissioning of these arrangements will also include the development of effective links to acute, community and primary care services, to ensure that individual and service level outcomes are achieved.

## **6. COMMISSIONING, CONTRACTING, ACCESS**

### **Commissioning Arrangements**

This individual scheme shall be operated under Integrated Commissioning responsibilities.

The current version of the Expenditure Plan as per Schedule 8 shall set out who is acting as Lead Commissioner for each element of spend approved by the Commissioning Partnership Board. The Lead Commissioner for each element of spend shall be determined by the Commissioning Partnership Board. Once determined the Lead Commissioner will undertake the work in accordance with normal operating procedures of their own organisation.

The joint commissioning of these services will include all elements of the commissioning cycle, from the identification of need at a population level through to the monitoring, review and quality assurance of provision. Joint commissioning will also include market shaping and market management, the development of fee structures and provider negotiations, tendering, contract and relationship management and proactive quality improvement activity.

## Contracting Arrangements

The list of relevant contracts or parts thereof will be recorded in the Expenditure Plan as attached at Schedule 8. Each Partner shall ensure that copies of the signed contracts are maintained and available for inspection by the other parties to this Agreement upon request.

The financial and operational risks of each contract shall be managed by the Partner acting as Lead Commissioner. These risks shall be reported on as part of the regular financial reporting to the Commissioning Partnership Board as determined by those groups.

The Lead Commissioner shall have the authority to agree the form and details of each contract for commissioned services using reasonable terms within their normal operating procedures with the aim of managing risk to all parties to this agreement.

Contract variations, extensions, renewals and terminations in full or in part shall be subject to approval by the Commissioning Partnership Board. The Lead Commissioner shall ensure that appropriate notice is given to the Commissioning Partnership Board and the other Partner prior to such variations, extensions, renewals or terminations being undertaken.

At the termination of this agreement, contracts will remain with the Lead Commissioner of the scheme as set out in the Expenditure Plan.

Contracts shall only be assigned to the other party on the agreement of both parties.

## Access

Eligibility of individuals for access to particular services shall be set out in the service specification in the contract for that service. Material changes to eligibility shall not be made without consultation with the other party.

## 7. FINANCIAL CONTRIBUTIONS

The Financial Contributions to the Pooled Aligned Budget for year 2020/21 are as set out in the Expenditure Plan in Schedule 8.

The Pooled Aligned Budget is divided into budgets as set out in the Expenditure Plan.

## 8. FINANCIAL GOVERNANCE ARRANGEMENTS

I.	Are any amendments required to the Agreement in relation to the management of Pooled Fund.	The Partners have agreed that funds shall be treated as a Pooled Aligned Budget.
II.	Have the levels of contributions been agreed?	Yes as set out in the Expenditure Plan attached at Schedule 8 to be varied by mutual agreement of OMBC and Oldham CCG.
III.	How will changes to the levels of contributions be implemented?	Contributions approved through each Partner's internal governance process, with the use of these funds agreed by the Commissioning Partnership Board.
IV.	Have eligibility criteria been established?	Yes – These are included in the individual service specifications which are within the contracts listed within schedule 8.
V.	What are the rules about access to the Pooled Fund?	Authorised through Commissioning Partnership Board.

VI.	Do the Pooled Fund Managers require training?	No.
VII.	Have the Pooled Fund Manager's delegated powers been determined?	There are no delegated powers as the funds are held as a Pooled Aligned Budget.
VIII.	Is there a protocol for disputes?	Yes – prescribed protocol as set out in Clause 23.
IX.	Audit Arrangements.	Council and CCG external and internal Audit.
X.	What Audit arrangements are needed?	Council and CCG established Internal Auditors will apply diligence to systems, processes and transactions within their respective financial ledgers.
XI.	Has an internal auditor been appointed?	Council and CCG established Internal Auditors will apply diligence to systems, processes and transactions within their respective financial ledgers.
XII.	Who will liaise with/manage the auditors?	Council's Section 151 Officer and CCG's CFO will nominate officers to liaise with auditors as required.
XIII.	Whose external audit regime will apply?	Each Partner shall comply with its own external audit requirements (as applicable).
XIV.	Financial Management	Administered by each Partner as the funds are held as a Pooled Aligned Budget.
XV.	Which financial systems will be used?	Both Council and CCG financial systems will be used as each Partner is managing its own Financial Contributions.
XVI.	What monitoring arrangements are in place?	<p>Monthly report produced by each Partner using their financial management arrangements. This will be brought together as a joint report with management overview exercised by the Council's S151 Officer and CCG's CFO.</p> <p>Reports to the Commissioning Partnership Board.</p> <p>No Month 1 or 2 report each year.</p> <p>Reporting to CCG Commissioning Committee and Quarterly plus Month 8 to Council Cabinet (either stand alone or as part of standard financial reporting)</p> <p>To include budget and full year financial forecast information.</p>
XVII.	Who will produce monitoring reports?	Each Partner will produce its own financial monitoring information. This will be brought together as a joint report with management overview exercised by the Councils S151 Officer and CCG CFO.

XIX.	What is the frequency of monitoring reports?	Monthly unless otherwise agreed.
XX.	What are the rules for managing over/Underspends?	Budget variances up or down are reported as soon as practicable. Joint robust action plan put in place to recover Overspends in year for individual areas of expenditure. The default treatment of any Underspend or Overspend shall be as per Section 16 of this agreement.
XXI.	Do budget managers have delegated powers to Overspend?	No
XXII.	Will delegated powers allow Underspends recurring or non-recurring, to be transferred between budgets?	Approval required by Commissioning Partnership Board.
XXIII.	How will Overspends and Underspends be treated at year end?	<p>The default arrangement is that each Partner is carrying its own risk with regard to Overspends and will therefore absorb these at the year end in relation to those budgets where it is designated as the Lead Commissioner/Host Partner in paragraph 7.2 of this Scheme B and/or Schedule 8.</p> <p>The position with regard to Underspends will need to be considered in the context of the financial position and regulations of each individual Partner. There will be no presumption of carry forward although this will be accommodated if possible.</p>
XXIV.	Will there be a facility to carry forward funds?	Yes, the Council will be in a position to carry forward funds but subject to the position outlined in XXIII.
XXV.	How do we financially deal with non-performance against the BCF deflections KPIs?	As described in section 16 below.
XXVI.	How will pay and non-pay inflation be financed?	Joint agreement on additional Partner contributions which could be zero uplift.
XXVII.	Will a contingency reserve be maintained, and if so by whom?	There are no contingencies held, so any Overspends will need to be managed as described above.
XXVIII.	How will efficiency savings be managed?	<p><u>Reductions in funding level</u> Targets set and funding reduced at the start of the year through planned commissioning actions. Contributions agreed by each Partner's management team and ratified by the Commissioning Partnership Board. Monitoring through Monthly reporting mechanism.</p> <p><u>Efficiencies with existing areas of spend</u> Any efficiencies will be deployed following ratification by the Commissioning Partnership Board.</p> <p>Usage of any savings on hospital deflections from exceeding targeted level of performance will be determined by the CCG.</p>

XXIX.	How will revenue and capital investment be managed?	Managed by each Partner's management team and ratified by the Commissioning Partnership Board. Monitoring through Monthly reporting mechanism.
XXX.	Who is responsible for means testing?	Council for client contributions.
XXXI.	Who will own capital assets?	The only capital expenditure incurred under this Agreement is via Disabled Facilities Grant relating to assets that neither Partner owns.
XXXII	How will capital investments be financed?	Utilising the most appropriate forms of financing for both the commissioning Partner and the wider economy, including the maximisation of grant funding opportunities
XXXIII.	What management costs can legitimately be charged to the Pooled Fund?	None.
XXIV.	What are the arrangements for overheads?	Each Partner funds its own overheads.
XXXV.	What will happen to the existing capital programme?	Capital investment is included within the Council's or CCG's capital programme and will continue to completion.
XXVI.	What will happen on transfer where current liabilities exceed resources (i.e. commitments exceed budget) immediate Overspend secure?	Resources realigned with the fund with Underspends and Overspends to be managed by the Lead Commissioner for each service.
XXVII	What closure of accounts arrangement need to be applied?	Adherence to the CCG and Council's timetable and note/working paper standards and procedures.

### **Cash Management**

At the start of each Financial Year, both Partners shall agree an estimated cash flow (payment schedule) for the services that they will be paying for as commissioner based on the agreed Expenditure Plan in force at that point in time. This will be used to agree a schedule of Monthly or Quarterly invoices between Partners for the estimated funds required. Any difference shall be settled through agreed year end invoices or, if material through Quarterly adjustment invoices between Partners, based on the latest financial information submitted to the Commissioning Partnership Board.

It is expected that any formally approved year end Overspend or Underspend on the fund will be invoiced and settled in cash, but may be held as memorandum balances by agreement of the Commissioning Partnership Board.

### **9. VAT**

The VAT regime of the relevant Lead Commissioner will apply.

### **10. GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP**

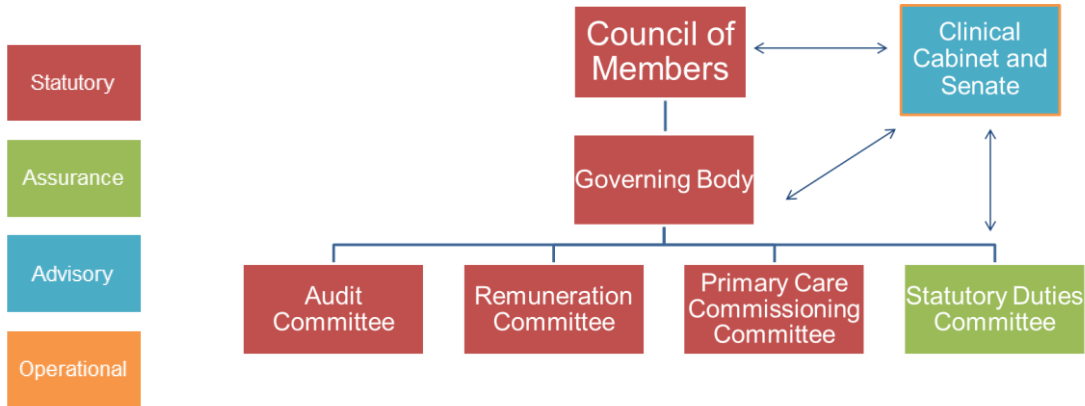
The governance arrangements at the start of this agreement are set out below with the current Terms of Reference for the Health and Wellbeing Board and Commissioning Partnership Board included at Schedule 2.

The Health and Wellbeing Board in Oldham provides the overall ownership of the plan and the associated progress and outcomes.

