



COMMISSIONING PARTNERSHIP BOARD Agenda

Date Thursday 27 September 2018

Time 12.30 pm

Venue Ellen House, Waddington St, Oldham OL9 6EE

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires any 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 in advance of the meeting.
 2. CONTACT OFFICER for this Agenda is Liz Droган 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 on Monday 24th September 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 Constitutional Services Officer who will instruct that they are not included in the filming.

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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 COMMITTEE

Councillors Chadderton, Chauhan, Fielding and Shah
Majid Hussain Lay Governing Body Chair CCG (Chair)
Ben Galbraith Chief Finance Officer CCG
John Patterson Chief Clinical Officer CCG
Ian Milnes Deputy Chief Clinical Officer CCG

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 Declarations of Interest

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

4 Urgent Business

Urgent business, if any, introduced by the Chair

5 Public Question Time

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

6 Minutes of Commissioning Partnership Board held on 30th August 2018 (Pages 1 - 8)

7 GM Transformation Fund - Oldham Investment Proposals

Report to follow.

8 Exclusion of the Press and Public

That, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they contain exempt information under paragraph(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.

9 GM Transformation Fund - Oldham Investment Proposals

Report to follow.



COMMISSIONING PARTNERSHIP BOARD
30/08/2018 at 12.30 pm

Present: Majid Hussain (Chair)
Councillors Chadderton, Chauhan, Fielding and Shah, Dr John
Patterson, Dr Andrew Vance, Ben Galbraith
Also in Attendance:
Graham Foulkes Lay Member for Patient and Public
Involvement
Anne Ryans Senior Management Team
Mark Warren Director, Adult Social Care

1 **ELECTION OF CHAIR**

RESOLVED – That Majid Hussain be elected Chair for the
duration of the meeting.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Ian Milnes.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF THE COMMISSIONING PARTNERSHIP
BOARD HELD ON 26TH JULY 2018**

RESOLVED - That the minutes of the Commissioning
Partnership Board held on 26th July 2018 be approved as a
correct record.

7 **S.75 AGREEMENT**

Consideration was given to a report of the Director of Finance
which sought approval of the signing of a S.75 Partnership
agreement made under the provisions of Section 75 of the
National Health Services Act 2006, to enable a more integrated

approach to health and social care using pooled funds and commissioning arrangements under the agreement.

The report provided details of the work undertaken by the Council and CCG working towards an integrated health and social care system for a number of years, previously limited in scope financially to pooling budgets around the better Care Fund (BCF)/Improved Better Care Fund.

It was agreed in the autumn of 2017 to pool commissioning elements of budgets to increase the scope of the integrated delivery of services, to reduce duplication and get the best value for money.

The elements of the budgets which were agreed to be included in the pooled budgets were the commissioning of individual placements for service users, domiciliary care, mental health, learning disability and older people services.

In addition Oldham as a Borough had successfully bid for £21.3m Transformation Funding from the Greater Manchester Health and Social Care Partnership, although the funding had been paid directly to the CCG the money related to spend for both the Council and the CCG as a consequence the Transformation Fund was being incorporated into the S.75 Partnership agreement.

In terms of the s.75 Partnership agreement there were two distinct types of pools within this agreement.

1. Pooled budget – Partners pay into the pooled fund and the money would be hosted by one partner and the decision on how to spend would be delegated to that partner. The Community Equipment budget and the Transformation Fund were pooled budgets hosted by the Council and CCG respectively.
2. Pooled aligned budget – Each respective partner kept control of its own contributions and spend. Instead decisions were taken in collaboration with the partner to maximise impact and reduce duplication. Currently the Better Care Fund and improved Better Care Fund budgets were pooled aligned budgets.

The intention was for the commissioning budgets of individual placements for service users, domiciliary care, mental health, learning disability and older people services to be pooled aligned budgets.

A summary and totals of the pooled aligned budget and pooled budget was detailed at schedule 8 of the s.75 agreement and circulated at the meeting.

The Board thanked Oldham Council and CCG Colleagues for all the work undertaken on the agreement and the demonstration of the commitment and integration between the Council and the CCG.

