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COMMISSIONING PARTNERSHIP BOARD **Agenda**

- Date Thursday 26 September 2019
- Time 1.00 pm
- Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL
- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Elizabeth Droган at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Lori Hughes Tel. 0161 770 5151 or email lori.hughes@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, 23 September 2019
 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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

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

MEMBERSHIP OF THE COMMISSIONING PARTNERSHIP BOARD

Councillors Chadderton, Chauhan, Fielding and Shah
CCG Mike Barker, Graham Foulkes, Ben Galbraith, Dr. Mudiur Gopi, Dr. Shelley Grumbridge, Majid Hussain, Merlin Joseph, Helen Lockwood, Dr. Ian Milnes, Nadia Baig, Dr. John Patterson, Claire Smith, Rebekah Sutcliffe, Dr. Andrew Vance, Mark Warren and Carolyn Wilkins OBE

- 1 Election of Chair
The Panel is asked to elect a Chair for the duration of the meeting.
- 2 Apologies For Absence
- 3 Urgent Business
Urgent business, if any, introduced by the Chair
- 4 Declarations of Interest
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 5 Minutes of Previous Meeting (Pages 1 - 6)
The Minutes of the Commissioning Partnership Board held on 25th July 2019 are attached for approval.
- 6 Public Question Time
To receive Questions from the Public, in accordance with the Council's Constitution.
- 7 Oldham Care Health Commissioning Intentions (Pages 7 - 12)
- 8 Using Local Resources to Bring People and Communities Together to Achieve Positive Change (Pages 13 - 20)
- 9 Exclusion of the Press and Public
That, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they contain exempt information under paragraph 3 of Part 1 of Schedule 12A of the Act, and it would not, on balance, be in the public interest to disclose the reports.
- 10 Using Local Resources to Bring People and Communities Together to Achieve Positive Change (Pages 21 - 28)



Oldham
Council



COMMISSIONING PARTNERSHIP BOARD

25/07/2019 at 1.00 pm

Present: Majid Hussain (Chair)
Councillors Chadderton, Chauhan, Fielding and Shah

Dr. Ian Milnes	(Deputy Chief Clinical Officer CCG)
Dr. John Patterson	Clinical Commissioning Group

Also in Attendance:
Mike Barker

Strategic Director of
Commissioning/Chief Operating
Officer

Vicky Crossley	Associate Director, Oldham Cares Programmes
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Lori Hughes	Constitutional Services
Helen Lockwood	Deputy Chief Executive - People and Place

Jayne Ratcliffe	Deputy Managing Director, Health and Social Care Services
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Anne Ryans	Senior Management Team
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Claire Smith	Executive Nurse
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Rebekah Sutcliffe	Strategic Director of Reform
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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. Mudiyr Gopi, Shelley Grumbridge, Carolyn Wilkins, Ben Galbraith, Graham Foulkes and Mark Warren.

3 URGENT BUSINESS

There were no items of urgent business received.

4 DECLARATIONS OF INTEREST

Dr. John Patterson declared a personal and prejudicial interest at Item 9 with regard to Focussed Services. Dr. Patterson left the meeting during the vote on the item.

MINUTES OF PREVIOUS MEETING

Elected Members commented that following the annual review at the previous meeting, it would be beneficial to go out and see the services that had been commissioned such as at the hospital or local services to get a greater understanding of work in the health sector and the work commissioned by the Commissioning Partnership Board.

RESOLVED that:

1. The minutes of the Commissioning Partnership Board held on 27th June 2019 be approved as a correct record with the amendment that Councillor Chauhan had chaired the meeting.
2. A programme of activities which provided elected members an opportunity to see commissioned services to be developed.

PUBLIC QUESTION TIME

There were no public questions received.

TRANSFORMATION FUND REVIEW - PRIMARY CARE PROPOSALS INCLUSIVE OF FOCUSED CARE

The Commissioning Partnership Board gave consideration to a report regarding the GM Transformation Fund Investment Review and Assurance Process and provided with an update on progress against the implementation of transformation proposals for health and social care. The report also provided an update on the due diligence work that had taken place around Primary Care proposals which had been approved in February 2019 which recommended that the Advance Visiting Service and the Health Champions Scheme would commence whilst the Express Care Hub required further development and appropriate sign-off of the medical workforce model before implementation.