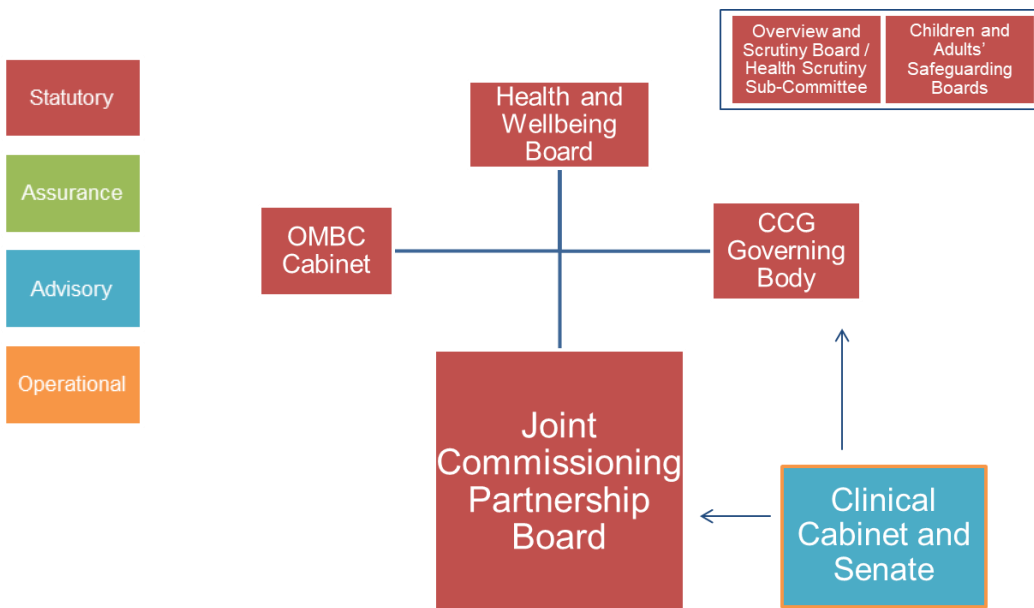


The Joint Commissioning Partnership Board is a joint committee in Oldham of key health and social care commissioners in Oldham from Oldham MBC and Oldham CCG. Its overarching focus is to develop and support integration and collaboration on all aspects of health and social care services. It has been established as a joint committee of OMBC and Oldham CCG.

CCG



CCG and OMBC



**11. NON FINANCIAL RESOURCES**

Non-financial contributions will be provided by the Lead Commissioner or Service Provider for the particular scheme.

**12. STAFF**

The provisions set out in Clause 5A will apply.

**13. ASSURANCE AND MONITORING**

The arrangements covered by this schedule shall be monitored and assured by the Lead Commissioner, in accordance with the individual monitoring requirements of each area of commissioning activity. Monitoring and assurance will take the form of quantitative and qualitative assessment, provider reporting, formal contract meetings, and proactive and reactive activity.

Commissioners will ensure that service outcomes are in line with the broader strategic outcomes of Oldham Cares, and that monitoring and assurance activity demonstrates the extent to which the outcomes are being achieved.

Reporting of performance and the achievement of outcomes will be to the Commissioning Partnership Board, in a form and frequency determined by the Commissioning Partnership Board. Reporting may also be to and any other appropriate fora, such as the Oldham Safeguarding Adults Board and the Local Safeguarding Children's Board.

#### 14. LEAD OFFICERS

Position	Partner	Name of Lead Officer (as at the Commencement Date)	Address	Telephone Number	Email Address
Chief Operating Officer	CCG	Mike Barker	Civic Centre, West Street, Oldham	0161 622 6610	<a href="mailto:mike.barker3@nhs.net">mike.barker3@nhs.net</a>
Chief Financial Officer	CCG	Ben Galbraith	Civic Centre, West Street, Oldham	0161 622 6590	<a href="mailto:Ben.galbraith@nhs.net">Ben.galbraith@nhs.net</a>
Director of Adult Social Services	OMBC	Mark Warren	Civic Centre, West Street, Oldham	0161 770 4215	<a href="mailto:mark.warren@oldham.gov.uk">mark.warren@oldham.gov.uk</a>
S.151 Officer/ Director of Finance	OMBC	Anne Ryans	Civic Centre, West Street, Oldham	0161 770 4902	<a href="mailto:Anne.Ryans@oldham.gov.uk">Anne.Ryans@oldham.gov.uk</a>

#### 15. INTERNAL APPROVALS

In accordance with the Commissioning Partnership Board Terms of Reference and the constitutions and Schemes of Delegation of Oldham MBC and NHS Oldham CCG.

#### 16. RISK AND BENEFIT SHARE ARRANGEMENTS

The default treatment of risk of financial Underspend and Overspend shall be that such Underspend or Overspend is borne by the Host Partner for each relevant budget within the Pooled Aligned Budget.

As far as is possible, the value of the single budgets will be kept at their equivalent current value

Treatment of remaining resource fluctuations will be addressed within the Pooled Aligned Budget, usually on an annual rolling basis. Subject to the mutual agreement of both Partners, one or both Partners may vary their contributions to the Pooled Aligned Budget at any time in order to mitigate variable pressures in health and social care services.

**17. REGULATORY REQUIREMENTS**

Commissioner to ensure regulatory and registration requirements met for individual services.

**18. INFORMATION SHARING AND COMMUNICATION**

As set out in Schedule 7.

**19. DURATION AND EXIT STRATEGY**

General provisions for the termination of the Agreement are set out in Clause 22 of the Agreement. Those termination provisions will also apply to Individual Schemes within this Agreement where both parties agree to such a partial termination. However where either party does not agree to the partial termination then the Individual Scheme will either need to be terminated in its entirety or continued in its entirety.

**20. OTHER PROVISIONS**

None.

## **SCHEDULE 1– SCHEME SPECIFICATION**

### **Agreed Service Specifications**

#### **Scheme C: GM Transformation Funds**

##### **1 OVERVIEW OF INDIVIDUAL SERVICE**

The GM Transformation Fund is a £450m fund covering all of Health and Social Care across Greater Manchester. Oldham locality has been awarded a share of these funds through a number of bids which have been approved by the Greater Manchester Strategic Partnership Board.

The whole of the funds for this Scheme are a Pooled Budget which will be hosted and managed with the CCG acting as Lead Commissioner (as set out in Clause 6) with the uses and reporting of completed as agreed by the Commissioning Partnership Board. The CCG's Chief Finance Officer or such other officer as they nominate will act as the Pooled Fund Manager.

##### **2 AIMS AND OUTCOMES**

The purpose of Transformation Fund monies is to provide incremental non-recurrent monies to enable systems to transform the care provided to residents and patients of Oldham.

Our aim is that people in Oldham will be independent, resilient and self-caring so fewer people reach crisis point. For those that need it, we will commission or design integrated health and care services that enable people to proactively manage their own care as far as they are able, with the support of their family, community and the right professionals at the right time in a properly joined up system.

All commissioning activity will reflect the high level outcomes of the Integrated Care Organisation (ICO) and translate these into meaningful, relevant and measurable personal or population level outcomes.

##### **3 THE ARRANGEMENTS**

This Scheme will be treated as a Pooled Budget with the CCG acting as Lead Commissioner.

##### **4 FUNCTIONS**

The Transformation Fund will be used to fund a variety of resources both to enable the design and delivery of changes as well as of front line service changes. However, as this is a one-off fund it can only be used for one-off costs or for pilots of new services.

The high level intention of this work was set out in the Transformation Fund bid approved by the Integrated Commissioning Partnership in March 2017. The detail of each bid will be developed for approval by the Commissioning Partnership Board.

##### **5 SERVICES**

All services will be impacted either directly or indirectly through the transformational service changes developed with these funds. The intended impact will be as set out in each business case.

Changes to services will be through the governance processes set out in Schedule 2.

##### **6 COMMISSIONING, CONTRACTING, ACCESS**

###### ***Commissioning Arrangements***

This Scheme shall operate under Lead Commissioning arrangements with the CCG operating as Lead Commissioner.

## Contracting Arrangements

The contracting arrangements will be developed to pragmatically meet the needs of the transformation programme. In some cases this will build on existing contracts whilst in other situations it will be more appropriate to contract for the services.

Whilst the CCG will act as a Lead Commissioner this may be directly or through the Council depending on the nature of the expenditure.

The approved, committed and actual expenditure will be reported to the Commissioning Partnership Board as part of the routine financial monitoring.

The Lead Commissioner shall have the authority to agree the form and details of each contract for commissioned services using reasonable terms within their normal operating procedures with the aim of managing risk to all parties to this agreement.

At the termination of this agreement, contracts will remain with the Lead Commissioner of the scheme as set out in the Expenditure Plan.

Contracts shall only be assigned to the other party on the agreement of both parties.

## Access

Eligibility of individuals for access to particular services shall be set out in the service specification in the contract for that service. Material changes to eligibility shall not be made without consultation with the other party.

## 7 FINANCIAL CONTRIBUTIONS

### Financial Year 2020/21

	CCG contribution	Council Contribution
Pooled Budget	See Expenditure Plan in Schedule 8	

## 8 FINANCIAL GOVERNANCE ARRANGEMENTS

Are any amendments required to the Agreement in relation to the management of Pooled Fund	The Partners have agreed that funds for this Scheme shall be treated as a Pooled Budget.
Have the levels of contributions been agreed?	Yes for 2020/21 as set out section 7 above.
How will changes to the levels of contributions be implemented?	In future years this will be informed by Transformation Fund Allocation received from GMHSCP
Have eligibility criteria been established?	No – these will be developed by the individual services at the time of developing the business case to gain approval for the expenditure.
What are the rules about access to the Pooled Fund?	Authorised through the Lead Commissioner's normal budget delegation process.
Does the Pooled Fund Manager require training?	No.
Have the Pooled Fund Manager's delegated powers been determined?	To operate within the normal delegated limits within their organisation but with reference to the need to highlight any forecast over or Underspends to the Commissioning Partnership Board at the earliest opportunity.

Is there a protocol for disputes?	Yes – prescribed protocol as set out in Clause 23.
Audit Arrangements	Oldham CCG's external auditors and the internal audit functions of Oldham Council and the Clinical Commissioning Group will be responsible for auditing the Pooled Fund. The frequency and scope of audits will be agreed in advance by both Partners.
What Audit arrangements are needed?	Oldham Council and the Clinical Commissioning Group's internal audit of finance and services and review by Oldham Council's external auditors at agreed frequencies.
Has an internal auditor been appointed?	The Council and CCG established Internal Auditors will apply diligence to systems, processes and transactions within their respective financial ledgers.
Who will liaise with/manage the auditors?	The Council's Section 151 Officer and CCG CFO will nominate officers to liaise with auditors as required.
Whose external audit regime will apply?	Oldham CCG.
Financial Management	Oldham CCG
Which financial systems will be used?	Oldham CCG
What monitoring arrangements are in place?	<p>Quarterly report produced by the Host Partner incorporating relevant information from both organisations. The report will be provided to the Commissioning Partnership Board and Health and Well Being Board each Month (with the exception of the first Month of the financial year).</p> <p>The Quarterly report for Quarters 1 to 3 will include budget and full year financial forecast information.</p>
Who will produce monitoring reports?	Oldham CCG.
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing over/Underspends?	Budget variances up or down are reported as soon as practicable. Joint robust action plan will be put in place to recover Overspends in year for individual areas of expenditure. The default treatment of any net variance on the Pooled Budget at year end will be for the Provider of services to fund the Overspend.
Do budget managers have delegated powers to Overspend?	No.
Will delegated powers allow Underspends recurring or non-recurring, to be transferred between budgets?	Approval required by each Partner and the Commissioning Partnership Board.
Will there be a facility to carry forward funds?	Oldham Council will make arrangements as required to carry forward funds where agreed by both parties and the Commissioning Partnership Board.

How do we financially deal with non performance against the BCF deflections KPIs?	See Section 16
How will pay and non pay inflation be financed?	Joint agreement on additional Partner contributions which could be zero uplift.
Will a contingency reserve be maintained, and if so by whom?	There is no contingency held by either Partner in relation to this Transformation Fund. Any Overspends will need to be managed as described above
How will efficiency savings be managed?	<u>These are non-recurrent funds so no efficiency targets are expected</u>
Who is responsible for means testing?	N/a
Who will own capital assets?	The CCG will hold the capital assets if any arise unless specifically agreed otherwise.
How will capital investments be financed?	There is no capital budget at the outset of this Scheme.
What management costs can legitimately be charged to pool?	None  (Note that PMO and similar costs may be separately and explicitly approved by Joint Leadership Team)
What are the arrangement for overheads?	Host Partner (Oldham CCG) will meet the cost of overheads.
What will happen to the existing capital programme?	There is no capital budget in this Scheme.
What will happen on transfer where current liabilities exceed resources (i.e. commitments exceed budget) immediate Overspend secure?	Subject to the approval of the Partners and the Commissioning Partnership Board resources may be realigned across Schemes within the overall Agreement.
What closure of accounts arrangement need to be applied?	Adherence to the CCG and Council's timetable and note/working paper standards and procedures

## Cash Management

At the start of each Financial Year, both Partners shall agree an estimated cash flow (payment schedule) for the services that they will be paying for as Commissioner based on the agreed Expenditure Plan in force at that point in time. This will be used to agree a schedule of Monthly or Quarterly invoices between Partners for the estimated funds required. Any difference shall be settled through agreed year end invoices or, if material through Quarterly adjustment invoices between Partners, based on the latest financial information submitted to the Commissioning Partnership Board.