Options/Alternatives considered

Option 1 – Approve the signing of the S.75 Partnership agreement to enable closer working between Oldham MBC and Oldham CCG.

Option 2 – Continue with the current agreement and update the schedules in line with inflation and budget adjustments. This would enable the continuation of the pooling of the Better Care Fund, improved Better Care Fund and Community Equipment Fund but would not reflect the ambition as a health economy.

Option 3 – Do nothing. This would mean operating with an out of date S.75 Partnership agreement in respect of the Better Care Fund, improved Better Care Fund and Community Equipment Fund.

RESOLVED – That the signing of an updated S.75 Partnership agreement made under the provisions of Section 75 of the National Health Services Act 2006, to enable a more integrated approach to health and social care using pooled funds and commissioning arrangements under the agreement be agreed.

8

DOMICILIARY CARE COMMISSIONING

Consideration was given to a report of the Planning and Commissioning Manager, Housing and Care which sought approval to agree the Joint Commissioning Framework for Domiciliary Care from April 2019.

It was reported that the process of integration between health and social care had identified a number of areas which should be jointly commissioned between Oldham CCG and Oldham Council.

The report set out options appraisal for jointly commissioning domiciliary care for the Borough under the S.75 Partnership arrangements.

The outcome of scoping work undertaken to combine both organisations delivery objectives for domiciliary care in Oldham, was an overarching framework for all domiciliary care, incorporating separate lots to include:

- Care at Home
- Extra Care Housing
- Complex Needs (including Learning disability and complex health needs)
- Children's domiciliary/continuing care provision.

The report set out the various models for organisational delivery.

Options/Alternatives

Lot 1 – Adult Domiciliary Care (standard) delivered at scale
For future delivery of care at home services, a cluster based approach would allow better neighbourhood working and integration with health colleagues.

It was proposed that there would be a lead provider for each cluster to drive innovation and quality. The provider would work effectively with the community based health and social care teams providing a joined up approach and maximising the use of all community assets.

The focus on two providers per cluster, would create a vibrant market with providers having guaranteed levels of hours, to help stabilise the market.

It would support providers to recruit and retain staff who can work locally and have consistent hours.

The providers would work on a rota basis; one week on, one week off.

Alternative 1

Have one provider per cluster which would reduce administration, but reduce the capacity in the market and cause more risks around seeking alternatives for individual care packages in the event of dealing with provider failure.

Alternative 2

Continue to commission services as currently however capacity was an issue with many providers and provision could be scattered across the Borough with no clear link to cluster arrangements or local assets.

Lot 2 – Extra Care

It was proposed that under the new service delivery model for extra care housing one lead provider operated Borough wide. This approach would allow the commissioning of an experienced extra care provider, ensure consistency and retain focus on the development of extra care services.

As extra care is a 24/7 service it requires site management skills and partnership working with the housing provider and contractors. One point of contact for care delivered would reduce the time health and social care staff need to spend on communication and delivering relationships and services.

The extra care night provision currently operated across different schemes and providers, by including this provision formally within one contract, a reduction could be made in the number of providers delivering different elements of the service, promoting better communication and management.

The risks associated would be associated with provider failure however the extra care provision is usually more stable than the home care market.

Alternative

To continue having multiple providers delivering extra care provision based on a split of schemes or delivered by a cluster lead. Extra care provision is currently only based in three of five clusters which would skew the number of hours delivered by the cluster lead providers and a decision would have to be made regarding which lead cluster provider is allocated extra care.

Lot 3 – Complex Care including Health and Learning Disability
Complex care including health and learning disabilities are specialist areas and have lower demand in terms of volume. As a result the proposal would be a separate lot to include specialist providers providing domiciliary type care, who can work across the Borough. Care at night, outside of extra care, would also be included within this lot as it was a more effective as a Borough wide service, as the volume was small, it would not be an efficient use of resource to have six separate services running per cluster.

Alternative

To separate out the commissioning for specialist provision with separate tenders for health provision, learning disability, night services etc. This would potentially dilute the ability to

coordinate contractual changes and develop services consistently across domiciliary care type provision.



