

Public Document Pack



COMMISSIONING PARTNERSHIP BOARD ***Agenda***

Date Thursday 28 June 2018

Time 12.30 pm

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

Notes 1. DECLARATIONS OF INTEREST- If a core voting Member of the Board 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.

2. CONTACT OFFICER for this agenda is Elizabeth Drogan Tel. 0161 770 5151 or email elizabeth.drogan@oldham.gov.uk

3. PUBLIC QUESTIONS - Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon, Monday 25th June 2018

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

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

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

MEMBERSHIP OF THE COMMISSIONING PARTNERSHIP BOARD

Core Members:

Councillors Chadderton, Chauhan, Fielding and Shah

Lay Chair of CCG Governing Body, Majid Hussain

Chief Clinical Officer, Dr. John Patterson

CCG Chief Finance Officer – Ben Galbraith

GP Member- Deputy Chief Clinical Officer, Dr. Ian Milnes

Item No

1 Election of Chair

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

2 Apologies For Absence

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Declarations of Interest

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

5 Public Question Time

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

6 Commissioning Partnership Board Terms of Reference (Pages 1 - 10)

7 Council Key Decisions Process

Verbal Update

8 S.75 Agreement

Verbal Update

9 GM Transformation Fund Investment Review Process (Pages 11 - 36)

Incorporating:

- Thriving Communities
- Startwell
- Mental Health
- Integrated Community Care

10 Date of next Meeting

Thursday 26th July 2018 at Assure, Ellen House, Waddington Street, Oldham OL9 6EE

11 Exclusion of the Press and Public

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

balance, be in the public interest to disclose the reports.

12

GM Transformation Fund Investment Review Process

To follow.

This page is intentionally left blank



COMMISSIONING PARTNERSHIP BOARD

(S75 JOINT COMMITTEE)

TERMS OF REFERENCE

1. Purpose

The Commissioning Partnership Board is the integrated strategic commissioning body for health and social care services established under section 75 of the NHS Act 2006 between NHS Oldham Clinical Commissioning Group (the CCG) and Oldham Metropolitan Borough Council (the Council or OMBC).

The Commissioning Partnership Board is a joint committee of the Council and the CCG established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the Partnership Regulations). The Commissioning Partnership Board is established in accordance with the CCG's constitution, standing orders and scheme of delegation and in accordance with the Council's constitution. The Commissioning Partnership Board shall be accountable to the CCG and the Council in accordance with the arrangements set out in CCG Standing Orders and the Council's Constitution.

The Commissioning Partnership Board shall exercise on behalf of the CCG and the Council such integrated commissioning functions as may be delegated to it pursuant to such agreement or agreements that they may enter into from time to time pursuant to the Partnership Regulations (section 75 agreement).

The Commissioning Partnership Board may appoint sub-committees as it considers appropriate to exercise any functions that are exercisable by it insofar as any such functions may be sub-delegable. The Commissioning Partnership Board may delegate tasks to such sub-committees and to officers in accordance with the delegation arrangements set out in the section 75 agreement between the CCG and Council.

These terms of reference outline how the Commissioning Partnership Board will direct and drive the commissioning function of 'Oldham Cares', they also describe the membership, remit, responsibilities and reporting arrangements of the Commissioning Partnership Board and shall have effect as if incorporated into the CCG's constitution and standing orders.

2. Accountability

The Commissioning Partnership Board is the commissioning body for the services in scope of integrated commissioning. The Commissioning Partnership Board has delegated executive responsibility and may exercise executive decision making for these services.

The Commissioning Partnership Board can, on behalf of the CCG and the Council:

- commit resources within agreed limits
- decide policy within the scope of services
- commission research or reviews to inform decision making
- oversee integrated commissioning action plans.

Ultimate legal accountability for the provision of statutory services will however be unaffected and will remain with NHS Oldham CCG and Oldham Council through the Governing Body and Cabinet respectively. Due to the nature of the decisions, the Commissioning Partnership Board may therefore be required to seek additional approvals from the CCG Governing Body and Cabinet in accordance with the terms of a section 75 agreement or otherwise as directed.

The Commissioning Partnership Board will also provide a quarterly update to the Health and Wellbeing Board, providing information on key issues it has considered over the last quarter, and issues on the horizon.

3. Membership

The composition of the Commissioning Partnership Board is the core and advisory members of the Commissioning Committee made up of officers and members from the CCG and the Council, as well as the Single Accountable Officer, in post from time to time, save that when the Commissioning Partnership Board exercises commissioning functions related to extended primary care, its core members shall exclude GP member representatives.

The role of Chair of the Commissioning Partnership Board will be shared by the Governing Body Lay Chair and a Council Cabinet Elected Member. This will be by way of alternative meetings unless otherwise mutually agreed between the Chairs. Should neither Chair be available for the meeting then a deputy Chair will be nominated from the joint deputies.

Core Members (voting)

CCG

- Governing Body Lay Chair (Joint Chair)
- Chief Clinical Officer (CCO) / Deputy CCG Accountable Officer
- Deputy Chief Clinical Officer (DCCO)
- Chief Finance Officer

Council

- Leader of the Council and Cabinet Member for Economy and Enterprise
- Deputy Leader of the Council and Cabinet Member for Neighbourhoods
- Cabinet Member for Children's Services
- Cabinet Member for Health and Social Care

Advisory Members (non-voting)

Joint roles

- Joint Accountable / Chief Executive Officer
- Strategic Director of Joint Commissioning / Chief Operating Officer

CCG

- Executive Nurse
- Hospital Consultant Representative
- GP Governing Body Member – North Cluster
- GP Governing Body Member – East Cluster
- Lay Member for Patient and Public Involvement (Deputy Joint Chair)
- Director of Performance and Delivery
- Director of Primary Care and Community Enablement

Council

- Strategic Director of Reform
- Deputy Chief Executive – People and Place
- Deputy Chief Executive – Commercial and Corporate
- Director of Adult Social Services (DASS)
- Director of Children's Services (DCS)

Other officers may be invited to support any agenda items as agreed by the chair of the meeting. When considering a confidential matter, the chair of the meeting may ask non-voting members to leave the meeting. The voting members may decide that a matter is confidential if in their view publicity about it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons that they specify arising from the nature of that business or of the proceedings.

4. Nominated deputies

The CCG and Council may nominate deputies for Core Members and Advisory Members provided they notify the Joint Chairs in writing of the identity of the deputies.

5. Quorum and voting

The quorum will be six core members (or their nominated deputies), 3 from each of the CCG and Council. The three CCG Core Members or their deputies must include one CCG Lay Member, either Chief Clinical Officer or Deputy Chief Clinical Officer and one CCG Executive Officer. The Council Core Members or their nominated deputies must be Council Cabinet Elected Members.

Should the GPs (CCO/DCCO) be conflicted then quoracy and voting will be assigned to the Executive Nurse and Hospital Consultant Representative.