It is expected that any year end over or under spends on the fund will be invoiced and settled in cash, but may be held as memorandum balances by agreement of the Commissioning Partnership Board.

## 9 VAT

Which Partner's VAT regime will apply?	Host (Oldham CCG)
Is one Partner acting as 'agent' for another?	No
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Not yet. This will be proposed by the Host using the Expenditure Plan as the template and approved by the Commissioning Partnership Board.

--	--

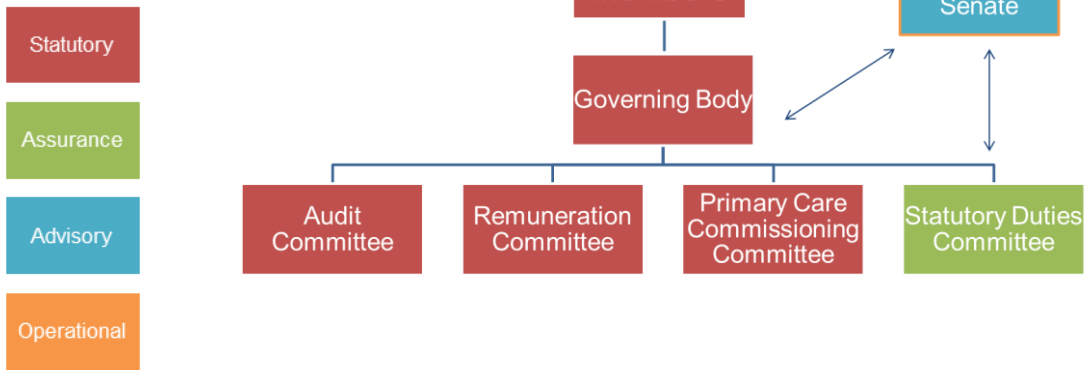
**10 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP**

The governance arrangements at the start of this agreement are set out below with the current Terms of Reference for the Health and Wellbeing Board and Commissioning Partnership Board included at Schedule 2.

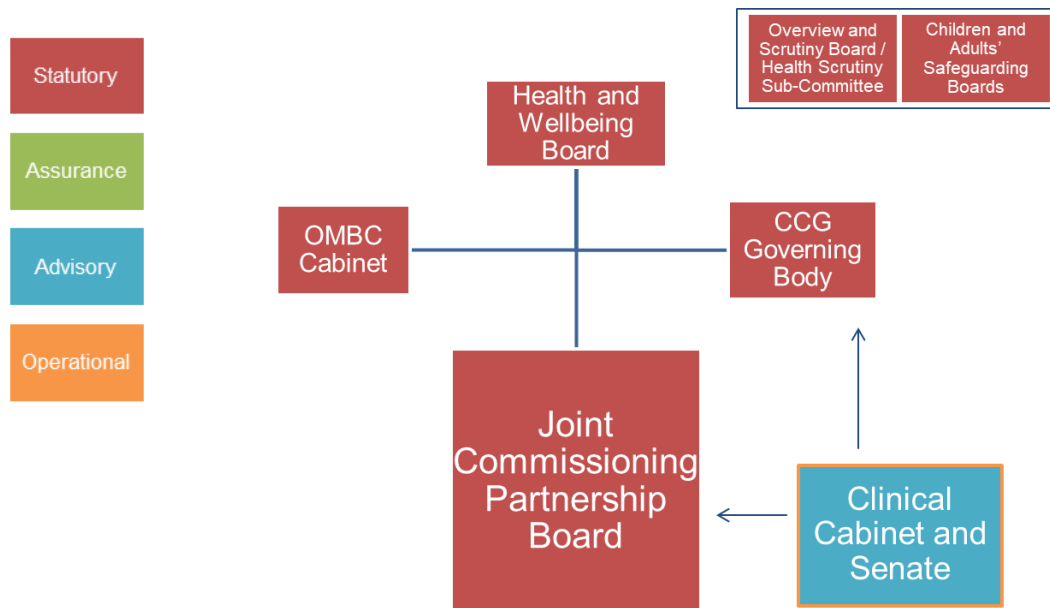
The Health and Wellbeing Board in Oldham provides the overall ownership of the plan and the associated progress and outcomes.

The Joint Commissioning Partnership Board is a joint committee in Oldham of key health and social care commissioners in Oldham from Oldham MBC and Oldham CCG. Its overarching focus is to develop and support integration and collaboration on all aspects of health and social care services. It has been established as a joint committee of OMBC and Oldham CCG.

CCG



CCG and OMBC



**11 NON FINANCIAL RESOURCES**



Non-financial contributions are provided by the Lead Commissioner or service Provider.

## 12 STAFF

The provisions set out in Clause 5A will apply.

## 13 ASSURANCE AND MONITORING

The arrangements covered by this schedule shall be monitored and assured by the Lead Commissioner, in accordance with the individual monitoring requirements of each area of commissioning activity. Monitoring and assurance will take the form of quantitative and qualitative assessment, provider reporting, formal contract meetings, and proactive and reactive activity.

Commissioners will ensure that service outcomes are in line with the broader strategic outcomes of Oldham Cares, and that monitoring and assurance activity demonstrates the extent to which the outcomes are being achieved.

Reporting of performance and the achievement of outcomes will be to the Commissioning Partnership Board, in a form and frequency determined by the Commissioning Partnership Board. Reporting may also be to any other appropriate forum.

## 14 LEAD OFFICERS

Position	Partner	Name of Lead Officer (as at Commencement Date)	Address	Telephone Number	Email Address
Chief Operating Officer	CCG	Mike Barker	Civic Centre, West Street, Oldham	0161 622 6610	<a href="mailto:mike.barker3@nhs.net">mike.barker3@nhs.net</a>
Chief Financial Officer	CCG	Ben Galbraith	Civic Centre, West Street, Oldham	0161 622 6590	<a href="mailto:Ben.galbraith@nhs.net">Ben.galbraith@nhs.net</a>
Director of Adult Social Services	OMBC	Mark Warren	Civic Centre, West Street, Oldham	0161 770 4215	<a href="mailto:mark.warren@oldham.gov.uk">mark.warren@oldham.gov.uk</a>
S.151 Officer/ Director of Finance	OMBC	Anne Ryans	Civic Centre, West Street, Oldham	0161 770 4902	<a href="mailto:Anne.Ryans@oldham.gov.uk">Anne.Ryans@oldham.gov.uk</a>

## 15 INTERNAL APPROVALS

In accordance with the Commissioning Partnership Board Terms of Reference and the constitutions and Schemes of Delegation of Oldham MBC and NHS Oldham CCG.

## 16 RISK AND BENEFIT SHARE ARRANGEMENTS

Any Overspends shall be funded by the Service Providers.

## 17 REGULATORY REQUIREMENTS

Lead Commissioner to ensure regulatory and registration requirements met for individual services.

## 18 INFORMATION SHARING AND COMMUNICATION

As set out in Schedule 7.

## 19 DURATION AND EXIT STRATEGY

General provisions for the termination of the Agreement are set out in Clause 22 of the Agreement. Those termination provisions will also apply to Individual Schemes within the Agreement where both parties agree to such a partial termination. However, where either party does not agree to the partial termination then the Individual Scheme will either need to be terminated in its entirety or continued in its entirety.

**20 OTHER PROVISIONS**

None.

## **SCHEDULE 1– SCHEME SPECIFICATION**

### **Agreed Service Specifications**

#### **Scheme D: Covid-19 Hospital Discharge Fund**

##### **1 OVERVIEW OF INDIVIDUAL SERVICE**

Covid-19 has put significant pressure on the Health economy of the entire world. The aim of this fund is for the NHS and OMBC to work together to facilitate discharges from hospital and the locality response to the pandemic. This will enable the acute hospital sector to cope with any increased demand as a result of the pandemic.

##### **2 AIMS AND OUTCOMES**

Our aim is to free up capacity in the acute hospital sector in Oldham to prevent it from becoming overwhelmed by demand, as well as supporting health and social care services across the borough.

##### **3 THE ARRANGEMENTS**

This Scheme will be treated as a Pooled Budget with the Council acting as Lead Commissioner.

##### **4 FUNCTIONS**

The Council will commission a range of support including residential care and home care to allow people to be discharged from hospital as quickly as possible. It will be provided through a discharge hub that will allocate care.

The Council will also provide support to keep people at home and prevent them from going into hospital.

##### **5 SERVICES**

The aim of the service is to allow in-patients at the Royal Oldham Hospital to be discharged as quickly as possible, thus freeing up capacity on the wards.

The service will be provided for adults who are regarded as being suitable for discharge in the period and for whatever condition they may have.

Access to the service will be via assessment following identification of suitable for discharge.

Changes to services will be through the governance processes set out in Schedule 2.

##### **6 COMMISSIONING, CONTRACTING, ACCESS**

###### **Commissioning Arrangements**

This Scheme shall operate under Lead Commissioning arrangements with the Council operating as Lead Commissioner.

###### **Contracting Arrangements**

The list of relevant contracts or parts thereof will be recorded in the Expenditure Plan. Each Partner organisation shall ensure that copies of the signed contracts are maintained and available for inspection by the other Partner to this Agreement upon request.

The financial and operational risks of each contract shall be managed by the Partner acting as Lead Commissioner. These risks shall be reported on as part of the regular financial reporting to the Commissioning Partnership Board or the Health and Well Being Board as determined by those groups.

The Lead Commissioner shall have the authority to agree the form and details of each contract for commissioned services using reasonable terms within their normal operating procedures with the aim of managing risk to all parties to this agreement.

Contract variations, extensions, renewals and terminations in full or in part shall be subject to approval by the Commissioning Partnership Board. The Lead Commissioner shall ensure that appropriate notice is given to the Commissioning Partnership Board and the other Partner prior to such extensions, renewals or terminations being undertaken.

At the termination of this agreement, contracts will remain with the Lead Commissioner of the scheme as set out in the Expenditure Plan.

Contracts shall only be assigned to the other party on the agreement of both parties.

### Access

Eligibility of individuals for access to particular services shall be set out in the service specification in the contract for that service. Material changes to eligibility shall not be made without consultation with the other party.