It was recommended that £1m be ring-fenced from transformation funds for focused care related activity. It was recommended that £501k of funding be allocated to the current provider Focused Care CIC for 2019/20 to support the ambition to roll out to 23 practices which would provide full population coverage. Focused care workers would be based in practices identified by the greatest need which were identified by deprivation ranking but any practice could refer into the service. A wider-place based procurement exercise delivering similar targeted interventions to cover delivery from 1st April 2020 would be undertaken by Oldham's Integrated Commissioning Function using the remaining ring-fenced transformation funds.

The Board were assured that the £21.3 m Transformation Funding had been allocated across Oldham Cares Transformation Programmes and continued to support care pathway development in Oldham for place-based prevention, community resilience and care closer to home in line with local, regional and national requirements.

The Board were informed of work over the last period on investment through the Locality Plan, Thriving Communities and Focussed Care. New proposals evolved from the NHS Long Term plan meant that the Locality Plan would have to be redone for Health and Social Care. This provided an opportunity to better link the plan with other strategies such as Housing. Conversations would begin over the next couple of months.

Focused Care was an approach pioneered in Oldham and was not to be underestimated. It was in response to the triad of clinical complexity, social complexity and poverty in Oldham and was a key part of integrated working. Focused Care was already in operation in some GP practices across Oldham. The initiative had been designed in a way to take pressure from GPs and help people in a different way as those who presented themselves at surgeries did not always need medical help. Focused Care was a complementary model to Oldham's new models of care working side by side with an emphasis upon operational integration. The Focused Care Workforce model was being assessed and evaluated. It would be looked at as part of the wider primary care and social care workforce strategy.

The Board were also provided with an update related to the express care hub.

Members were informed and supported that the service was more than a financial investment but resulted in life improvements and chances. It was noted that this sat alongside Thriving Communities and Place Based Initiatives.

Members were informed that the Homelessness and Advice Service had returned to the Council which assisted residents with a number of issues. The Board were informed that the Council had also taken back control of the housing register and that data was contributing to the approach to housing which also fed into early prevention. It would be helpful to review the opportunity to bring everything together. The Board were informed of the early prevention review which was ongoing which included targeted intervention and interconnection of services. There was no 'wrong front door'.

Members also discussed the governance process related to the commissioning of services which included the role of the Commissioning Partnership Board, Cabinet and the Health and Wellbeing Board. The Board were informed that a review had been commissioned to look at the range of governance to achieve clarity and simplicity. Members requested that this included engagement with members. The Board welcomed the Governance Review.

Options/Alternatives Considered

Option 1 – The Commissioning Partnership Board are asked to agree the recommendations

Option 2 – The Commissioning Partnership Board not to agree the recommendations; this puts transformation funding set aside for the Oldham Locality Plan and winter resilience at risk as it will delay decision making and, so, funding is likely to be re-assigned to another GM Locality Programme.



RESOLVED that:

The contents of the GM Transformation Fund Investment Review and Assurance Process Update and Approval of Further Schemes Report be agreed and assurances noted that:

1. The transformation proposals continued to support the delivery of the Oldham Vision and Outcomes Framework for the people of Oldham as well as the national NHS requirements for service developments. The proposals enabled a sustainable Health and Social Care System closer to home and reduced the reliance on acute hospital services. The proposals delivered Oldham Cares' commitment to create a health and social care system which was focussed on prevention and early intervention in our "Thriving" Communities.
2. The outstanding equality impact assessment for the Focused Care proposal had been assessed by GMSS with no outstanding issues as shown at Appendix A of the report.
3. The governance process for the allocation of transformation funding and the development of the plans had been followed for all the proposals for Integrated Community Care. The proposals approved by the Commissioning Partnership Board related to Thriving Communities, Start Well (Avoidable Admissions), Mental Health and Community Enablement were now in the delivery phase of transformation as per the previous CPB reports.
4. Due diligence for the Primary Care proposals related to the Acute Visiting Service and Health Champions was not complete and had been approved to move to delivery. The Express Care Hub required further development of the medical model by Oldham CCG's Chief Clinical Officer and the Strategic Director of Commissioning with South Cluster.
5. The risks highlighted in the report had sufficient mitigating actions to reduce their likelihood, which included ensuring adherence across the system to implementing gateway review points, the evaluation of pilots and a robust change management methodology. Oldham was working with GM and the national vanguard evaluators on a three year evaluation programme of transformation.
6. Release of funds by Oldham Care (CCG fund holder) would be subject to:

