

COMMISSIONING PARTNERSHIP BOARD
22/10/2020 at 1.00 pm



Present: Majid Hussain (Chair)
Councillors Fielding, Jabbar and Moores
Ben Galbraith, Chief Finance Officer; Dr. Ian Milnes, Deputy
Chief Clinical Officer; and Dr. John Patterson, Chief Clinical
Officer and Deputy Accountable Officer, Oldham CCG

Also in Attendance:

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Graham Foulkes	Lay Member for Patient and Public Involvement
Nicola Hepburn	Director of Commissioning
Mark Warren	Managing Director Community Health and Adult Social Care
Rebekah Sutcliffe	Strategic Director Communities and Reform
Sian Walter-Browne	Constitutional Services

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 Councillor Chauhan,
Dr. Grumbridge, Claire Smith and Helen Lockwood.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Commissioning Partnership
Board held on 24th September 2020 be approved as a correct
record.

6 **PUBLIC QUESTION TIME**

There were no public questions received.

7 **IMPLEMENTING PHASE 3 RECOVERY**

The Board gave consideration to a report which provided an
overview of the confirmed 'Phase 3 Recovery' Plan within local
health and care services.

The Board were informed that following the implementation of Phase 2 Recovery as part of the Covid-19 response, Oldham's health and care Phase 3 Recovery Assessment and route to implementation had been established. The aim of the recovery work was to ensure that more, if not all, services were stepped back up safely whilst operating within the context of enhanced infection, prevention and control (IPC) measures, which impacted on care delivery as well as estate capacity. A hospital and mental health activity template for the locality was being submitted to the Greater Manchester Health and Social Care Partnership. The data used for the planning was based on assumptions using existing and current capacity and demand modelling and was aligned with Northern Care Alliance and Pennine Care.

The report also detailed:

- The ability to assess the gap between the national ask around Phase 3 Recovery and currently local capacity and delivery;
- Activity context where the CCG was required to plan for its population, hospitals required to plan for the utilisation of their facilities; and
- National activity target expectations related to referrals, elective inpatients, elective outpatients, non-elective patients and emergency department attendances.

Actions were outlined which addressed cancer services; elective activity; primary care and community services; mental health, learning disabilities and autism; Winter; workforce; and health inequalities and prevention.

The success of the Phase 3 Recovery Plan would be reliant on:

- Robust partnership working;
- Strong clinical leadership and engagement;
- Effective engagement with communities and patients;
- Clear programmes for service redesign and transformation.

The core transformation programmes would centre around:

- A new model of managing long-term conditions, utilising a 'hub' that included non-elective, elective and primary/community care
- A new model for urgent care as linked to the Greater Manchester model
- Redesign of local community services.

The Board also noted some of the external factors that would impact on Phase 3 Recovery including the rates of infection of Covid-19 and the need to support the management of any outbreaks as well as potential changes to the future of commissioning.

Options Considered: There were no options to consider as the plan was mandated by NHS England and NHS Improvement.

RESOLVED that the Phase 3 Recovery Plan for the Oldham Health and Care System be approved.



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CANCER PERFORMANCE UPDATE

The Board were provided an update on cancer performance which included:

- an overview of the National Cancer Standards;
- current Oldham performance;
- Greater Manchester (GM), North West (NW) and national performance;
- improvements to date;
- challenges in delivering improvements; and
- actions in place to support performance improvements.

Cancer constitutional standards were outlined as well as Oldham's performance against set targets. The service had consistently achieved greater than 93% against the two-week wait (2WW) standard from October 2019. While this had dropped in April 2020, it had recovered well in May and June to deliver greater than 93% again. Whilst the 2WW and 31-day performance had fared well, the 62 Day Standard had dropped indicating extended waits from initial assessment to diagnosis. Local cancer performance was compared with GM, NW and national data showing that Oldham CCG was consistently exceeding performance in these areas, with the exception of April 2020. Finally, a brief oversight of cancer performance across GM as a whole was provided.

Members were asked to note the great progress made in the service over the past 12 months. Issues did remain regarding diagnosis as illustrated by difficulties concerning the 62 Day Assessment, and comment made that matters relating to clinical inputs due to Covid and staffing issues meant the planned developments had not yet occurred. However, the importance of bringing back pathways and ensuring timely diagnosis was a challenge that would need to be addressed.

RESOLVED that the information related to cancer performance and the great progress made in this area be noted.

The meeting started at 1.00 pm and ended at 1.44 pm