## 7 FINANCIAL CONTRIBUTIONS

### Financial Year 2020/21

	CCG contribution	Council Contribution
Pooled Budget	See Expenditure Plan in Schedule 8	

## 8 FINANCIAL GOVERNANCE ARRANGEMENTS

Are any amendments required to the Agreement in relation to the management of Pooled Fund	The Partners have agreed that funds for this Scheme shall be treated as a Pooled Budget.
Have the levels of contributions been agreed?	No- This fund is based on demand. The contributions are therefore unlimited
How will changes to the levels of contributions be implemented?	Contributions to the Scheme will be approved through each Partner's individual processes using the 2020/2021 Baseline.
Have eligibility criteria been established?	Yes – These are included in the individual service specifications which are attached at Schedule 1.
What are the rules about access to the Pooled Fund?	Authorised through the Lead Commissioner's normal budget delegation process.
Does the Pooled Fund Manager require training?	No.
Have the Pooled Fund Manager's delegated powers been determined?	To operate within the normal delegated limits within their organisation but with reference to the need to highlight any forecast over or Underspends to the Commissioning Partnership Board at the earliest opportunity.
Is there a protocol for disputes?	Yes – prescribed protocol as set out in Clause 23.
Audit Arrangements	Oldham Council's external auditors and the internal audit functions of Oldham Council and the Clinical Commissioning Group will be responsible for

	auditing the Pooled Fund. The frequency and scope of audits will be agreed in advance by both Partners.
What Audit arrangements are needed?	Oldham Council and the Clinical Commissioning Group's internal audit of finance and services and review by Oldham Council's external auditors at agreed frequencies.
Has an internal auditor been appointed?	The Council and CCG established Internal Auditors will apply diligence to systems, processes and transactions within their respective financial ledgers.
Who will liaise with/manage the auditors?	The Council Director of Finance and CCG Chief Financial Officer will nominate officers to liaise with auditors as required.
Whose external audit regime will apply?	Oldham Council.
Financial Management	Oldham Council.
Which financial systems will be used?	Oldham Council.
What monitoring arrangements are in place?	Quarterly report produced by the Host Partner incorporating relevant information from both organisations. The report will be provided to the Commissioning Partnership Board and Health and Well Being Board each Month (with the exception of the first Month of the financial year).  The Quarterly report for Quarters 1 to 3 will include budget and full year financial forecast information.
Who will produce monitoring reports?	Oldham Council.
What is the frequency of monitoring reports?	Quarterly
What are the rules for managing over/Underspends?	As the budget is unlimited there is no under/Overspend.
Do budget managers have delegated powers to Overspend?	No.
Will delegated powers allow Underspends recurring or non-recurring, to be transferred between budgets?	N/A
Will there be a facility to carry forward funds?	Oldham Council will make arrangements as required to carry forward funds where agreed by both parties and the Commissioning Partnership Board.
How do we financially deal with non performance against the BCF deflections KPIs?	N/A
How will pay and non pay inflation be financed?	Joint agreement on additional Partner contributions which could be zero uplift.
Will a contingency reserve be maintained, and if so by whom?	There is no contingency held by either Partner in relation to this Fund.

How will efficiency savings be managed?	<u>N/A</u>
How will revenue and capital investment be managed?	There are no capital budgets for this Scheme.  Spend on the Scheme will be managed in accordance with the Pooled Fund Manager's normal authority within their organisation.  Additional investment outside of this contract or above the agreed level of funding will be approved by each Partner and the Commissioning Partnership Board.
Who is responsible for means testing?	Oldham Council.
Who will own capital assets?	The Council will hold the capital assets if any arise.
How will capital investments be financed?	There is no capital budget in this Scheme.
What management costs can legitimately be charged to pool?	None.
What are the arrangement for overheads?	Host Partner (Oldham Council) will meet the cost of overheads.
What will happen to the existing capital programme?	There is no capital budget in this Scheme.
What will happen on transfer where current liabilities exceed resources (i.e. commitments exceed budget) immediate Overspend secure?	(i) The Partners will work together to develop and implement plans to recover projected Overspends within the financial year.  Subject to the approval of the Partners and the Commissioning Partnership Board resources may be realigned across Schemes within the overall Agreement.
What closure of accounts arrangement need to be applied?	Adherence to the CCG and Council's timetable and note/working paper standards and procedures

## Cash Management

The Council will inform the CCG on a Monthly basis what it has commissioned in respect of discharges that are reclaimable from NHS England. It will then raise an invoice to the CCG for the agreed amount.

## 9 VAT

Which Partner's VAT regime will apply?	Host (Oldham Council)
Is one Partner acting as 'agent' for another?	No
Have Partners confirmed the format of documentation, reporting and accounting to be used?	Yes.

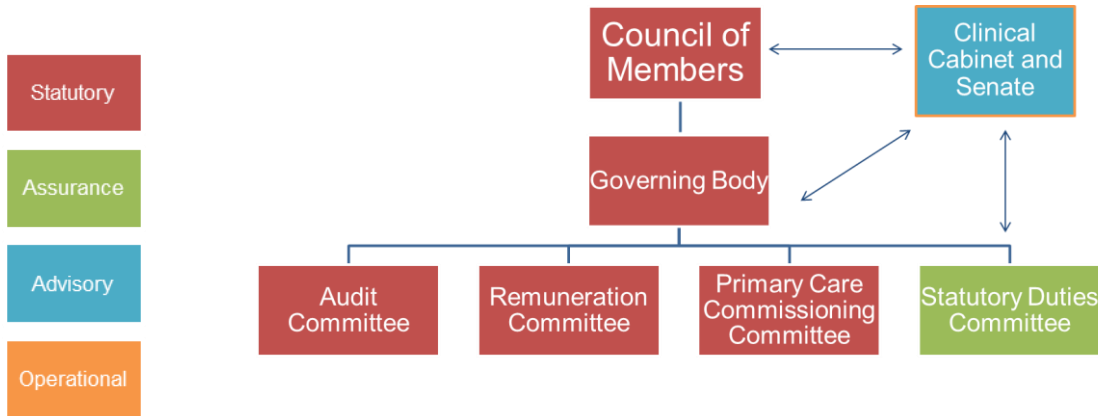
## 10 GOVERNANCE ARRANGEMENTS FOR THE PARTNERSHIP

The governance arrangements at the start of this agreement are set out below with the current Terms of Reference for the Health and Wellbeing Board and Commissioning Partnership Board included at Schedule 2.

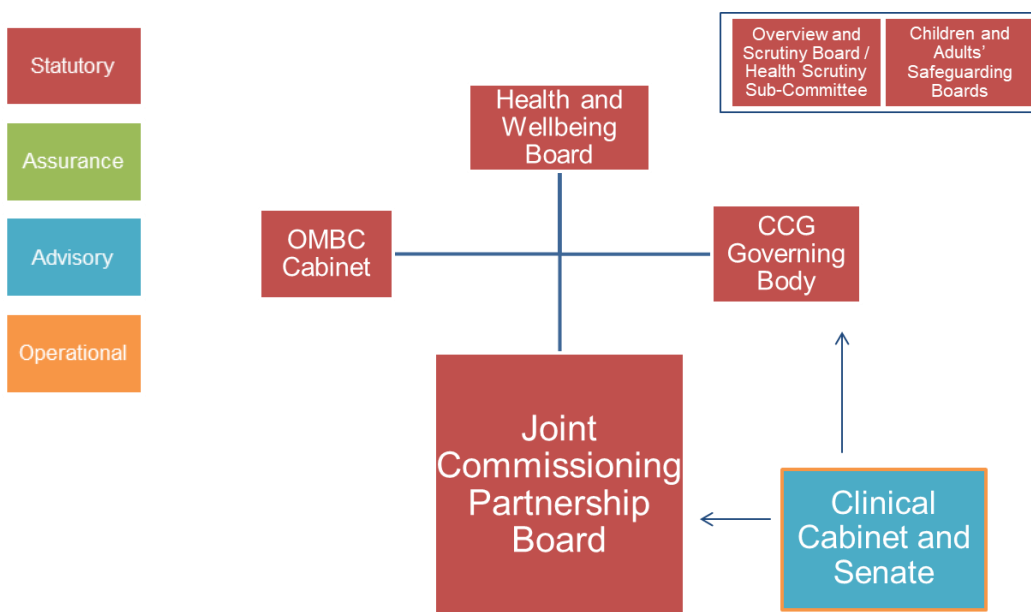
The Health and Wellbeing Board in Oldham provides the overall ownership of the plan and the associated progress and outcomes.

The Joint Commissioning Partnership Board is a joint committee in Oldham of key health and social care commissioners in Oldham from Oldham MBC and Oldham CCG. Its overarching focus is to develop and support integration and collaboration on all aspects of health and social care services. It has been established as a joint committee of OMBC and Oldham CCG.

**CCG**



**CCG and OMBC**



**11 NON FINANCIAL RESOURCES**

Non-financial contributions are provided by the Lead Commissioner or service Provider.

**12 STAFF**

The provisions set out in Clause 5A will apply.

**13 ASSURANCE AND MONITORING**

The arrangements covered by this schedule shall be monitored and assured by the Lead Commissioner, in accordance with the individual monitoring requirements of each area of commissioning activity. Monitoring and assurance will take the form of quantitative and qualitative assessment, provider reporting, formal contract meetings, and proactive and reactive activity.

Commissioners will ensure that service outcomes are in line with the broader strategic outcomes of Oldham Cares, and that monitoring and assurance activity demonstrates the extent to which the outcomes are being achieved.

Reporting of performance and the achievement of outcomes will be to the Commissioning Partnership Board, in a form and frequency determined by the Commissioning Partnership Board. Reporting may also be to any other appropriate forum,

#### 14 LEAD OFFICERS

Position	Partner	Name of Lead Officer (as at Commencement Date)	Address	Telephone Number	Email Address
Chief Operating Officer	CCG	Mike Barker	Civic Centre, West Street, Oldham	0161 622 6610	<a href="mailto:mike.barker3@nhs.net">mike.barker3@nhs.net</a>
Chief Financial Officer	CCG	Ben Galbraith	Civic Centre, West Street, Oldham	0161 622 6590	<a href="mailto:Ben.galbraith@nhs.net">Ben.galbraith@nhs.net</a>
Director of Adult Social Services	OMBC	Mark Warren	Civic Centre, West Street, Oldham	0161 770 4215	<a href="mailto:mark.warren@oldham.gov.uk">mark.warren@oldham.gov.uk</a>
S.151 Officer/ Director of Finance	OMBC	Anne Ryans	Civic Centre, West Street, Oldham	0161 770 4902	<a href="mailto:Anne.Ryans@oldham.gov.uk">Anne.Ryans@oldham.gov.uk</a>

#### 15 INTERNAL APPROVALS

In accordance with the Commissioning Partnership Board Terms of Reference and the constitutions and Schemes of Delegation of Oldham MBC and NHS Oldham CCG.

#### 16 RISK AND BENEFIT SHARE ARRANGEMENTS

The liability for any spend on the part of the CCG will be limited to what it is able to reclaim from NHSE. Any spend over and above this will be the responsibility of OMBC

#### 17 REGULATORY REQUIREMENTS

Lead commissioner to ensure regulatory and registration requirements met for individual services.

#### 18 INFORMATION SHARING AND COMMUNICATION

As set out in Schedule 7.

#### 19 DURATION AND EXIT STRATEGY

General provisions for the termination of the Agreement are set out in Clause 22 of the Agreement. Those termination provisions will also apply to Individual Schemes within the Agreement where both parties agree to such a partial termination. However, where either party does not agree to the partial termination then the Individual Scheme will either need to be terminated in its entirety or continued in its entirety.

#### 20 OTHER PROVISIONS



None.

## **SCHEDULE 2 – GOVERNANCE**

### **1 Commissioning Partnership Board**

- 1.1 The Commissioning Partnership Board is a joint committee of the Partners established pursuant to Regulation 10(2) of the Regulations. The Terms of Reference for the Commissioning Partnership Board, as at the date of this Agreement, are as set out below.
- 1.2 The Financial, Risk Sharing and Information Sharing rules are as set out in the Individual Scheme Specifications which in the event of, and to the extent of, any inconsistency, supersede those arrangements described elsewhere in the Agreement.

### **2 Post-termination**

The Commissioning Partnership Board shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

### **3 Health and Well Being Board**

- 3.1 The Terms of Reference for the Health and Well Being Board, as at the date of this Agreement, are as set out below.