- a) Confirmation that proposed service changes would deliver sufficient savings both to contribute to the financial sustainability challenge and cover the incremental costs of the new service.
 - b) A quarterly review process, assuring the Commissioning Partnership Board that adequate progress was being made.
 - c) An equality impact assessment would be produced for each proposal.
 - d) Required procurement rules (inclusive of OJEU) would be adhered to and legal advice sought and considered.
7. Transformation funds in the amount of £1m had been ringfenced for focused care related activity. It was agreed that £501k be allocated to the current provider Focused Care CIC for 2019/20 to enable the roll out to 23 practices in 2019/20 which would provide full population coverage. Focused Care Workers would be based in practices identified by the greatest need as identified by deprivation ranking but any practice could refer into the service. A wider place-based procurement exercise to deliver similar targeted interventions to cover delivery from 1st April 2020 would be undertaken by Oldham's Integrated Commissioning Function using the remaining £499k ring-fenced transformation funds.
8. Information management was an important consideration in the development of integrated services. Information sharing remained a risk to the Oldham system that resource for the development of information governance policy and guidance needed to be identified at a one Oldham Care level. It was approved that IG specialist resources be made available for Oldham Cares (commissioning and providers) and, where additional transformation funding was required, the Joint Leadership Team would agree an allocated sum from its already delegated 'Seed Funding' pot and in line with GM Transformation Funding guidelines.

8 **EXCLUSION OF THE PRESS AND PUBLIC**

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

9 **TRANSFORMATION FUND REVIEW - PRIMARY CARE PROPOSALS INCLUSIVE OF FOCUSED CARE**

The Commissioning Partnership Board gave consideration to the commercially sensitive information in relation to Item 7 – GM Transformation Fund Investment Review and Assurance – Update and Approval of Further Schemes

RESOLVED that the recommendations as contained in the commercially sensitive report be approved.

NOTE: Dr. Patterson left the room during the vote on this item.

The meeting started at 1.00 pm and ended at 1.56 pm





Commissioning Partnership Board

Decision Maker	Commissioning Partnership Board
Date of Decision:	26 September 2019
Subject:	Oldham Cares Health Commissioning Intentions
Report Author:	Nicola Hepburn, Associate Director of Commissioning

Reason for the decision:

Summary:	To update on the development of Oldham Care's commissioning intentions
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<i>What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):</i>	The alternative is to develop single organisation intentions
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Recommendation(s):	To discuss and agree on next steps on integrating the health intentions with social care intentions.
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Implications:

<i>What are the financial implications?</i>	Future system wide efficiencies and improvements to be made on delivery of the intentions.
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<i>What are the procurement implications?</i>	N/A
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<i>What are the legal implications?</i>	N/A
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<i>What are the Human Resources implications?</i>	N/A
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Equality and Diversity Impact Assessment attached or not required because (please give reason)

A full EDIA to be completed following approval of all the commissioning intentions.

What are the **property** implications

N/A

Risks:

No aligning commissioning intentions would result in not meeting the Oldham Care's vision of seeing the greatest and fastest possible improvement in the health and wellbeing of the Borough's residents by 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?

No

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 why this Is a Key Decision

N/A

There are no background papers for this report

Report Author Sign-off:	Mike Barker
Date:	18 September 2019

Please list any appendices:-

Appendix number or letter	Description
N/A	

Background:

Oldham Cares is an alliance of commissioners and providers within Oldham's health and social care system who are working together with the vision to:

'See the greatest and fastest possible improvement in the health and wellbeing of the Borough's residents by 2020/21'

The agreed ambition across Oldham is to create the conditions and environment to deliver the vision, whilst continuing to develop and maintain a diverse and vibrant health and social care economy that meets the needs and aspirations of local people as well as delivering excellent health and social care services.

The vision will be achieved by an integrated commissioning function that enables:

- People to be more in control of their lives and their care;
- The conditions for a health and social care system that is focused on wellbeing and the prevention of ill health;
- Support and care which is as close to, and connected with, home and community as possible;
- Consistent, reliable, patient and community centred treatment and care that is available when necessary.

The Oldham Delivery Model as defined in our Locality Plan 2017-22 outlines the transformational shifts we need to make as a Partnership (including the private sector) to achieve an Inclusive Economy, Co-operative Services and Thriving Communities. These need to work together to improve outcomes for people and places in the borough. For example, ensuring employment opportunities or becoming a living wage employer (inclusive economy), integrating services to deliver better outcomes for people and places (co-operative services) or enabling people to make positive choices about their health and lives (thriving communities). The success of this will create opportunities for people to take control, manage their lives and make decisions that have a positive impact on their health and wellbeing.