Should either of the GPs (CCO/DCCO) be absent from the meeting, their vote will be given to another GP in attendance at the discretion of the Chair.

The Lay Member for Patient & Public Participation will deputise as Joint Chair in the absence of the CCG Chair. Should the Council Joint Chair be absent then a deputy will be nominated from the Council Cabinet Elected Members.

Decisions made by the Commissioning Partnership Board shall be made on a simple majority basis. In the event of a tied vote, the Chair of the day has a casting vote.

6. Decision-making

The Council and the CCG are delegating their functions to the Commissioning Partnership Board and not to their individual representatives on the Commissioning Partnership Board.

Through its decision making processes the Commissioning Partnership Board will adhere to the decision making processes of both Council and the CCG.

Where a decision of the Council is required at a Commissioning Partnership Board meeting then the requirements of the Local Government Act 2000 and the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 must be adhered to (publication of notice of key decisions 28 days in advance, publication of reports 5 clear working days in advance, formal decision notice signed by decision maker and Proper Officer (Constitutional Services must attend for this purpose for these items).

Decisions that are 'key decisions' are subject to the Council's 'call-in' procedures and cannot be implemented until the time for call-in has expired or the matter has been dealt with in accordance with Overview & Scrutiny Procedure Rules. The activities of the Commissioning Partnership Board may be subject to enquiry by the Council's overview and scrutiny committees including the Pennine Acute Hospitals NHS Trust Joint Health and Overview Scrutiny Committee and the Pennine Care NHS Trust Joint Mental Health Overview and Scrutiny Committee.

A decision will be a "key decision if it falls within the definition set out in:

- 1) Regulation 8 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012; and
- 2) the Council's Constitution,

as both may be amended from time to time, The definition of a key decision, as at the date of these terms of reference, is set out in the Appendix to these terms of reference.

The Commissioning Partnership Board will be accountable to the Council's Cabinet and / or Council as appropriate and the CCG's Governing Body. It will work in partnership with the Health and Wellbeing Board and the CCG Commissioning Committee.

7. Remit and Responsibilities

The Commissioning Partnership Board shall:

- a. Take responsibility for the management of partnership arrangements in accordance with such section 75 agreement or agreements that the CCG and the Council may from time to time agree, including monitoring the arrangements and receiving reports and information on the operation of the arrangements;
- b. Together with the Commissioning Committee provide assurance to the Governing Body, CCG members and other relevant parties on delivery of statutory functions and responsibilities exercisable by the CCG.

The Commissioning Partnership Board will:

- a. Set the high-level commissioning strategy and health & wellbeing outcomes for the Borough in order to meet assessed population, community and individual need within the financial resources of the pooled funds over which the Commissioning Partnership Board has control.
- b. Make commissioning recommendations for the financial resources not controlled by the Commissioning Partnership Board
- c. Support the dissolving of traditional boundaries between commissioning and provision of services in Oldham to improve outcomes for Oldham population against the agreed Oldham Cares Outcomes Framework.
- d. Have responsibility for all matters relating to the pooled funds as may be set out in a Section 75 agreement.
- e. Develop, implement and monitor those elements of the Alliance contract for the Oldham Integrated Care Organisation that relate to the provision of services that are subject to the integrated commissioning arrangements.
- f. Make recommendations regarding the other elements of the Alliance contract for the Oldham Integrated Care Organisation.
- g. Recommend the high level parameters for the Strategic Commissioning Function
- h. Recommend the high level parameters for the Primary Care and Community and Social Care Clusters within the ICO
- i. Recommend that appropriate contracting mechanisms are in place within the ICO Alliance and outside of ICO arrangements e.g. specialist hospital services
- j. Maintain a strategic overview and assurance role on behalf of the Health and Wellbeing Board to ensure implementation and delivery of the agreed high level strategies and outcomes set jointly between Oldham CCG and Oldham Council.
- k. Monitor and review high level outcomes and performance data to ensure that the ICO is achieving the goals established by commissioners for the transformation of health and social care services against the Oldham Cares Outcomes Framework.

8. Objectives

The objectives of the Commissioning Partnership Board are;

- a. To govern the arrangements for integrated commissioning in the Oldham borough providing assurance to NHS Oldham CCG and Oldham MBC that their statutory and mandatory responsibilities and strategic objectives are being met and that their combined resources are being utilised to best effect.
- b. To provide assurance to NHS Oldham CCG and Oldham MBC for the achievement of the agreed outcomes, commissioning strategies and plans within the available financial envelope
- c. To prepare an annual integrated commissioning strategy, setting out specific goals and outcomes for commissioning in the Borough and the intentions of the whole system to transform health and social care delivery in order to reflect best practice and value for money.
- d. Within the integrated commissioning strategy, describe how the outcomes and objectives set out in the Section 75 Agreement and the high level strategic goals and outcomes of NHS Oldham CCG and Oldham MBC will be achieved.
- e. To commit resource at high level within the pooled fund(s) to achieve the objectives of the integrated commissioning strategy through the Oldham Cares system structure.

- f. To develop a joint financial plan to underpin the overall commissioning strategy and providing direction in relation to investments and savings to be made jointly by the Council and CCG.
- g. To oversee the implementation of the integrated commissioning strategy.
- h. To set the high level quality standards for, and monitor and review the outcomes and performance for commissioned services within the s.75 agreement, identifying areas of good practice and taking action where outcomes and performance fall short of requirements.
- i. To ensure that the prescribed functions of Oldham Council and Oldham NHS CCG are properly and effectively discharged through the pooled funds and the strategic commissioning arrangements as appropriate.
- j. To ensure the engagement of stakeholder groups - including users, patients, carers, providers and community organisations - in the commissioning cycle and the co-design of commissioned services and the formulation of strategy as appropriate.
- k. To provide assurance to the Health and Wellbeing Board, CCG Governing Body, Oldham Council Cabinet and the Council's Overview & Scrutiny Committees of the quality and safety of commissioned services within the Section 75 agreement, of the proper and effective use of resources in the pooled fund and of the achievement of agreed strategy and outcomes.
- l. To conduct all business in accordance with the provisions of the Section 75 Agreement including the standards on partnership behaviours and the code of conduct on conflicts of interest
- m. To be fully aware of the Greater Manchester integrated commissioning arrangements as they develop in the context of the Greater Manchester Devolution Agreement and ensure full alignment between the arrangements in the Oldham borough, the North East sector, and the city region.
- n. To identify, record, mitigate and manage all risks associated with strategic integrated commissioning, including the maintenance of a risk register which will be included on the risk registers of both NHS Oldham CCG and Oldham MBC.
- o. To review regular high-level performance and financial monitoring reports relating to strategic integrated commissioning and the pooled fund and ensure, if required, appropriate action is taken to ensure annual delivery of expected performance targets and approved schemes within permitted budget for the financial year.
- p. To promote improvement and innovation and demonstrate leadership in pursuing the objectives and upholding the principles underpinning the ways of working in the newly established partnership.