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Lot 4 – Children’s Domiciliary Care – Short Breaks

The volume of children receiving domiciliary care services is smaller with around 70 receiving directly commissioned care and those children would be scattered across the Borough. In order to ensure those providers working with the children have the specialist skills and adhere to the appropriate regulations this element of care had been separated into a different lot and would be provided on a borough wide basis. It was envisaged that the service may be delivered by one of the providers delivering in a cluster or by a specialist provider in lot 3 as long as the service could be delivered borough wide.

Alternative

To separate out the commissioning for children’s social care into a separate tender. However this would miss the opportunity to commission social care consistently and link with health continuing care provision.

The Mio Care Group would be the provider of last resort should there be any provider/market failure in some circumstances to mitigate any associated risks with provider/market failure. In order to create sustainability for the market and embed the new cluster based approach it was proposed a longer length contract be created to help to facilitate this. It was proposed that the new joint contract should be for the maximum that a framework agreement allowed which was seven years based on five years plus the option to extend for two years.

As extra care schemes had now matured in terms of balance of need, the following payment model to support the ability of providers to:

Pay a 360 hours per week core block payment (average 60 hours per scheme) to provide a wraparound care service, supervision and additional building and care management tasks.

- To pay a block for the night service, which was based on 11pm-7am mobile availability across schemes, addressing short term and emergency care needs.
- To pay a monthly amount based on a balance of needs in schemes. This would be calculated based on current commissioned hours and the ideal balance in schemes based on high, medium to low/no need.

The Board were advised that workshops would be undertaken with all partners to determine a framework that would try to address historic issues within home care going forward. Home care providers within the clusters would be paid on a minimum commissioned hours approach. This would help to stabilise the market by providing more security to providers, it would also assist with any future recruitment issues that might be faces when moving over to a lead provider cluster model.

The Board asked questions in relation to the risk of variations within clusters and risk of transition with new models of working. The Board were advised that in relation to the variation in clusters a population profile would be worked through so that if a

specialist set of skills were required from a provider it would be identified linking with GPs.

In relation to risk during transition, using only 10 providers would ensure collaboration was easier and working together would be part of the process. Oldham had good home care providers and the Council had good relationships with the providers. There would be a transparent transition process.

The Board discussed personal budgets and the joint commissioning of Children's and adults domiciliary care. A question was raised in relation to the flexibility if of awarding a five year contract and the Board was assured that at any time during the contract period, should any issues arise, the contractual obligations could be brought to an end.

The Board also requested a set out milestones and outcomes to sit behind the procurement of the care and the future model of care.

RESOLVED – That:

1. All domiciliary care services would be under one overarching dynamic purchasing system including health and children's, separated into 4 lots, standard care based in each of the 5 clusters, extra care housing, health and complex care, children's social care.
2. Two main providers are procured for standard Adult Care within each cluster, one borough wide provider for extra care and specialist providers for complex care and children's.
3. The contract be awarded for 5 years, plus an option to extend.
4. Providers would continue to be paid the annually agreed fee rate for core wellbeing and individual hours. Individual hours would be reconciled on a regular basis against accrual delivered hours.

9

REVISED COMMISSIONING PARTNERSHIP BOARD TERMS OF REFERENCE

Consideration was given to a report of the Strategic Director of Corporate Affairs and Resources, Oldham CCG which sought approval for amendments requested to the Commissioning Partnership Board terms of reference, following a discussion at the Board 28th June 2018.

The report provided details of the requested amendments:

1. Change to section 5, removing the 'casting vote' mechanism.
2. Addition to section 2 and minor changes to section 7 and 8, describing the relationship of the Commissioning partnership Board in the context of the Health and Wellbeing Board and its duties.
3. Addition to section 9, describing the values and behaviours of Oldham Cares.

RESOLVED – That the terms of reference be amended to include the following amendments:

1. The removal of the casting vote and to include the requirement for further dialogue to reach a decision through simple majority.
2. To reflect the context of the Health and Wellbeing Board and its duties
3. To reflect the values and behaviours as detailed within the report.



The meeting started at 12.30 pm and ended at 1.27 pm

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