## **SCHEDULE 3 – DECISION MAKING**

### **1 Decision Making**

- 1.1 Detailed processes for decision making are set out in each Partners Constitution, Standing Orders and Schemes of Delegation, and are set out below in paragraphs 2 and 3 of this Schedule 3.
- 1.2 The Commissioning Partnership Board has the power to delegate tasks in accordance with its Terms of Reference.

### **2. Delegation Arrangements- Council Authority**

- 2.1 All financial expenditure with a value below £250,000 will be required to be approved by the Council's S151 Officer and Statutory Director of Adult Social Services (designated DASS) in advance.
- 2.2 All proposals with a value of over £250,000 will require approval from Council's S151 Officer and Statutory Director of Adult Social Services (designated DASS) prior to being presented to the Commissioning Partnership Board.
- 2.3 The Council's S151 Officer and Statutory Director of Adult Social Services (designated DASS) may delegate such authorisation in accordance with the Council's Scheme of Delegation.

### **3. Delegation Arrangements- CCG Authority**

- 3.1 All financial expenditure with a value of £250,000 or below will be required to be approved in advance by the CCG's Director of Commissioning and Chief Finance Officer.
- 3.2 All financial expenditure with a value of above £250,000 will be required to be approved in advance by the CCG's Governing Body. .
- 3.3 The CCGs Chief Financial Officer and Director of Commissioning and/or executive team may delegate such authorisation in accordance with the CCG's Scheme of Reservation and Delegation.

### **4. Scheme of Delegation**

- 4.1 The Partners will work together to develop a Scheme of Delegation specifically relating to decision making when the CCG and the Council are exercising each other's Functions when acting as Lead Commissioner.

## **SCHEDULE 4– JOINT WORKING OBLIGATIONS**

### **Part 1 – LEAD COMMISSIONER OBLIGATIONS**

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise. Where any services are contracted on Council terms this schedule will apply mutatis mutandis.

- 1 The Lead Commissioner shall notify the other Partners if it receives or serves:
  - 1.1 a Change in Control Notice;
  - 1.2 a Notice of a Event of Force Majeure;
  - 1.3 a Contract Query;
  - 1.4 Exception Reports;and provide copies of the same.
- 2 The Lead Commissioner shall, upon request, provide the other Partners with copies of any and all:
  - 2.1 CQUIN Performance Reports;
  - 2.2 Monthly Activity Reports;
  - 2.3 Review Records; and
  - 2.4 Remedial Action Plans;
  - 2.5 JI Reports;
  - 2.6 Service Quality Performance Report;
- 3 The Lead Commissioner shall consult with the other Partners before attending:
  - 3.1 an Activity Management Meeting;
  - 3.2 Contract Management Meeting;
  - 3.3 Review Meeting;and, to the extent the Service Contract permits, raise issues reasonably requested by a Partner at those meetings.
- 4 The Lead Commissioner shall not:
  - 4.1 permanently or temporarily withhold or retain monies pursuant to the Withholding and Retaining of Payment Provisions;
  - 4.2 vary any Provider Plans (excluding Remedial Action Plans);
  - 4.3 agree (or vary) the terms of a Joint Investigation or a Joint Action Plan;
  - 4.4 give any approvals under the Service Contract;
  - 4.5 agree to or propose any variation to the Service Contract (including any Schedule or Appendices);

- 4.6 suspend all or part of the Services;
- 4.7 serve any notice to terminate the Service Contract (in whole or in part);
- 4.8 serve any notice;
- 4.9 agree (or vary) the terms of a Succession Plan;

without the prior approval of the other Partners (acting through the Commissioning Partnership Board) such approval not to be unreasonably withheld or delayed.

- 5 The Lead Commissioner shall advise the other Partners of any matter which has been referred for dispute and agree what (if any) matters will require the prior approval of one or more of the other Partners as part of that process.
- 6 The Lead Commissioner shall notify the other Partners of the outcome of any Dispute that is agreed or determined by Dispute Resolution
- 7 The Lead Commissioner shall share copies of any reports submitted by the Service Provider to the Lead Commissioner pursuant to the Service Contract (including audit reports)

**Part 2– OBLIGATIONS OF THE OTHER PARTNER**

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

- 1 Each Partner shall (at its own cost) provide such cooperation, assistance and support to the Lead Commissioner (including the provision of data and other information) as is reasonably necessary to enable the Lead Commissioner to:
  - 1.1 resolve disputes pursuant to a Service Contract;
  - 1.2 comply with its obligations pursuant to a Service Contract and this Agreement;
  - 1.3 ensure continuity and a smooth transfer of any Services that have been suspended, expired or terminated pursuant to the terms of the relevant Service Contract;
- 2 No Partner shall unreasonably withhold or delay consent requested by the Lead Commissioner.
- 3 Each Partner (other than the Lead Commissioner) shall:
  - 3.1 comply with the requirements imposed on the Lead Commissioner pursuant to the relevant Service Contract in relation to any information disclosed to the other Partners;
  - 3.2 notify the Lead Commissioner of any matters that might prevent the Lead Commissioner from giving any of the warranties set out in a Services Contract or which might cause the Lead Commissioner to be in breach of warranty.

## SCHEDULE 5 – ORGANISATIONAL STRUCTURE

The interim joint structure that brings together the Adult Social Care Commissioning service with the Performance and Delivery Team within the CCG is set out below. The structure is subject to change as the service develops.



Interim joint  
structure v3.pdf

The Adult Social Care Commissioning and Quality Assurance Structure which sits within the interim joint structure is as set out below. The structure is subject to change as the service develops.



Commissioning and  
QA structure final 28:

## **SCHEDULE 6 – DOCUMENTS RELIED UPON**

The following documents are relied upon by the Partners (as may be varied from time to time):

1. Managing conflicts of interest: Revised statutory guidance for CCGs 2017
2. Managing Conflicts of Interest in the NHS: Guidance for staff and organisations
3. NHS Code of Conduct
4. Council Code of Conduct for Members
5. Council Code of Conduct for Officers
6. Commissioning Partnership Board Terms of Reference (as per Schedule 2)
7. Health and Well Being Board Terms of Reference (as per Schedule 2)
8. Organisational structure documents (as per Schedule 5)
9. Oldham Cares Memorandum of Understanding (as per Schedule 7)
10. Oldham Cares Information Governance Framework (as per Schedule 7)
11. Expenditure Plan (as per Schedule 8)

## SCHEDULE 7 – INFORMATION GOVERNANCE PROTOCOL

### Principles of Information sharing

- 1.1 As a principle each Partner will take a proactive approach to sharing information in order to help the Partners work more effectively with Service Users and communities, where this is appropriate and safe to do so.
- 1.2 When accessing Personal Data (as defined in the Data Protection Legislation and any applicable code of professional confidentiality) obtained by or in the possession of the other Partner, the organisation and its employees will duly observe all their obligations under the Data Protection Legislation and any applicable code of professional confidentiality which arise in connection with this Agreement.
- 1.3 Except as required by the law the Partners agree at all times during the continuance of this Agreement and after its termination to keep confidential all documents or papers which one Partner receives or otherwise acquired in connection with the other and which are marked “Commercial - in confidence” or such other similar words signifying that they should not be disclosed.
- 1.4 The Partners acknowledge their respective obligations under the Freedom of Information (FOI) Act and each will assist the other in responding appropriately to FOI requests within the statutory timescales.
- 1.5 If either Partner identifies an issue of media interest within jointly commissioned services, that Partner will liaise with the other before an agreed joint statement is made to the media.
- 1.6 It is assumed that charges will not be made by any Partner to this Agreement for data which they would hold in the normal course of their operations, unless all Partners agree otherwise.
- 1.7 Where there are charges for third party licenses or access rights then it is expected that each organisation will bear their own costs.
- 1.8 Each Partner will continue to use their own data systems until such time as there is common agreement amongst Partners as to a common system.
- 1.9 Detailed processes will be set out in the Oldham Cares Memorandum of Understanding and Oldham Cares Information Governance Framework of which the current versions are attached below.



Oldham Cares



Visio-LCO IG

memorandum of undeFramework v0.3.pdf

### Data Protection

- 2.1 The Partners shall observe all of their obligations under the Data Protection Legislation that arise in connection with this Agreement.
- 2.2 With respect to the Partners' rights and obligations under this Agreement, the Partners agree that in relation to the Personal Data contained within Service User records, the Partners are each Data Controllers.



- 2.3 The Partners shall ensure that Personal Data is safeguarded at all times in accordance with the Law, which shall include without limitation obligations to:
- 2.3.1 have a "Caldicott Guardian" (where applicable), as defined by the Local Authority Circular LAC 2002/2, in this case the Council's nominated information governance lead, able to communicate with the other Partners, who shall take the lead for information governance and from whom the other Partners shall receive regular reports on information governance matters, including but not limited to details of all incidents of data loss and breach of confidence;
  - 2.3.2 (where transferred electronically) only transfer essential data that is (i) necessary for direct Service User care; and (ii) encrypted to the higher of the international data encryption standards for healthcare (this includes, but is not limited to, data transferred over wireless or wired networks, held on laptops, CDs, memory sticks and tapes);
  - 2.3.3 have policies, which are rigorously applied, that describe individual personal responsibilities for handling Personal Data;
  - 2.3.4 have policies, which are rigorously applied, that describe individual personal responsibilities for handling Personal Data ;
  - 2.3.5 have agreed protocols for sharing Personal Data with other NHS and non-NHS organisations; and
  - 2.3.6 perform an annual information governance self-assessment.
- 2.4 To the extent that any Partner (including its staff) is acting as a "Data Processor" on behalf of any other Partner, that Partner shall, in particular, but without limitation:
- 2.4.1 notify the Partner acting as "Data Controller" immediately if it considers that any of the Data Controller's instructions infringe the Data Protection Legislation;
  - 2.4.2 provide all reasonable assistance to the Data Controller in the preparation of any Data Protection Impact Assessment prior to commencing any Processing. Such assistance may, at the discretion of the Data Controller, include:
    - (a) systematic description of the envisaged Processing operations and the purpose of the Processing;
    - (b) an assessment of the necessity and proportionality of the Processing operations in relation to the Services;
    - (c) an assessment of the risks to the rights and freedoms of Data Subjects; and
    - (d) the measures envisaged to address the risks, including safeguards, security measures and mechanisms to ensure the protection of Personal Data;
  - 2.4.3 only process such Personal Data as is necessary to perform its obligations under this Agreement, and only in accordance with any instruction given by the other Partner under this Agreement. If it is so required the Data Processor shall promptly notify the Data Controller before Processing the Personal Data unless prohibited by Law;
  - 2.4.4 ensure that it has in place appropriate and technical organisational measures, which have been reviewed and approved by the Data Controller as appropriate to protect against a Data Loss Event having taken account of the:
    - (a) nature of the data to be protected;
    - (b) harm that might result from a Data Loss Event;