9. Principles

The core principles of the Commissioning Partnership Board are:

- a. to place quality, innovation, productivity and prevention at the heart of its business by considering the impact of decisions on the quality of care and the patient experience;
- b. to ensure that equality is the fundamental principle on which the Commissioning Partnership Board operates in the commissioning of services which address the diversity of needs within the borough
- c. to support the ICO, through the Alliance Board, in its role as a key system leader for health and social care in the borough
- d. to take a holistic, personalised, individualised and integrated approach to people (customers and patients);

- e. to take a holistic and integrated approach to the health and social care system, including for investments and savings. This is to focus on the areas in scope but be mindful of the wider health and social care system;
- f. to ensure transparent information sharing in relation to business planning, and therefore minimising risk from unforeseen unplanned activity;
- g. to ensure transparent information sharing in relation to performance and financial information;
- h. to share strategic and operational good practice;
- i. to provide the leadership of development and reporting of integrated commissioning across health and social care; and
- j. to provide assurance to member organisations to comply with all statutory and mandatory duties, including but not limited to, the duties to involve and/or consult (as appropriate) the public; the duty to consult the Overview and Scrutiny Committee; and relevant procurement guidance;
- k. to undertake such involvement and/or consultation (as appropriate) with patients, users and the public on issues within the Commissioning Partnership Board's scope;
- l. to take a proactive approach to sharing information in order to help partners work more effectively with service users and communities, where this is appropriate and safe to do so.

10. Financial Arrangements for Joint commissioning

One of the core functions of the Commissioning Partnership Board is to oversee the alignment and integration of budgets for the services in scope.

Integrated commissioning will be achieved through pooled budgets; aligning of budgets whereby each partner will control their own budgets and spending will be reduced to a minimum.

The operation of the Commissioning Partnership Board will be underpinned by the section 75 agreement and it will oversee one or more pooled funds.

11. Administration

The CCG and OMBC Corporate Office Teams will provide administrative support to the Commissioning Partnership Board, supporting the chair, as appropriate. They will be supported by the Chief Operating Officer and Strategic Director of Corporate Affairs and Resources to set the agenda.

12. Frequency and notice of Meetings

The Commissioning Partnership Board will normally meet monthly and at least quarterly in public.

Unless otherwise agreed, at least 14 days notice of a date and place of a meeting will be given. In the case of urgent business the chair will call a meeting with notice as they see fit.

Agenda planning meetings will take place in advance of the next meeting and include the Joint Chairs as a minimum. The agenda and supporting papers will be sent to member representatives no less than 5 clear (full) working days before the meeting.

13. Conduct of meetings

Except as outlined in these Terms of Reference, meetings of the Commissioning Partnership Board shall be conducted in accordance with the provisions of the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies (as approved by the CCG) and the Council's Scheme of Delegation for Officers and Procedure Rules (as set out in the Council's Constitution and approved by the Council) and reviewed from time to time. Where different rules apply, the higher standard shall be adopted.

The Commissioning Partnership Board shall ordinarily meet jointly with the Commissioning Committee and have shared notices of meetings, agendas, papers and minutes.

The secretary shall minute the proceedings of all meetings of the Commissioning Partnership Board, including recording the names of those present and in attendance and any conflicts of interest declared.

Minutes and action log of each meeting will be circulated within 5 working days of the meeting taking place. Their approval shall be considered as an agenda item at the next meeting.

The representatives of the Commissioning Partnership Board will act as the overall communication links to their organisation and relevant departments. Members shall disseminate the approved minutes for the Commissioning Partnership Board to relevant stakeholders.

14. Reporting Mechanism

The Commissioning Partnership Board shall make any such recommendations to the Governing Body and Commissioning Committee, or OMBC governance it deems appropriate on any area within its remit, where action or improvement is needed.

15. Review and Termination

In the event of a dispute, the disputes procedure within the section 75 agreement shall be followed.

The basis and procedure for termination of the Commissioning Partnership Board is included within the section 75 agreement.

16. Other Matters

The Commissioning Partnership Board is authorised by the Governing Body and Council Cabinet to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Commissioning Partnership Board.

The Commissioning Partnership Board is authorised by the Governing Body and Council Cabinet to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it

considers this necessary, within its Terms of Reference within a limit determined by the Chief Financial Officer.

The Commissioning Partnership Board shall:

- Have access to sufficient resources to carry out its duties
- Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members
- Give due consideration to laws and regulations impacting on the work of the Commissioning Partnership Board
- At least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body and Council Cabinet.

Appendix

Article 14.2.2 of the Council's Constitution

14.2.2 Key Decisions

- a. a key decision is any decision which is likely to result in a local Council incurring expenditure which is, or the making of savings which are, significant having regard to the local Council's budget for the service or function to which any decision relates; or
- b. to be significant in terms of its effects on communities living or working in the area comprising two or more wards in the area of the local Council

Key Decision - Definitions

- a. "Significant expenditure or savings" is defined as:
 - i. Revenue expenditure or saving that is neither provided for within the Budget, nor virement permitted by the Constitution.
 - ii. Capital expenditure that is not provided for within:
 - iii. The capital estimate for a specific scheme; or
 - iv. A lump sum capital estimate.
 - v. Of the declaration of land or property, the estimated value of which exceeds £250,000, as surplus to the Council's requirements.
 - vi. Securing approval in principle to the acquisition or disposal of land or property the value of which is estimated to exceed £250,000.
 - vii. Securing approval in principle to the taking of, or the granting, renewal, assignment, transfer, surrender, taking of surrenders, review, variation or termination of any leases, licences, easements or wayleaves, at considerations in excess of £250,000 over the term of the agreement or a premium of £250,000.
 - viii. Any decision which involves expenditure or savings over £250,000.
- b. Key Decisions are also those decisions which:
 - i. Require an application to be made for planning permission, listed building, ancient monument or conservation area consent.
 - ii. Comprise or include the making, approval or publication of a draft or final scheme which may require, either directly or in the event of objection, the approval of the Secretary of State or of a Minister of the Crown.
 - iii. Require the passage of local legislation or the adoption by the Council of national legislation.
 - iv. Propose a response on behalf of the Council to consultation by the Secretary of State or a Minister of the Crown, where the consultation response could have a potential impact upon the Council to the extent defined in Article 15.3.2-15.3.4
 - v. Propose an alteration in the standard charges which the Council makes for any of its services.