Proposals:

Across Oldham we face many challenges and have to be cognisant of the making sustainable changes that allow us to improve outcomes for our population today, yet allows the future of Oldham Cares to be sustainable.

Across the borough there is a high level of deprivation which correlates to a number of poorly performing health outcomes (cancer; under-75 preventable mortality; healthy life expectancy) as well as wider determinants of health. In general, the people of Oldham have worse health than the England average and high levels of deprivation in the borough have a significant impact on health outcomes. We still see large inequalities in health outcomes across Oldham.

Key future challenges:

- The number of people who are overweight or obese in Oldham is over 91,000. The percentage of overweight children in year 6 classes is higher than the national average. Physical activity and healthy diet levels are lower than the national average and there is an increasing rate of diabetes.

- Oldham has the 2nd worst rate for emergency admissions for injuries in 0-4 year olds and the 2nd worst rate for child readiness in the country.
- Oldham has the 6th worst rate of preventable under 75 CVD mortality and cancer mortality in the country.
- 1 in 4 children in Oldham live in poverty.

Life expectancy related inequalities:

- Life expectancy in Oldham is currently lower than the national average for both men and women, 77.2 for men (79.6 nationally) and 80.9 for women (83.1 nationally) .
- Healthy life expectancy in Oldham is significantly lower than the national average, particularly for women, 60.3 for men (63.4 nationally) and 58.6 for women (63.8 nationally))
- Inequalities in life expectancy have been increasing slightly for men and significantly for women. In men this difference is currently 11.5 years and for women 11.2 years meaning that the poorest people in our borough die over 11 years sooner than the richest.

To ensure we deliver and achieve our goal as an integrated commissioning function, it is proposed we develop commissioning intentions that will support us in achieving system wide, inclusive working that improves the health and social well-being of all our population improves.

In order to deliver improved outcomes we need to have agreement on what our priority areas of focus need to be and then ensure alignment across the economy to ensure we truly transform and work in an integrated function. One way of doing this is by commissioning for outcomes not around a performance framework, as is currently the way.

‘Outcomes-based commissioning’ describes an approach to health care commissioning based on outcomes (unsurprisingly), but also the use of a population approach, metrics and learning, payments and incentives, and co-ordinated delivery across providers. It’s these five components together which make up the concept.

Oldham’s shift towards more outcomes-based commissioning is likely to lead to an increase in the commissioning of lead providers who manage consortia of partner organisations, harnessing the wide range of expertise across different sectors. We will ensure we support partners not only play their part in the delivery of outcomes for Oldham residents but do so in a way that is sustainable and effective for all organisations involved.

There are several principles that the Integrated Commissioning Function will adhere to when commissioning, to help ensure that all providers are sustainable and effective for all organisations involved. Similarly there are several principles which we will expect our providers to embed within their own activity. This does not mean that we will always use a lead or prime provider model when commissioning, but where sub-contracting is taking place, we will expect compliance with these principles.

Across Oldham Cares we will be working in line with the commissioning cycle, which will allow us collectively to improve the way we jointly assess the needs of our population and deliver improved outcomes in a systematic process driven way to reduce inequalities.

In addition by jointly evaluating our services it will inform and support the future wellbeing planning and commissioning strategies.

Conclusions:

Over the next month Oldham CCG will work up outcomes based commissioning intentions based on the following areas:

- Primary Care
- Community Care and Long Term Condition Management
- Urgent Care
- Elective Care
- Children and Young People
- Mental Health, Learning Disability and Autism
- End of Life Care
- Medicines Optimisation

Once these have been drafted they will be distributed across the economy for approval and progression.

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Commissioning Partnership Board Report

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

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

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

Recommendation(s):

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

Implications:

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

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

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

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

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

What are the **procurement** implications?

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

Mohammad Sharif, Interim Sourcing

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

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

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

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

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

Elizabeth Cunningham Doyle

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

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

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

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

Emma Gilmartin, HR Business Partner

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

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

*What are the **property** implications*

None.

Risks:

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

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

Yes

Constitution/CCG's Standing Orders?