- (c) state of technological development; and
  - (d) cost of implementing any measures;
- 2.4.5 ensure that:
- (a) the Data Processor Personnel do not process Personal Data except in accordance with this Agreement;
  - (b) it takes all reasonable steps to ensure the reliability and integrity of any Data Processor Personnel who have access to the Personal Data and ensure that they:
    - (i) are aware of and comply with the Contractor's duties under this Schedule;
    - (ii) are subject to appropriate confidentiality undertakings with the Contractor or any Sub-processor;
    - (iii) are informed of the confidential nature of the Personal Data and do not publish, disclose or divulge any of the Personal Data to any third party unless directed in writing to do so by the Data Controller or as otherwise permitted by this Agreement;
    - (iv) have undergone adequate training in the use, care, protection and handling of Personal Data; and
    - (v) are aware of and trained in the policies and procedures identified in Clauses 2.3.4 and 2.3.5 above;
- 2.4.6 not transfer Personal Data outside of the UK; unless the prior written consent of the Data Controller has been obtained and the following conditions are fulfilled:
- (a) the Data Controller or the Data Processor has provided appropriate safeguards in relation to the transfer as determined by the Data Controller;
  - (b) the Data Subject has enforceable rights and effective legal remedies;
  - (c) the Data Processor complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred (or, if it is not so bound, uses its best endeavours to assist the Data Controller in meeting its obligations); and
  - (d) the Data Processor complies with any reasonable instructions notified to it in advance by the Data Controller with respect to the Processing of the Personal Data;
- 2.4.7 at the written direction of the Data Controller, delete or return Personal Data (and any copies of it) to the Data Controller on termination of the Agreement unless the Data Processor is required by Law to retain the Personal Data;
- 2.4.8 maintain complete and accurate records and information to demonstrate their compliance with this Schedule 7;
- 2.4.9 allow for audits of its Data Processing activity by the Data Controller or the Data Controller's designated auditor; and
- 2.4.10 designate a data protection officer if required by the Data Protection Legislation.
- 2.5 Before allowing any Sub-processor to process any Personal Data related to this Agreement, the Data Processor must:

- 2.5.1 notify the Data Controller in writing of the intended Sub-processor and Processing;
  - 2.5.2 obtain the written consent of the Data Controller;
  - 2.5.3 enter into a written agreement with the Sub-processor which give effect to the terms set out in this Schedule 7 such that they apply to the Sub-processor; and
  - 2.5.4 provide the Data Controller with such information regarding the Sub-processor as the Data Controller may reasonably require.
- 2.6 The Data Processor shall remain fully liable for all acts or omissions of any Sub-processor. Subject to clause 2.4, either Partner shall notify the other Partners immediately if it:
- 2.6.1 receives a Data Subject Access Request (or purported Data Subject Access Request);
  - 2.6.2 receives a request to rectify, block or erase any Personal Data;
  - 2.6.3 receives any other request, complaint or communication relating to either Partner's obligations under the Data Protection Legislation;
  - 2.6.4 receives any communication from the Information Commissioner or any other regulatory authority in connection with Personal Data processed under this Agreement
  - 2.6.5 receives a request from any third party for disclosure of Personal Data where compliance with such request is required or purported to be required by Law; or
  - 2.6.6 becomes aware of a Data Loss Event.
- 2.7 The Partners' obligations to notify under Clause 2.6 shall include the provision of further information to the other Party in phases, as details become available.
- 2.8 Taking into account the nature of the Processing, each Partner shall provide the other with full assistance in relation to either Partner's obligations under Data Protection Legislation and any complaint, communication or request made under Clause 2.6 (and insofar as possible within the timescales reasonably required by the Partners) including by promptly providing:
- 2.8.1 the other Partner with full details and copies of the complaint, communication or request;
  - 2.8.2 such assistance as is reasonably requested by the other Partner to enable it to comply with a Data Subject Access Request within the relevant timescales set out in the Data Protection Legislation;
  - 2.8.3 the other Partner, at its request, with any Personal Data it holds in relation to a Data Subject;
  - 2.8.4 assistance as requested by the other Partner following any Data Loss Event;
  - 2.8.5 assistance as requested by the other Partner with respect to any request from the Information Commissioner's Office, or any consultation by the other Partner with the Information Commissioner's Office.
- 2.9 Any Partner may, at any time on not less than 30 Working Days' notice, revise this Schedule 7 by replacing it with any applicable controller to processor standard clauses or similar terms forming part of an applicable certification scheme (which shall apply when incorporated by attachment to this Agreement).
- 2.10 The Partners agree to take account of any guidance issued by the Information Commissioner's Office. Either Party may on not less than 30 Working Days' notice to the other amend this

agreement to ensure that it complies with any guidance issued by the Information Commissioner's Office.

**SCHEDULE 8: EXPENDITURE PLAN**

Picture Copy of Microsoft Excel Spreadsheet- Schedule 8- Analysis of the Section 75 Pooled Fund 2020/21

		<b>Schedule 8</b>	
<b>1)</b>	<b>Pooled Aligned Budget</b>		
			<b>2020/21</b>
	<b>OMBC Lead Commissioner / Provider</b>	<b>Provider</b>	<b>Budget</b>
			<b>£'000</b>
	Care Management Placements includes inter alia, home care, care homes, personal budgets and respite care		
	Learning Disability	Various	16,417
	Mental Health	Various	8,158
	Physical Support	Various	32,536
	Sensory Support	Various	859
	Support with Memory & Cognition	Various	3,014
	Mental Health and LD block and external contracts	Various	5,006
	Older People contracts	Various	1,033
	Mio-Care Contract, including reablement	Mio-Care	11,612
	Hollybank	Mio-Care	485
	Hospital and Urgent Care Social Work Team	OMBC	871
	Community Cluster Teams	OMBC	2,211
	Carers Services	OMBC / Various	333
	Housing Related Commissioning	Various	403
	<b>Total OMBC Lead Commissioner /Provider</b>		<b>82,938</b>
	Disabled Facilities Grant (DFG)		2,065
	<b>Total DFG</b>		<b>2,065</b>
	Note: This table includes OMBC commissioned services for which funding is received from the CCG.		
	<b>CCG Lead Commissioner</b>	<b>Provider</b>	<b>Budget</b>
			<b>£'000</b>
	Mental Health Contracts	Pennine Care FT	31,474
		Greater Manchester Mental Health FT	640
		Learning Assessment & Neurocare Centre	192
		Turning Point	729
		Others	130
	Child and Adolescent Mental Health	Various	212
	Dementia	Various	35
		Making Space	74
		Age UK	22
	Improving Access to Psychological Therapies	TOG Mind	1,061
		Others	19
	Mental Capacity Act	Various	111
	Mental Capacity Services - Non-Contracted Activity	Various	46
	Mental Capacity Services - Other	Various	16
	Learning Disabilities block contracts	Various	350
	Placements		
	Mental health	Various	2,581
	Mental Capacity Services - Adults	Various	4,982
	Mental Capacity Services - Older People	Various	262
	Learning Disabilities	Various	833
	Adult CHC and FNC	Various	10,783
	Children's CHC	Various	847
	Intermediate Care	Various	272
	Intermediate Care - Butler Green	SRFT	2,332
	Falls Service	SRFT	227
	Falls Service	Age UK	79
	Early Supported Discharge and Community Stroke	SRFT	915
	Alternate to Convey	Go To Doc	274
	Wheelchair Service	Rosscare	579
	End of Life Coordinator	SRFT	47
	End of Life Consultant	Dr Kershaws	81
	Carers	OMBC	432
	Patient Support	Action for Blind People (formerly RNIB)	19
	Assisted Discharge	Red Cross	104
	Joint Working Agreement	Various	113
	Alcohol Liaison	PAHT	125
	Warm Homes (Fuel Poverty)	OMBC	125
	<b>Total CCG Lead Commissioner</b>		<b>60,864</b>
	<b>Total Pooled Aligned Budget Expenditure</b>		<b>145,867</b>

	<b>OMBC Contribution</b>		<b>Budget</b>
			£'000
	OMBC Disabilities Facilities Grants		2,065
	OMBC Social Care Support Grant (improved BCF grant)		9,020
	OMBC funding for OMBC commissioned services		45,494
	<b>Total OMBC Contribution</b>		<b>56,579</b>
	<b>CCG Contribution</b>		<b>Budget</b>
			£'000
	CCG funding for OMBC commissioned services		28,424
	CCG funding for CCG commissioned services		60,864
	<b>Total CCG Contribution</b>		<b>89,288</b>
	<b>Total Contribution</b>		<b>145,867</b>
<b>2)</b>	<b>Community Equipment Pooled Budget</b>		
			<b>Budget</b>
			£'000
	Community Equipment Expenditure		<b>1,448</b>
	<b>Financed By:</b>		
	OMBC Contribution		700
	CCG Contribution		748
	<b>Total Pooled Budget</b>		<b>1,448</b>
<b>3)</b>	<b>Transformation Fund</b>		
			<b>Budget</b>
			£'000
	Transformation Fund Expenditure		<b>11,191</b>
	<b>Financed By:</b>		
	Oldham Locality		9,430
	GM Mental Health - RAID and Crisis Care		1,761
	<b>Total Transformation Fund</b>		<b>11,191</b>
<b>4)</b>	<b>Covid-19 Expenditure</b>		
	<b>OMBC Lead Commissioner / Provider</b>	<b>Provider</b>	<b>Budget</b>
			£'000
	Hospital discharge		10,883
	Supporting Care Providers		3,100
	Cost to Council		2,810
	<b>Total</b>		<b>16,793</b>
	<b>CCG Lead Commissioner / Provider</b>		
	Acute		270
	Community		862
	Continuing Care - Care costs		11,105
	Mental Health Services		259
	Other services		1,017
	Estates costs		63
	Primary Care costs		2,681
			<b>16,257</b>
	OMBC funding for OMBC commissioned services		5,910
			<b>5,910</b>
	CCG funding for OMBC commissioned services		10,883
	CCG funding for CCG commissioned services		5,374
			<b>16,257</b>
	<b>Total</b>		<b>22,167</b>

<b>Summary of Pooled Funds</b>		
		<b>Budget</b>
		£'000
	Pooled Aligned Budget	145,867
	Community Equipment Pooled Budget	1,448
	Transformation Fund	11,191
	Covid-19 Expenditure Including HDP	22,167
	<b>Total Pooled Funds</b>	<b>180,673</b>
		<b>Budget</b>
		£'000
	Pooled Aligned Budget	56,579
	Community Equipment	700
	Transformation Fund	-
	Covid-19 expenditure	5,910
	<b>Total OMBC Contribution</b>	<b>63,189</b>
		<b>Budget</b>
		£'000
	CCG funding for OMBC commissioned services	39,307
	CCG funding for CCG commissioned services	78,177
	<b>Total CCG Contribution</b>	<b>117,484</b>
	<b>Total Contribution</b>	<b>180,673</b>





## Commissioning Partnership Board Report

**Decision Maker:** Commissioning Partnership Board

**Date of Decision:** 25<sup>th</sup> March 2021

**Subject:** Transformation Fund 2020/21 update

**Report Author:** Ben Galbraith, Chief Finance Officer,  
Oldham CCG

---

---

**Reason for the decision:** To provide an update to Commissioning Partnership Board on work undertaken to date to evaluate the impact of schemes funded from the GM Transformation Funds and agree the next steps on evaluation work.

**Summary:** The purpose of the report is to outline the national funding arrangement changes that have taken place in 2020/21 affecting the GM Transformation Fund and Oldham's allocation.

The paper sets out a financial update for 2020/21 and sets out next steps to allow the Commissioning Partnership Board to consider funding as part of the system wide budgeting and financial prioritisation process for 2021/22.

***What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):*** The approach being taken is to ensure those schemes viable for taking forward will be considered for funding in 2021/22 once funding arrangements are confirmed.

To continue with no assessment of the schemes

for 2021/22, means one of three alternative options for the schemes:

- a) all schemes end;
- b) funding is found from existing budgets in the context of existing commissioned services; or
- c) there is an increase in the financial deficit of the Oldham system.

**Recommendation(s):**

**The Commissioning Partnership Board is asked to:**

- note the contents of the report; and
- agree that a review will be undertaken for those schemes which require continued funding. This will be done as part of the system wide budgeting and financial prioritisation process. The outcome of this process will be the subject of a further report in due course to the CPB.