Commissioning Partnership Board Report

Decision Maker	Dr. Carolyn Wilkins SRO Chief Executive Oldham Council/Accountable Officer
Date of Decision:	28th June 2018
Subject:	GM Transformation Fund Investment Review and Assurance Process
Report Author:	Donna McLaughlin, Alliance Director, Oldham Cares Vicky Crossley, Associate Director of Oldham Cares Programmes Sarah Harris, Oldham Cares Programme Manager - Enabler Services

1) Summary:

The purpose of this report is to provide the Oldham Cares Alliance Board with an assurance and update on progress against plans for the allocation of the Greater Manchester Transformation Fund of £21.3m. Assurance and updates are provided to the Commissioning Partnership Board (CPB), to assure that investment continues to support care pathway development in Oldham for prevention, community resilience and care closer to home. The CPB is assured on the assessment that has taken place with regards to Oldham's readiness to implement its investment proposals.

2) Alternative options:

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

3) Recommendation(s):

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

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

3. A robust governance process for the allocation of transformation funding and the development of the plans has been followed
4. Any proposals must demonstrate a sufficient evidence base to the Commissioning Partnership Board to commence implementation into an operational context.
5. Any Enabler funding requested from the GM Transformation Fund will be pooled across Oldham Cares, to ensure coordination and best value from this budget. The budget will be managed collectively by the Oldham Cares Alliance Leadership Team with regular financial monitoring reports submitted to the CPB.
6. The risks highlighted in this report have sufficient mitigating actions to reduce their likelihood, including ensuring adherence across the system to implementing gateway review points, the evaluation of pilots and a robust change management methodology. Oldham has also ring-fenced £50k per year for three years to the GM evaluation of the transformation programmes.
7. It is recommended that the release of funds by Oldham Cares (CCG fund holder) will be subject to;
 - a) Confirmation that proposed service changes will deliver sufficient savings both to contribute to the financial sustainability challenge and cover the incremental costs of the new service; and
 - b) A quarterly review process, assuring the Commissioning Partnership Board that adequate progress is being made.
 - c) An equality impact assessment being produced for each proposal

4) Background:

- 4.1 **Oldham's** vision is to achieve and sustain the greatest and fastest improvement in wellbeing and health for the 225,000 people of Oldham. Through innovative programmes, new ways of working, and partnerships our population will be encouraged and empowered to:
 - take more control, improve their life chances, reduce risks to health and live well and adopt healthy lifestyles
 - access care and support at an earlier stage and
 - manage their own conditions and live independently.
- 4.2 **Stakeholder engagement** is a key principal of Oldham Cares. Stakeholders which have been involved on the journey toward these proposals include Health and Wellbeing Board members, System Leaders and Citizen participation.
- 4.3 The key areas of focus described in **Oldham's Locality Plan** are: the fostering of thriving communities, the transformation of primary, community and social care services, mental health and early years. We also describe the mobilisation of a workforce that includes other parts of the public sector, social housing, the voluntary and private sectors carers and citizens.
- 4.4 The **Outcomes Framework** for Oldham was agreed by the Health and Wellbeing Board in January 2018. The framework sets out a range of high level outcomes based on key changes planned over the next decade. It describes the priorities that the whole system will work together to deliver and will inform commissioning priorities and performance management.

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

- 4.5** In April 2017 a bid was submitted for £23.2m of **Greater Manchester Transformation Fund** monies to support the realisation of our ambitions.

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

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

- 4.6** Our funding is to support Health and Social Care Transformation that builds on the work undertaken in Oldham over the last 4 years to progress our vision around integrated care. **Our transformation funding is for the following schemes;**

1. 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
2. Creating and implementing a more effective urgent and emergency care offer
3. Oldham's community re-ablement, rehabilitation and community bed services (including a rapid response facility)
4. Oldham's approach to community resilience, branded as 'Thriving Communities'

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

- 4.8** Since November 2017, Oldham has had in place **an Investment Review and Assurance Process** to enable robust and fully costed transformation proposals to be developed. A deadline of the end of June 2018 has been set for the completion of proposals therefore, to accelerate the pace of Oldham's transformation start-up phase in order to avoid losing overcommitted Greater Manchester funds to other localities. An outcome of this approach has been to strengthen Oldham Care's approach to integration from the outset.

5) Financial implications:

- 5.1** The £21.3m of funding received from GM has been allocated across Oldham Cares Transformation programmes based upon an expected level of non-elective deflections from key transformation proposals. Appendix B outlines these expected levels as of June 2017
- 5.2** From this total resource of £21.3m funding for Thriving Communities, seed funding and a value for contingency have been top sliced. Thriving Communities has been assessed differently as the nature of the programme is not expected to deliver direct measurable deflections in the lifetime of the Transformation Fund but will deliver the commitment of Oldham Cares to create a Health and Social Care system which is focused upon prevention and early intervention in our Communities.

- 5.3** As outlined above, a central part of our plans are to increase the pace and scale of delivery of our Locality Plan which will improve care and close our forecasted financial gap of £71m.
- 5.4** To develop plans around our transformation, six service component work streams were initially established to scope and design the plans with the following accountable leads. As the Investment Review and Assurance Process has progressed, we have reviewed the approach to integration in key areas as outlined in Section 4.6 above.

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

- 5.5** To be assured of transformation plans in each of the component areas and to ensure we continue to constructively challenge ourselves and learn, the Oldham Cares Investment Review and Assurance process for the allocation of funds has been implemented and it is intended that an assurance assessment against the delivery of our transformation plans will be undertaken on a quarterly basis. Please see **Appendix C – Oldham Cares Investment Review and Assurance Process**
- 5.6** In May 2018, each work stream listed above produced individual proposals and , following initial review, it was agreed that in order to strengthen our approach to integration and achieve better outcomes, Core & Extended Primary Care, Community Enablement and Urgent & Emergency Care should work together to produce a combined Integrated Community Care proposal.
- 5.7** The following four proposals have been reviewed and assessed at each stage of the Investment Review and Assurance Process (see detail below). A summary of the recommendations are outlined in the table below. These indicate the complexity and risk associated with each proposal. Funding will be allocated according to the recommendations and activity requirements outlined in Section 3 and Section 4 of this report.

Proposal	Summary of the investment review and assurance recommendations
Thriving Communities	Successful delivery of the transformation to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Mental Health is Central to Good Health	Successful delivery appears probable and funding is to be allocated at the pilot stage.
Start Well	Successful delivery appears feasible and funding is to be allocated at the pilot stage
Integrated Community Care	Whilst the care models demonstrate improving the outcomes for people in Oldham, the financial principles of the investment needs re-visiting for affordability before commencement into implementation. The five cluster model for Oldham will continue development and will be led by the Chief Clinical Officer for Oldham CCG

- 5.8** Proposals are reviewed at each stage by a wide range of Stakeholder across Oldham Cares. The assessment criteria were produced by Oldham Cares PMO in line with Greater Manchester Transformation bid criteria and best practice from the Government's Infrastructure and Projects Authority Assurance Review Toolkit (OGC Best Practice and available on request) with regards to assessing readiness for implementation at a gateway review point.
- 5.9** The process for assessment has been iterative to ensure reflection and the triangulation of stakeholder requirements are incorporated into the proposals where necessary (i.e. LTFP group RAG rating assessments have been conducted in order to ensure robust and objective feedback to authors in a consistent manner) Each proposal has been assessed using the criteria at Appendix D1 (overview) and D2 (detailed criteria).
- 5.10** Requirements for the completion of important supporting information such as Equality Impact Assessments (EIA) are also identified within the criteria. Given the timescales, it is recognised that further review in these areas is required before the commencement of implementation.