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

Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG? No

Reason(s) for exemption from publication:

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

Reason why this Is a Key Decision

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

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

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

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

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

Report Author Sign-off:	
Date:	

Please list any appendices:-

Appendix number or letter	Description

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

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

Proposals:

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

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

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

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

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

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

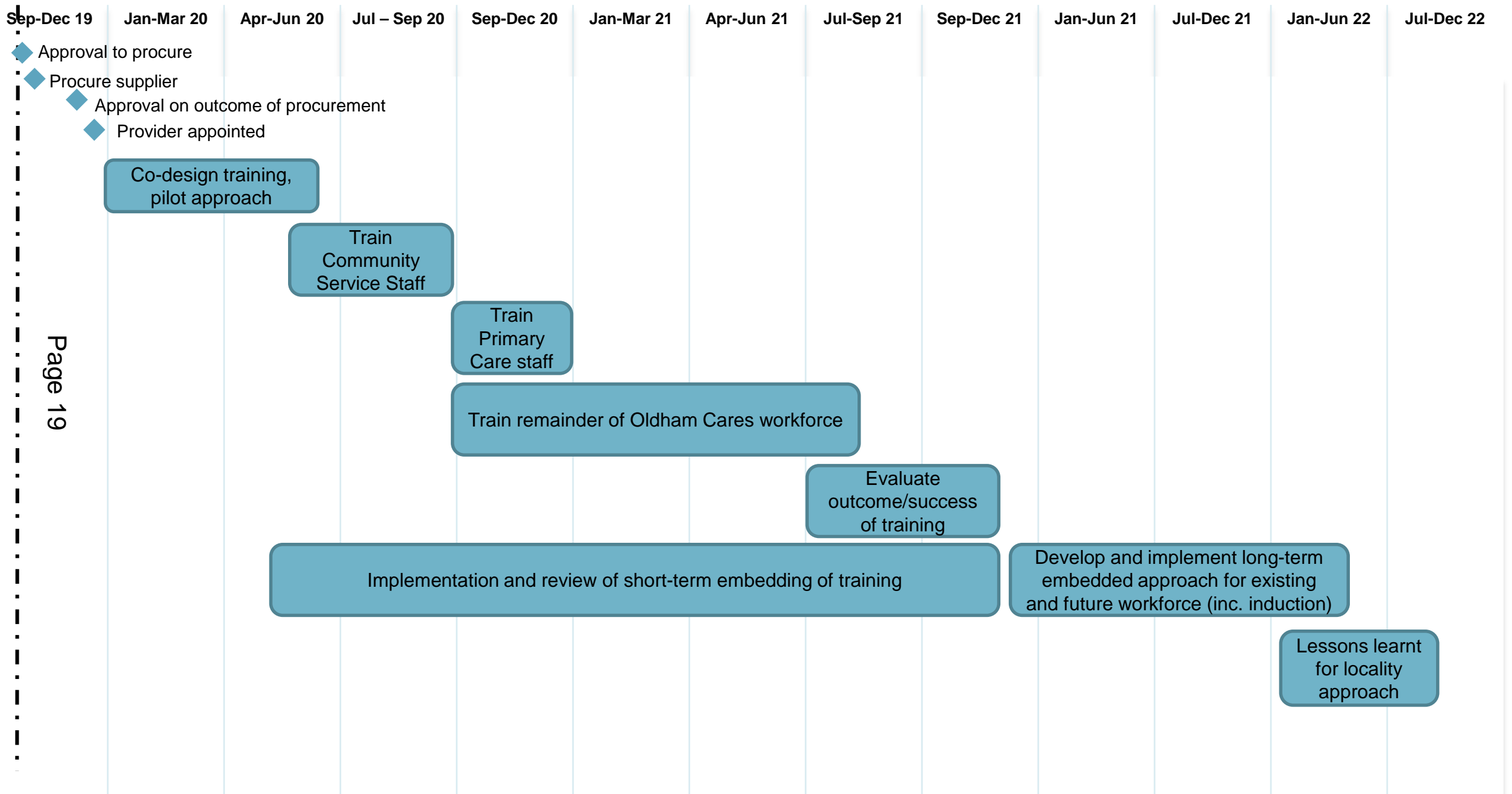
Oldham's place-based integration model puts the needs of people and place first – not organisations. Upskilling the locality workforce on strengths-based approaches supports this model. The intention is to use the rollout of the training in Oldham Cares as a learning exercise to inform an approach for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

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

Conclusions:

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

Strengths-based training for Oldham Cares workforce draft timeline



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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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