**Implications:**

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

*Funding guidance has been delayed for 2021/22 and whilst early indications assume funding for April – June 2021 will continue on the same basis as 2020/21, assessment of schemes need to take place and factored into the financial prioritisation process otherwise it risks a pressure to the financial situation in the system.*

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

*There may be procurement implications should any schemes and new business cases be approved, but these are not covered in the scope of this report.*

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

*There may be legal implications should any schemes and new business cases be approved, but these are not covered in the scope of this report.*

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

*There may be HR implications should schemes and new business cases be approved, but these are not covered in the scope of this report.*

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

*EIAs were completed for those schemes approved. Further EIAs would be completed for any new business cases approved.*

*What are the **property** implications*

*There may be property implications should schemes and new business cases be approved, but these are not covered in the scope of this report.*

**Risks:**

**Financial Risk:** If the Oldham locality does not identify recurrent funding sources for services which have historically been funded from the GM Transformation Fund going forward, then Oldham may risk losing some services which are needed due to a lack of funding or continuing with schemes that have no case for continuation and placing a greater financial pressure on the Oldham system.

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

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:**

*None*

***Reason why this is a Key Decision***      *Not applicable*

<b>Report Author Sign-off:</b>	
Ben Galbraith, CCG CFO	
<b>Date: March 2021</b>	

Please list any appendices:-

<b>Appendix number or letter</b>	<b>Description</b>
	N/A

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

Title	Available from
GM Transformation Fund Investment Review and Assurance Process	<a href="https://committees.oldham.gov.uk/documents/g7441/Printed%20minutes%2028th-Feb-2019%2013.00%20Commissioning%20Partnership%20Board.pdf?T=1">https://committees.oldham.gov.uk/documents/g7441/Printed%20minutes%2028th-Feb-2019%2013.00%20Commissioning%20Partnership%20Board.pdf?T=1</a>  February 2019
Transformation Proposals	<a href="http://committees.oldham.gov.uk/documents/b21810/GM%20Transformation%20Fund%20-%20Oldham%20Investment%20Proposals%2027th-Sep-2018%2012.30%20Commissioning%20Partnership.pdf?T=9">http://committees.oldham.gov.uk/documents/b21810/GM%20Transformation%20Fund%20-%20Oldham%20Investment%20Proposals%2027th-Sep-2018%2012.30%20Commissioning%20Partnership.pdf?T=9</a>  September 2018 – Commissioning Partnership Board
Transformation Investment review report – update	<a href="http://decisionrecording.oldham.gov.uk/documents/b21597/Private%20GM%20Transformation%20Fund%20Investment%20Review%2028th-Jun-2018%2012.30%20Commissioning%20Partnership%20Boa.pdf?T=109">http://decisionrecording.oldham.gov.uk/documents/b21597/Private%20GM%20Transformation%20Fund%20Investment%20Review%2028th-Jun-2018%2012.30%20Commissioning%20Partnership%20Boa.pdf?T=109</a>  August 2018 – SRG
Transformation Investment Appraisal – Commissioning Partnership Board	<a href="http://decisionrecording.oldham.gov.uk/documents/s95112/CPB%20TF%20investment%20appraisal%20v3%20June%202016.pdf">http://decisionrecording.oldham.gov.uk/documents/s95112/CPB%20TF%20investment%20appraisal%20v3%20June%202016.pdf</a>  June 2018 – Commissioning Partnership Board
Greater Manchester Health and Social Care Strategic Partnership Board – Transformation Fund Update	<a href="http://decisionrecording.oldham.gov.uk/documents/s84817/Appendix%201%20-%20Transformation%20Fund%20Update.pdf">http://decisionrecording.oldham.gov.uk/documents/s84817/Appendix%201%20-%20Transformation%20Fund%20Update.pdf</a>  July 2017 – Health & Wellbeing Board
ICS Developments and GM Transformation Fund	<a href="https://committees.oldham.gov.uk/documents/s77566/ICS%20Developments%20and%20GM%20Transformation%20Fund.pdf">https://committees.oldham.gov.uk/documents/s77566/ICS%20Developments%20and%20GM%20Transformation%20Fund.pdf</a>  March 2017 – Health & Wellbeing Board
GM Health & Social Care Transformation – Oldham Integrated Commissioning Organisation (ICO) and Transformation Fund Submission	<a href="http://decisionrecording.oldham.gov.uk/documents/s76067/Local%20Care%20Organisation%20and%20Transformation%20Fund%20Update.pdf">http://decisionrecording.oldham.gov.uk/documents/s76067/Local%20Care%20Organisation%20and%20Transformation%20Fund%20Update.pdf</a>  January 2017 – Health Scrutiny
Integrated Commissioning System and GM Transformation Fund Update	<a href="http://decisionrecording.oldham.gov.uk/documents/s76494/Integrated%20Commissioning%20System%20and%20GM%20Transformation%20Fund%20Update.pdf">http://decisionrecording.oldham.gov.uk/documents/s76494/Integrated%20Commissioning%20System%20and%20GM%20Transformation%20Fund%20Update.pdf</a>  January 2017 – Health & Wellbeing Board

Title	Available from
Update on the Oldham Transformation bid Proposal	<a href="http://decisionrecording.oldham.gov.uk/mgConvert2PDF.aspx?ID=74374&amp;ISATT=1#search=%22transformation%20%22">http://decisionrecording.oldham.gov.uk/mgConvert2PDF.aspx?ID=74374&amp;ISATT=1#search=%22transformation%20%22</a> October 2016 – Health & Wellbeing Board

**The background papers to this report contain exempt information under Schedule 12A of the Local Government Act 1972.**

---

## 1. Background

- 1.1 In 2017, Oldham's vision, in line with the Greater Manchester Taking Charge Strategy, was to achieve and sustain the greatest and fastest improvement in wellbeing and health for the people of Oldham. 'Taking Charge', published in December 2015, marked the beginning of our devolved health and social care journey, setting out how we would work together.
- 1.2 At this time, there was significant stakeholder engagement as a key principal of Oldham Cares in the development of Oldham's own response to the transformation programme. Stakeholders included Health and Wellbeing Board members, System Leaders and Citizen Participation and the voluntary sector. The key areas of focus were described in Oldham's Locality Plan as the fostering of thriving communities, the transformation of primary, community and social care services, mental health and early years. The mobilisation of a workforce that includes other parts of the public sector, social housing, the voluntary and private sectors, carers and citizens were also described, to be measured against a number of high-level outcomes.
- 1.3 In October 2017, Oldham successfully received an allocation of £21.3m of GM Transformation Funds, to support Health and Social Care Transformation that built on the work undertaken in Oldham to progress our vision around integrated care. It was acknowledged by GM H&SCP that there was a six month delay in the allocation of the GM Transformation Funds as the fund was over-committed and also that programmes were not guaranteed if there was under delivery or non-recoverable slippage in transformation plans. (It is important to note that Oldham's approved schemes were established and delivering in line with the "Investment Agreement" arrangements as of November 2019, the month at which national funding arrangements were based upon).
- 1.4 Funding was granted to Oldham through an investment agreement arrangement with GMHSCP and which was monitored in line national and regional requirements. The key high-level objectives were as follows:
  - 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
- 1.5 Our agreed transformation funding was to support the following schemes which were established:
  - 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 reablement, rehabilitation and community bed services (including a rapid response facility)
  - Oldham's approach to community resilience, branded as 'Thriving Communities'.
- 1.6 In addition, schemes were established for Start Well Avoidable Admissions, Mental Health Central to Good Health and a range of enabler programmes in support of system and cultural changes
- 1.7 Each work stream listed above was allocated a sponsor and produced individual proposals for the Commissioning Partnership Board to review. However, due to delays by GMHSCP

in approving the TF for Oldham there was significant pressure to utilise the funds or face threat of them being withdrawn by GM. This meant that most schemes did not have metrics with baseline data defined at the time of approving the schemes.

- 1.8 Prior to the pandemic, there was pressure to ensure funds were spent as originally allocated resulting in some projects going ahead without a full set of metrics available to measure performance, with the caveat that work was undertaken by sponsors to retrospectively gather information required to monitor the impact of investment decisions. However, this situation was paused in March 2020 with the arrival of the COVID-19 Pandemic and changes to the funding regimes.
- 1.9 In March 2020 the arrival of the emergency COVID-19 Pandemic meant that the Transformation Fund was placed into national NHS command and control funding arrangements along with all other CCG funds. Block contract arrangements with providers were put in place for 2020/21. This meant that all programmes of work continued to be funded as was but with not scope to introduce new schemes.

## 2. Current Funding Position

- 2.1 Transformation funds are available to cover existing commitments for 2021/22, but these are non-recurrent funds. Should schemes be permanently required, then alternative recurrent sources of funding would still need to be identified.
- 2.2 The table below outlines anticipated 2020/21 expenditure to March 2021:

Scheme Name	Forecast Spend 2020/21 £000
Transformation Core & Extended Primary Care (Incl. Focused Care)	1,138
Transformation Urgent & Emergency Care	231
Transformation Thriving Communities	694
Transformation Locality Mental Health	588
Transformation Start Well	222
Transformation Seed Funding	442
Transformation Community Enablement	801
Transformation Fund - Collaborative	45
Transformation Acute Visiting Service	94
Transformation Express Care Hub	2
Transformation Health Champions	85
<b>Sub-Total Locality Transformation Spend</b>	<b>4,342</b>
GM Mental Health Transformation	1,761
<b>Total Including GM MH Spend</b>	<b>6,103</b>

- 2.3 2020/21 NHS Block Contract arrangements – For 2020/21, NHS England dictated block contract values payable to NHS Providers by CCG's were based on Provider M11 forecasts from 2019/20. This was to cover Providers' costs bases. It should therefore be noted that where schemes have been delivered by NHS providers the figures above may not represent the total spend on each scheme as providers had access to top-up allocations directly to cover costs over and above block contract values.

### 3 Next Steps for 2021/22

- 3.1 Funding arrangements for 2021/22 are still being confirmed with NHS England. The national planning guidance is due by the end of March 2021, but this will only cover the period April to September 2021 and initial guidance will not address additional areas of funding such as GM Transformation Funding.
- 3.2 It is proposed that all on-going schemes will be asked to submit impact statement along with sustainability plans including metric data if recurrent funding is being requested, which will then be considered as part of the system wide budgeting and financial prioritisation process.
- 3.3 The table below details known commitments at this time subject to block contract arrangements remaining the same as 2020/21;

<b>Scheme Name</b>	<b>Potential Commitments 2021/22 £000</b>
Transformation Core & Extended Primary Care	1,076
Transformation Urgent & Emergency Care	231
Transformation Locality MH	588
Transformation Start Well	219
Transformation Community Enablement	801
Transformation Management	104
Transformation Fund Collaborative	44
Transformation Acute Visiting Service	97
<b>Sub-Total Locality Transformation Spend</b>	<b>3,160</b>
GM Mental Health Transformation	1,256
<b>Total Including GM MH Spend</b>	<b>4,416</b>

- 3.3 Schemes wishing to request funding will be brought back to the Partnership Commissioning Board for consideration.

### 4 Conclusion

- 4.1 The Oldham Locality has utilised the Transformation Fund within the context of the locality plan and operating environment. The next phase of our transformation will be to ensure we build on the learning and best practice, keeping front and centre how we work together to improve people's health and help people be healthier.

### 5 Recommendation

- 5.1 The Commissioning Partnership Board are asked to:
- note the contents of the report; and
  - agree that a review will be undertaken for those schemes which require continued funding. This will be done as part of the system wide budgeting and financial prioritisation process. The outcome of this process will be the subject of a further report in due course to the CPB.