6) Procurement implications:

Oldham Cares is an Alliance of providers. The transformation outlined in this report, largely relates to a reconfiguration of existing services. However, where procurement may be required for new services, advice on procurement will be sought and approval will be sought from the CPB to progress.

7) Legal implications:

There are no identified legal considerations with regards to this report at this stage, but legal advice will be sought as necessary when proposals progress. CPB will be advised on legal implications.

8) Human resource implications:

Proposals and staff recruitment in existing commissioned services are being considered by the Oldham Cares Alliance Board at its June meeting.

9) Equality and Diversity Impact Assessment:

Requirements for the completion of important Equality Impact Assessments (EIA) are identified within the Oldham criteria for Transformation Funding. Given the stage of development for the proposals, further review in these areas is required before commencement of implementation.

10) Property implications:

An Estates work stream has been established for the transformation programme and CPB will be advised on any property implications when determined.

11) Risks:

The CPB are asked to note the following risks to funding and implementation highlighted by the Investment Review and Assurance Process and the mitigating actions. An update on progress will be provided at subsequent CPB Meetings.

- 11.1** Evidence is required around outcomes and financial sustainability when the Transformation Funding ceases post 20/21. Pilots are being identified and a sustainability plan will be drafted following these and the development of the Oldham Cares blueprint.
- 11.2** Further technical groups for Procurement and Clinical Quality require establishment.
- 11.3** We are aware of staffing shortages in the health and social care market and skills gaps in the current workforce of commissioned services. A workforce strategy for Greater Manchester and Oldham is in the process of being developed and in key areas, e.g. nurse recruitment, to facilitate the mitigation of these risks
- 11.4** The Estates options requires development to enable appropriate and sufficient staff accommodation.
- 11.5** Public engagement in the Oldham Cares system is acknowledged as requiring further development. The Oldham Cares Alliance is strengthening of this approach.
- 11.6** Greater Manchester Health & Social Care Partnership is able to reduce allocations should decision making in the locality be delayed and if they do not consider the transformation achievable.
- 11.7** Oldham Cares Provider Alliance Forum has identified that self-care (and its link to prevention) requires strengthening in proposals.
- 11.8** The undertaking of Equality Impact Assessments is an important requirement of the Investment Review and Assurance Process. These have been completed where possible but further work is required as the programme moves to forming the detail of transformation proposals

12) Proposals:

Part B of this report outlines proposals of a commercially sensitive nature in more detail. The key summary of the proposals and recommendations are found in Sections 4-5 above.

13) Conclusion:

The Commissioning Partnership Board are provided with the Oldham Cares position with regards to assuring GM H&SCP in July 2018 of Oldham Cares request to receive their allocated funding of £21.3m. The ambition is to deliver health and social care transformation plans during 2018/19-2020/21.

Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution/CCG's Standing Orders?

The report complies with the CCG's standing orders as the fund holder.

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

Yes

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

No

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

Title	Available from
Greater Manchester Health and Social Care Strategic Partnership Board – Transformation Fund Update	http://decisionrecording.oldham.gov.uk/documents/s84817/Appendix%201%20-%20Transformation%20Fund%20Update.pdf July 2017 – Health & Wellbeing Board
ICS Developments and GM Transformation Fund	https://committees.oldham.gov.uk/documents/s77566/ICS%20Developments%20and%20GM%20Transformation%20Fund.pdf March 2017 – Health & Wellbeing Board
GM Health & Social Care Transformation – Oldham Integrated Commissioning Organisation (ICO) and Transformation Fund Submission	http://decisionrecording.oldham.gov.uk/documents/s76067/Local%20Care%20Organisation%20and%20Transformation%20Fund%20Update.pdf January 2017 – Health Scrutiny
Integrated Commissioning System and GM Transformation Fund Update	http://decisionrecording.oldham.gov.uk/documents/s76494/Integrated%20Commissioning%20System%20and%20GM%20Transformation%20Fund%20Update.pdf January 2017 – Health & Wellbeing Board
Update on the Oldham Transformation bid Proposal	http://decisionrecording.oldham.gov.uk/mgConvert2PDF.aspx?ID=74374&ISATT=1#search=%22transformation%20%22 October 2016 – Health & Wellbeing Board

Report Author Sign-off:	
Donna McLaughlin, Alliance Director Oldham Cares Vicky Crossley, Associate Director of Oldham Cares Programmes Sarah Harris, Enabler Programme Manager	
Date: 20th June 2018	
Appendix number or letter	Description
Appendix A Appendix B Appendix C Appendix D1-D2	Oldham's Outcome Framework Original Deflections Benefits Realisation Model - Allocations Oldham Cares Investment Review and Assurance Process Oldham Cares Investment Review and Assurance Process, Full Criteria and Summary Ratings Matrix

This page is intentionally left blank

Appendix B

Outcomes Framework

High level outcomes

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

This page is intentionally left blank

Transformation Benefits/ Deflections - Benefits Realisation Monitor

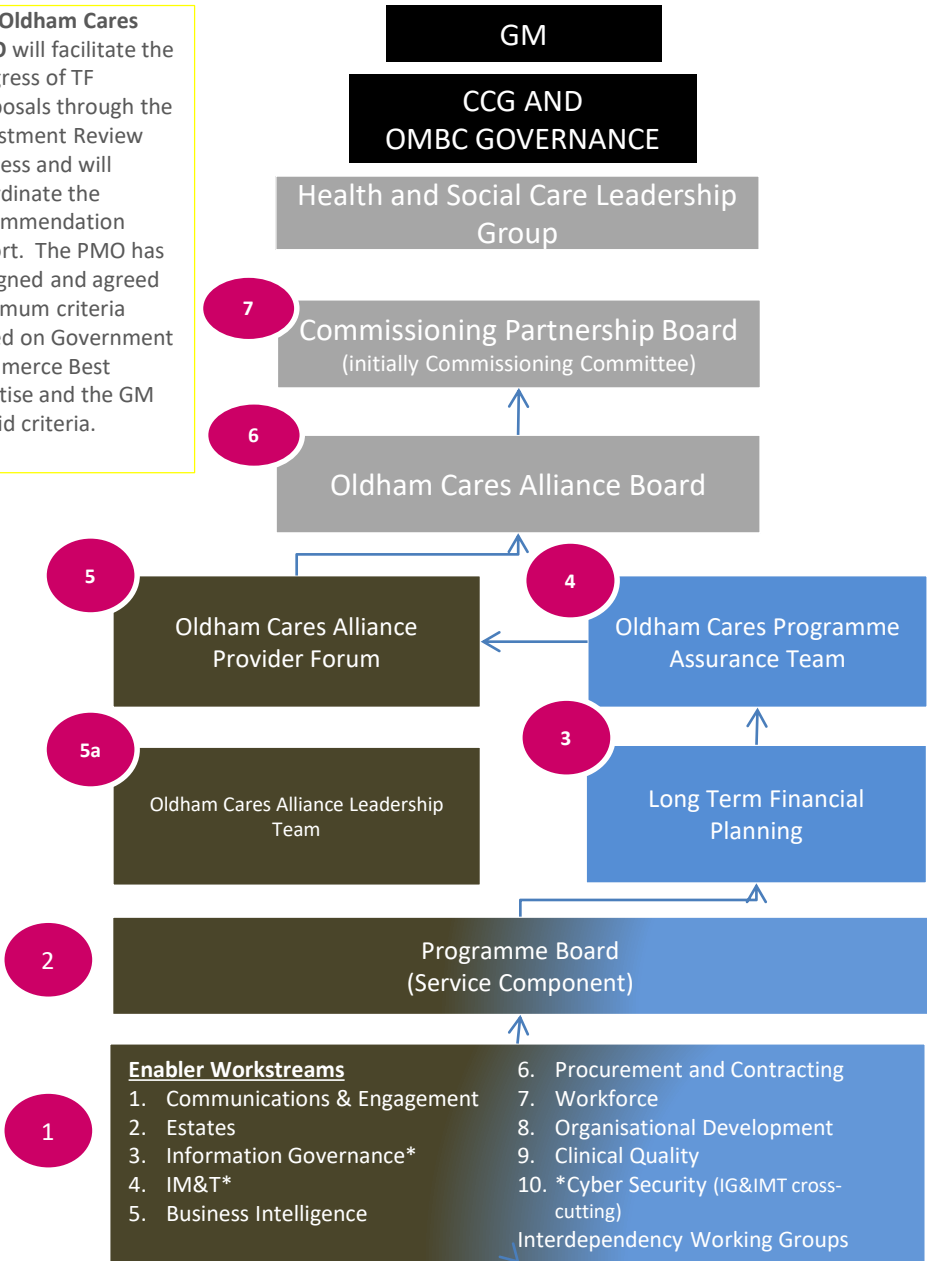
Name of Service Component	ALL	A&E			Total	NEL			Total	Stretch Targets	
		18/19	19/20	20/21		18/19	19/20	20/21		A&E	NEL
Transformation Lifecycle Profile Sign Off by Commissioning Board	Y/N									18/19	18/19
Deflection title and brief description of the transformation taking place in this deflection area. (Project list of applicable)	ALL										
ICO TF Profiling assumptions April 2018 (% split)	Thriving Communities	11%	31%	57%		11%	31%	57%		11%	11%
Deflection Targets As of April 2018 (%/ abstract)		292	777	1,452	2,546	35	93	174	306	292	35
ICO TF Profiling assumptions April 2018 (% split)	C&EPC	17%	41%	42%		18%	41%	41%		17%	18%
Deflection Targets As of April 2018 (%/ abstract)		517	1,245	1,266	3,028	318	705	717	1,740	1,267	318
ICO TF Profiling assumptions April 2018 (% split)	U&EC										
Deflection Targets As of April 2018 (%/ abstract)		-	-	-	-	-	-	-	-	-	-
ICO TF Profiling assumptions April 2018 (% split)	Start Well	33%	33%	34%		33%	33%	34%		33%	33%
Deflection Targets As of April 2018 (%/ abstract)		2,236	2,274	2,313	6,823	184	187	190	562	3,387	184
ICO TF Profiling assumptions April 2018 (% split)	MH	20%	40%	41%		20%	40%	41%		20%	20%
Deflection Targets As of April 2018 (%/ abstract)		237	482	490	1,209	19	38	38	94	237	19
ICO TF Profiling assumptions April 2018 (% split)	Community Enablement	9%	44%	48%		9%	44%	48%		33%	33%
Deflection Targets As of April 2018 (%/ abstract)		180	920	1,012	2,112	90	460	506	1,056	2,970	1,485
ICO TF Profiling assumptions April 2018 (% split)	Health Prevention										
Deflection Targets As of April 2018 (%/ abstract)					-				-	-	-
Total %		22%	36%	42%		17%	39%	43%		27%	28%
Total Planned Deflections		3,462	5,698	6,533	15,718	646	1,483	1,626	3,757	8,153	2,041
IA Deflections (PwC) Carry Forward		4,062	6,248	11,509	21,819	1,092	1,511	2,773	5,376	4,062	1,092
Variance		- 600	- 550	- 4,976	- 6,102	- 446	- 29	- 1,147	- 1,619	4,091	949
%		85%	91%	57%	72%	59%	98%	59%	70%	201%	187%
					Reconcile to IA 4th Year				Reconcile to IA 4th Year		
					29,100				7,039		
					Variance				- 1,663		

I:\Information, Intelligence & IT\BI - Business Intelligence\Adhoc Requests\ICO Deflections re-work 03-04-18\[ICO Deflection Detail 19-04-18.xlsx]Front

This page is intentionally left blank

Oldham Cares Investment Review and Assurance Process

The **Oldham Cares PMO** will facilitate the progress of TF proposals through the Investment Review process and will coordinate the recommendation report. The PMO has designed and agreed minimum criteria based on Government Commerce Best Practise and the GM TF Bid criteria.



7

The **Commissioning Partnership Board** gives overall approval to the GM Transformation Fund spend in line with Commissioning intentions and the Outcome Framework, Section 75 arrangements. The H&SC LG will receive proposals prior to the CPB

6

The **Oldham Cares Alliance Board** will operate as a joint Executive Management Team overseeing the programme to establish the Alliance and the service transformation

5

The **Oldham Cares Alliance Provider Forum** includes providers who have signed the MOU/Alliance and will operate as a joint partnership team to develop a strategy for the 90 providers. This will act as a 'sense check' as to whether the proposals can be delivered operationally. The **Alliance Leadership Team** may wish to look at cases in more detail

4

The **Oldham Cares Programme Assurance Team** brings together Sponsors of service transformation in eight key areas to review, consolidate, plan, and assure change plans. This group will review proposals to ensure they are aligned to a system wide transformation approach

3

The **Long Term Financial Planning Group** will develop the long term financial model for the Oldham Locality plan factoring the impact of pathway interventions and efficiency requirements. It will review proposals for financial sustainability

2

Each Service Component has a **Programme Board**:

- Community Enablement Programme Board
- Health improvement Programme Board
- Mental Health Strategy Partnership
- Primary Care Programme Board
- Start Well Programme Board
- Thriving Communities Programme Board
- Urgent Care Transformation Board