## Commissioning Partnership Board Report

**Decision Maker: Commissioning Partnership Board**

**Date of Decision: 25<sup>th</sup> March 2021**

**Subject: Thriving Communities Programme Funding**

**Senior Responsible Officer: Rebekah Sutcliffe, Strategic Director of Communities & Reform**

**Report Author: Rachel Dyson, Thriving Communities Hub lead**

---

---

**Summary:**

The purpose of the paper is to provide an update to Commissioning Partnership Board on the Thriving Communities transformation programme and confirm approval to continue with expenditure for 2021/22.

***What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):***

- A. To continue with the committed expenditure as previously approved by Commissioning Partnership Board and as described in this report.
- B. Cease funding Thriving Communities activity, giving notice on contracts and grant agreements with immediate effect to minimise payment of funds.

**Recommendation(s):**

To continue with the committed expenditure as previously approved by Commissioning Partnership Board and as described in this report.

## Implications:

What are the **financial** implications?

This report is seeking approval to continue with the Thriving Communities Programme into 2021/22.

Thriving Communities is a three-year project running from 1<sup>st</sup> April 2018 until 31<sup>st</sup> March 2021 and has been predominantly funded via the Transformation Funding from the CCG.

However, some of the projects, namely Social Action Fund (SAF), didn't commence delivery until 2019/20 and are due to run until 2021/22 (£247k) and even 2022/23 (£70k). If the projects were to cease earlier than agreed within the contract, three months' notice is required for these providers. The total cost outstanding on SAF is £317k

Due to the impact of COVID19, the three members of staff who usually work on Thriving Communities have been re-assigned to support Community Engagement. As a result, the staffing costs have been recharged to the external COVID grant accordingly. The slippage on the staffing costs is being requested to be brought into 2021/22 financial year. The cost of this is approx. £41k

Part of the Thriving Communities project was to complete an evaluation to determine the impact the project has had on the Communities. The bulk of the evaluation work is due to take place in 2021/22. The cost of this is approx. £52k

Permission is now being sought to continue with the Thriving Communities delivery into the 2021/22 financial year with the guarantee that funding is available. The total funding required is £410k.

(Jenny Howarth Senior Accountant/Nicola Harrop Finance Manager/Amanda Fox Assistant Chief Finance Officer OCCG)

What are the **procurement** implications?

As this report relates to the funding arrangements, there are no Procurement implications. (Steve Boyd)

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

The Council has entered into contractual arrangements with providers for the forthcoming year which are dependent upon external funding. If such funding is not forthcoming, the Council will have to terminate the contracts on notice to comply with its legal obligations with the consequential financial implications for the Council. (Elizabeth Cunningham Doyle)

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

Approval of the funding would require an extension to the fixed term contracts for the Thriving Communities Hub Lead, Project Manager and Project Support Officer up to the end of March 2022.

Extending the existing contracts of employment to the end of March 2022 means that each employee has in excess of 2 years continuous service with the Council and therefore will acquire full employment rights.

Emma Gilmartin, Strategic HR Business Partner

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

If funding is not secured to continue the Social Action Fund projects this has the potential to impact disproportionately on some of our most disadvantaged communities who are accessing those funded activities, and on our BAME communities who are being supported by the BAME Connect project.

**Risks:**

---

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

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

**There are no background papers for this report**

---

<b>Report Author Sign-off:</b>	
	Rachel Dyson
<b>Date:</b>	22 <sup>nd</sup> March

Please list any appendices: -

<b>Appendix number or letter</b>	<b>Description</b>
1.	N/A

## 1. Background

- 1.1 In 2018 £2.69m was agreed to fund the Thriving Communities programme from the Greater Manchester Transformation Fund as part of the GM Health and Social Care transformation fund to support devolution. The aim was to accelerate the Thriving Communities element of the Oldham Model and deliver the common objectives of our health and social care integration.

The programme was a 3-year programme which focused on;

- building upon our strengths and supporting groups in the voluntary, community, faith and social enterprise sector
- supporting people earlier in the care pathway
- driving the shift to increasing earlier intervention and prevention

- 1.2 Although some of activity set out in the Thriving Communities Business Case has been delivered during the initial three-year programme period (2018-2021) there remains some grant funded and contracted activity still to be delivered in the financial year 2021-22. The Social Action Fund grants and the Social Prescribing Innovation Partnership contract began three years of funded activity agreed in the Thriving Communities business case in 2019, meaning activity will continue during the financial year 2021-22. An evaluation of Thriving Communities has also been commissioned to take place alongside the final year of funded activity.

- 1.3 The Thriving Communities programme team have also been supporting Covid19 response. Since October 2020 this has specifically included the implementation and management of doorstep engagement teams and the development and implementation of the MHCLG Community Champions Programme. The costs of this support have been covered by government Covid19 funding therefore it was agreed that Thriving Communities work would pause during this time with a view to programme budget funds being used to reactivate work which was paused or not undertaken once possible in 2021-22. This released six months salary costs for the programme team within the Thriving Communities programme budget for 2020-21. This will be specifically to support the continued integration of Social Prescribing within the wider system.

- 1.4 Thriving Communities is at the heart of the ambition to build on community strengths set out in the Locality Plan, with social prescribing a key part of a whole system early intervention and prevention model building on community assets. The team will continue work around building capacity and sustainability of the VCFSE and building the sustainability case for the extension of the Social Prescribing Innovation Partnership alongside continued Covid19 response responsibilities which are funded for part of the next financial year. Work is ongoing to further develop Oldham's system wide approach to early intervention and prevention and describe the role of the VCSFE and of Social Prescribing within this, with a view to bringing forward proposals to seek secure recurrent funding beyond March 2022.

- 1.5 All of the funding to support the above activity with initially agreed as part of the Thriving Communities business case for the GM Transformation Fund. The award of the Social Prescribing contract was agreed by Commissioning Partnership Board in February 2019, and the award of the five Social Action Fund Grants in April 2019. Commissioning Partnership Board approved the recommendation to appoint an external provider to evaluate the programme in October 2019 with an agreed budget of £100k, although in fact the final contracted value is only £52k. It is understood that committed funding from the GM

Transformation Fund still remains at risk therefore it is necessary to secure funding for these committed elements of the programme.

- 1.6 This paper seeks confirmation from Commissioning Partnership Board that the approved schemes should continue into 2021/22, with an expected spend of **£410k**, noting that the overall programme will still be delivered within the originally approved financial envelope.

## 2. Funding Requirement

- 2.1 **Social Prescribing** – The Social Prescribing Innovation Partnership was commissioned on a 3+1+1+1 contract ending in March 2025, with the initial 3 years ending in March 2022. The total contract value is £1,078k over 3 years. It was agreed at the outset that £375k of the contract sum would be funded by Council reserves ear-marked to support the Thriving Communities with the balance to be funded from the GM Transformation Fund. The remaining £318k committed to the contract for 2021/22 will be covered by Council reserves so there is no further draw on the GM Transformation Fund. Further work is underway to scope options to secure funding to extend beyond this initial period, and to design these options as part of a wider approach to whole system early intervention and prevention.
- 2.2 **Social Action Fund** - The five projects are almost two years into delivery of three-year VCFSE led projects tackling loneliness and social isolation which were awarded by Commissioning Partnership Board in April 2019. The projects have had to adapt their models during the pandemic and are increasingly delivering virtual and resource pack based activities, as well as supporting the humanitarian aid response for Oldham.
- i. BAME consortium – BAME Connect programme of activities e.g. Yoga & Connect, Cook & Connect plus a befriending offer
  - ii. Wellbeing leisure – community based physical activity, working with community partners to deliver exercise opportunities and train volunteers, 350 attendances in last quarter
  - iii. Oldham Play Action Group – intergeneration activities and cooking – virtual activity programmes e.g. families in pre-xmas ‘bake off’ challenge
  - iv. Groundwork consortium – focusing on food and growing
  - v. Street Angels - twice weekly drop-in for food and clothing (outside), providing 394 hot meals to takeaway in the last quarter
- 2.3 The projects are all subject to signed grant agreements with the Council for the project period, the majority are three-year agreements with funding commitment through to the end of 2021/22. The intention of the Social Action Fund was to build community capacity which was sustainable beyond the lifetime of the projects, achieving this has already been made more challenging by the circumstances of the pandemic, if projects were to be cut short at this point it would not be possible. Likewise, the fund was focussed on projects tackling social isolation and loneliness which is likely to be all the more prevalent and an increasing priority in the early stages of recovery over the coming year. The projects have all made a significant contribution to pandemic response in particular through humanitarian aid over the past year, as well as adapting their proposals to operate within current restrictions. If funding were to be reduced or withdrawn this would require 3 months written notice from the Council, and therefore payment in advance is at risk whilst there remains uncertainty around this funding. A reduction to or withdrawal of this funding at short notice would significantly impact on projects’ ability to deliver and in many cases on the long-term sustainability of the organisations involved.
- 2.4 The remainder of funding for each project is shown below, the total funding commitment remaining is **£317k**.

Project	Total Awarded	Paid to end of March '21	Remainder	Project End Date
Oldham Play Action Group	<b>£88,762.00</b>	£50,041.25	£38,720.75	Jun-22
Wellbeing Leisure	<b>£272,957.89</b>	£169,452.19	£103,505.69	Jun-22
Groundwork	<b>£100,000.00</b>	£97,412.00	£2,589.00	Jun-21
BAME Consortium	<b>£263,500.00</b>	£135,424.50	£128,075.50	Sep-22
Street Angels	<b>£129,315.00</b>	£85,570.00	£43,745.00	Mar-22
<b>Total</b>	<b>£854,534.89</b>	£537,899.94	£316,635.94	

- 2.5 **Evaluation** - The provider Human Engine has been appointed to undertake the Thriving Communities evaluation according to the scope agreed at Commissioning Partnership Board in October 2019. Provision to do this was included in the original Thriving Communities budget as the evaluation findings will be key in making the case for further investment in social prescribing and community activity. This will include evaluating the three core programme elements (Social Prescribing, Social Action Fund and Fast Grants) to understand the impact in terms of outcomes delivered as well as fiscal, social and economic impact. Human Engine have begun initial baseline data gathering and will begin stakeholder engagement in the next couple of weeks. Evaluation will be undertaken in parallel with the final year of the programme. An initial baseline report will be provided in April 2021, with findings and gap analysis from this informing detailed evaluation going forward. Further interim reports are due August and December 2021, with a final report in March 2022. This contract is subject to the standard Council contract Terms & Conditions. The full cost requirement for the evaluation is **£52k** (significantly lower than originally accounted for in the business case.)
- 2.6 **Programme Staffing** - The Thriving Communities programme team have also been supporting Covid19 response. Since October 2020 this has specifically included the implementation and management of doorstep engagement teams and the development and implementation of the MHCLG Community Champions Programme. The costs of this support have been covered by government Covid19 funding therefore it was agreed that Thriving Communities work would pause during this time with a view to programme budget funds being used to reactivate work which was paused or not undertaken once possible in 2021-22. This released six months salary costs for the programme team within the Thriving Communities programme budget for 2020-21. Covid19 response responsibilities will continue into 2021-22 and will fund the programme team for the majority of the next financial year however half of the released Thriving Communities programme budget (3 months salary costs) would need to be carried forward into 2021/22 in order to maintain the programme resource until the end of March 2022. The funding requirement would be **£41k**.

### 3. Future Sustainability

- 3.1 As funding from the GM Transformation Fund is non-recurrent, consideration is now being given to the sustainability of social prescribing and wider sustainability of the community offer which supports it. This is being done drawing on the findings of the evaluation and in the context of our overall preventative model for health and care and the wider transformation programme. A further piece of work has been commissioned to describe and develop the overall early intervention and prevention model and associated budgets so this can be understood on a system wide basis. A further paper will be brought to Commissioning Partnership Board to present findings and recommendations on the basis of this.

This page is intentionally left blank