1

The **Enabler Workstreams** work at a strategic and operational transformation level, providing specialist support. **Interdependency Working Groups** will be established on an ad-hoc basis to analyse complex systems and/or work requiring technical expertise

This page is intentionally left blank

Oldham Cares - Investment Review

<Insert details from proposal form>

Version number:	[Insert Draft 0.1, 0.2, 0.3 or Final 1.0]
Senior Responsible Owner (SRO):	[Insert name]
Date of issue to SRO:	[Insert date]
Programme/Project Title:	[Insert programme name]
Lead Sponsor	[Insert name]
Organisation Lead	[Insert name]
Review Dates:	See Section 1
Programme Manager	[Insert name of team leader]
Programme Board	<Board Name> Chair - <NAME> Please see ToR for full member list
Key Stakeholder Sign Off Is Section 13 of the Proposal complete?	Yes/ No

This business case decision was arranged and managed by:

Oldham Cares - ICO Programme Office

<e-mail>

Busienss CaseTemplate Version [Insert Final 1.0]

Section 1

Investment Confidence Assessment

	<u>Overall Delivery Confidence Assessment:</u>	VIII	VII	VI	V	IV	III	II	I
1	Alignment to GM Strategy and Locality Plan								
2	Ability to deliver the plan with immediate effect								
3	Working with other organisations and people								
4	Making sure the money adds up								
5	Being able to develop more when TF runs out								

<u>Overall Delivery Confidence Assessment:</u>	[Insert status: Red, Amber Green etc.]
<p>I The Commissioning Partnership Board on <DATE> found/noted that</p> <p>II The OC Alliance Board on <DATE> found/noted that</p> <p>III The OC Alliance Provider Forum on <DATE> found/noted that</p> <p>IV The OC Programme Assurance Team on <DATE> found/noted that</p> <p>V The Long Term Financial Planning Group on <DATE> found/noted that</p> <p>VI The <XXX Programme Board> on <DATE> found/noted that</p> <p>VII The <XXX Workstream> on <DATE> found/noted that</p>	

Oldham Cares - Investment Review

Component/ Workstream Title: [Insert pname]

The Delivery Confidence assessment RAG status should use the definitions below:

<u>RAG</u>	<u>Criteria Description</u>
Green	Successful delivery of the transformation to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber/Green	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
Amber/Red	Successful delivery of the transformation is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Red	Successful delivery of the transformation appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project may need re-base lining and/or overall viability re-assessed.

Section 2

Summary of Report Recommendations

Critical (Do Now) – To increase the likelihood of a successful outcome it is of the greatest importance that the Sponsor should take action immediately

Essential (Do By) – To increase the likelihood of a successful outcome the Sponsor should take action in the near future.

Recommended – The project should benefit from the uptake of this recommendation. The Proposal then needs to be linked to project milestones e.g. before contract signature and/or a specified timeframe e.g. within the next three months.

The following recommendations which are prioritised using the definitions below:

Ref. No.	Recommendation	Critical/ Essential/ Recommended	Target date for completion	Classification
1.	Long Term Financial Planning			Choose an item.
2.	Programme Board			Choose an item.
3.	Comms and Engagement			Choose an item.
4.	Estates			Choose an item.
5.	Information Governance			Choose an item.
6.	IM&T			Choose an item.
7.	Business Intelligence			Choose an item.
8.	Procurement & Contracting			Choose an item.
9.	Workforce			Choose an item.
10.	OD			Choose an item.
11.	Clinical Quality			Choose an item.
12.	Other			Choose an item.

Section 3

Comments from the SRO and Health and Social Care Leadership Group

[Insert comments here]

Section 4**Findings and Recommendations**

Ref	CRITERIA (Italics = OGC Gateway review, none italic = T Bid criteria)	Y/N	RAG
Comments			

1) Alignment to Greater Manchester Strategy and Locality Plan

1.1	Does the Proposal align to GM and locality in both strategy and vision and how is the plan designed?		
1.2	Does the Proposal explain how it will improve Oldham's financial situation?		

2) Ability to deliver the plan straight away

2.1	Does the Proposal demonstrate that the service component is ready to be delivered? Have all necessary statutory and procedural requirements been followed?		
2.2	Does the Proposal demonstrate that the transformation is ready to be delivered? Is a project management team in place?		
2.3	Can the system deliver on the Proposal? Is the system prepared for the development (where there are new processes), implementation, transition and operation of new services/facilities, and that all relevant staff are being (or will be) prepared for the business change involved?		
2.4	Have specific parts of the Proposal which rely on, e.g. target patient and service groups taking up a service, been identified?		
2.5	Are management controls in place to manage the transformation through to completion, including financial controls, contract management aspects and implementation plans?		
2.6	Are there clear plans for risk management, issue management and change management (technical and business), and that these plans are shared with providers and suppliers?		
2.7	Technical implications, such as for IT-enabled projects,		

Oldham Cares - Investment Review

Component/ Workstream Title: [\[Insert pname\]](#)

	information assurance and security and capital programmes have they been addressed?		
2.8	Is an equality impact assessment required?		

3) Working with other organisations and people

3.1	Does the Proposal show that they will be working with other organisations and people e.g. evidence of formal sign offs, talking to patients and service users?		

4) Make sure the money adds up

4.1	Does the Proposal show a demonstration that the Transformation will help Oldham's financial position over the long term?		
4.2	Should there eventually be a return on investment?		
4.3	Will the Proposal ensure locality spending and targets in the investment agreement are met to make sure the required transformation happens?		
4.4	Is there an exit strategy should the Proposal not be viable once begun?		
4.5	Is it within the financial envelope as per the original agreement?		

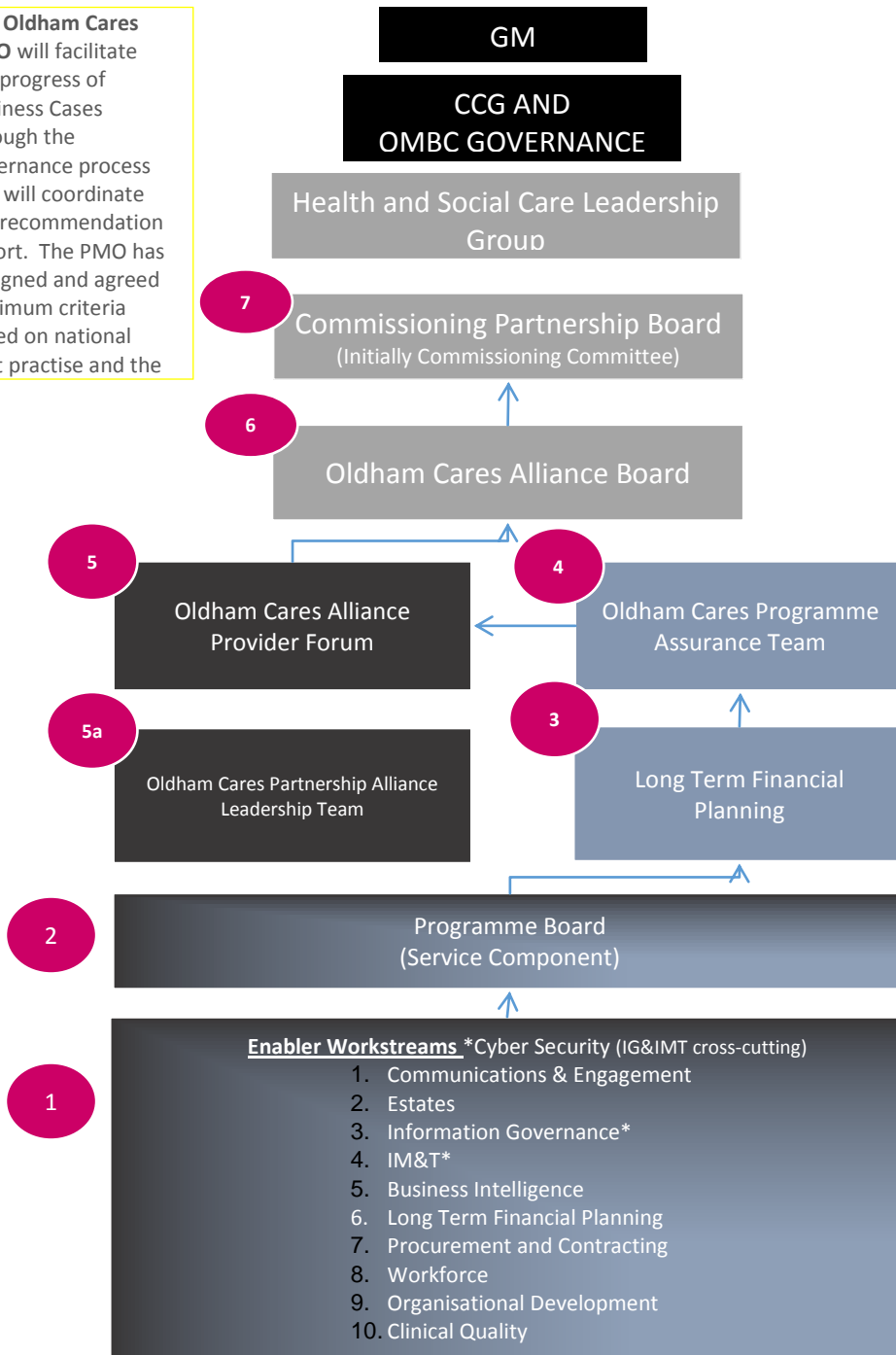
5) Be able to develop more when the Transformation Funding runs out

5.1	Does the Proposal show that the scheme can be replicated by having an evaluation system in place and a way of sharing and learning the things that went well or otherwise?		

Oldham Cares Business Case Governance Process

OLDHAM CARES PROGRAMME MANAGEMENT OFFICE

The **Oldham Cares PMO** will facilitate the progress of Business Cases through the governance process and will coordinate the recommendation report. The PMO has designed and agreed minimum criteria based on national best practise and the



7

The **Commissioning Partnership Board** gives overall approval to the Business Case Transformation Fund spend in line with Commissioning intentions and the Outcome Framework, Section 75 arrangements. The H&S LG will receive Business Cases prior to the CPB

6

The **Oldham Cares Alliance Board** will operate as a joint executive management team overseeing the programme to establish the Alliance and the service transformation

5

The **Oldham Cares Alliance Provider Forum** includes providers who have signed the MOU/Alliance and will operate as a joint partnership team to develop a strategy for the 90 providers. This will act as a 'sense check' as to whether the business cases can be delivered operationally. The **Partnership Alliance Leadership Team** may wish to look at cases in more detail

4

The **Oldham Cares Programme Assurance Team** brings together Sponsors of service transformation in eight key areas to review, consolidate, plan, and assure change plans. This group will review business cases to ensure they are aligned to a system wide transformation approach

3

The **Long Term Financial Planning Group** will develop the long term financial model for the Oldham Locality plan factoring the impact of pathway interventions and efficiency requirements. It will review business cases for financial sustainability

2

Each Service Component has a **Programme Board**:

- Community Enablement Programme Board
- Health improvement Programme Board
- Mental Health Strategy Partnership
- Primary Care Programme Board
- Start Well Programme Board
- Thriving Community Programme Board
- Urgent Care Transformation Board

1

The **Enabler Workstreams** work at a strategic and operational transformation level, providing specialist support. **Interdependency Working Groups** will be established on an ad-hoc basis to analyse complex systems and/or work requiring technical expertise

Oldham Cares - Investment Review

Component/ Workstream Title: [\[Insert pname\]](#)

Group A

Thriving Communities

Group B

Mental Health is Central to
Good Health

Start Well

Group C

Core & Extended Primary
Care

Community Enablement

Urgent & Emergency Care

	MEETING	REVIEW DATE
1	Enabler Workstreams	As Agreed
2	Programme Boards (Service Component)	
	Thriving Communities Delivery Group	As Agreed
	Urgent & Emergency Care Board	As Agreed
	Start Well Programme Board	3 May
	Core & Extended Primary Care Sub-Programme Board	4 May/1 Jun
	Mental Health Strategy Partnership	8 May
	Community Enablement Programme Board	11 May
		GROUP A
3	Long Term Financial Planning Group	1 Feb
	Financial Query Call Back	15 Mar
4	ICO Programme Assurance Team	14 Mar
5	Oldham Cares Alliance Provider Forum	17 May
6	ICO Alliance Board	24 May
		GROUP B
3	Long Term Financial Planning Group	24 May
		GROUPS B & C
	Extraordinary ICO Programme Assurance Team	23 May
3	Long Term Financial Planning Group	7 Jun
4	ICO Programme Assurance Team	6 Jun
5	Oldham Cares Alliance Provider Forum	12 Jun
6	ICO Alliance Board	21 Jun
		GROUPS A & B
7	Commissioning Partnership Board	28 June

This page is intentionally left blank

Investment Review and Assurance Criteria and Ratings Matrix

Assessment criteria based on the Greater Manchester Transformation Fund Bid criteria and the government's best practice criteria for assuring programmes of transformation (<https://www.gov.uk/government/collections/infrastructure-and-projects-authority-assurance-review-toolkit>)

		RAG						
		1	2	3	4	5	6	7
1	Alignment to GM Strategy and Locality Plan							
2	Ability to deliver the plan with immediate effect							
3	Working with other organisations and people							
4	Making sure the money adds up							
	Being able to develop more when TF runs out							

Page 35

RAG	Criteria Description
Green	Successful delivery of the transformation to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber/Green	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
Amber/Red	Successful delivery of the transformation is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Red	Successful delivery of the transformation appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project may need re-baselining and/or overall viability re-assessed.

This page is intentionally left blank