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COMMISSIONING PARTNERSHIP BOARD Agenda

- Date Thursday 21 October 2021
- 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 Constitutional Services at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Tel. 0161 770 5151 or email constitutional.services@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, 18 October 2021
 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 Chauhan, Moores and Shah
CCG Mike Barker, Graham Foulkes, Ben Galbraith, Dr. Mudiyr Gopi, Dr. Shelley Grumbridge, Nicola Hepburn, Majid Hussain, Gerard Jones, Helen Lockwood, Dr. Ian Milnes, Dr. John Patterson, Claire Smith, Rebekah Sutcliffe, Dr. Andrew Vance and Mark Warren

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 Minutes of Previous Meeting (Pages 1 - 6)
The Minutes of the meeting of the Commissioning Partnership Board held on 29th April 2021 are attached for approval.
- 6 Public Question Time
To receive Questions from the Public, in accordance with the Council's Constitution.
- 7 National & Regional Updates (Pages 7 - 12)
- 8 Section 75 2020-21 Year End Position Monitoring Report (Pages 13 - 22)
- 9 Health & Social Care Integration Reserve (Pages 23 - 32)



Present: Majid Hussain (Chair)
Councillors Chauhan, Fielding, Moores and Shah
Ben Galbraith, Chief Finance Officer and Dr. Ian Milnes, Deputy Chief Clinical Officer

Also in Attendance:

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Liz Drogan	Head of Democratic Services
Dr. Shelley Grumbridge	GP Governing Body Member - East Cluster
Gerard Jones	Managing Director Children and Young People
Anne Ryans	Senior Management Team
Dr. Andrew Vance	GP Governing Body Member - North Cluster
Sian Walter-Browne	Principal Constitutional Services Officer
Mark Warren	Managing Director Community Health and Adult Social Care

1 **ELECTION OF CHAIR**

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

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Patterson, Graham Foulkes, Dr Gopi Mudiur, Claire Smith, Rebekah Sutcliffe, Nicola Hepburn and Dr Carolyn Wilkins.

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 meeting of the Commissioning Partnership Board held on 25th March 2021 be approved as a correct record.

6 **PUBLIC QUESTION TIME**

There were no public questions received.

7 **CONTRACT EXTENSION - PROVISION OF STAIRLIFTS, CEILING TRACK HOISTS, VERTICAL AND STEP LIFTS AND GANTRY HOISTS**

Consideration was given to a report of the Managing Director Community Health and Adults Social Care (DASS), which sought approval to extend a contract for the provision of stairlifts, ceiling track hoists, vertical and step lifts and gantry hoists. The initial term of the contract ended on 31st May 2021: the report requested approval to extend the contract by a further year, from 1st June 2021 to 31st May 2022.

The Board noted that the commercially sensitive information would be considered at Item 11 of the agenda

Options/alternatives
Considered at Item 11 of the agenda.

RESOLVED that the Board would consider the commercially sensitive information contained at Item 11 of the agenda before making a decision.

8

WHITE PAPER BRIEFING

Consideration was given to a report of the Strategic Director of Health and Resources which provided a briefing on the recently-published NHS White Paper entitled Integration and Innovation: Working Together to Improve Health & Social Care for All.

Members were informed that the proposals in the white paper were considered in the following themes:

- Working together to integrate care – statutory Integrated Care Systems (ICSs) with “dual structure” governance arrangements (the main focus of the policy briefing).
- Reducing bureaucracy – removing requirements on competition and procurement in the NHS.
- Improving accountability and enhancing public confidence – the formal merger of NHS England and NHS Improvement and new powers for the Secretary of State (SoS).
- Additional proposals – many related to public health and adult social care.

Proposals would be set out in a Health and Care Bill, with legislation in place for implementation in 2022.

The white paper had been influenced by the extensive collaboration and innovation that partners from all sectors had demonstrated in tackling the pandemic. It showed a good understanding of how health, social care and public health fitted together, while stakeholders’ concerns, such as ICSs potentially undermining effective place-based arrangements, had been listened to.

Members noted that overall, this white paper was a positive development. The lack of information on social care reform remained a gap, and the proposals would need to be carefully worked on.

Members expressed disappointment that the issues around health inequalities had not been addressed.

RESOLVED that the report be noted.

9

NHS OPERATIONAL PLANNING PROCESS

The Board gave consideration was given to a report of the Strategic Director of Health and Resources which provided a briefing on the NHS operational planning process.

Members noted that all NHS organisations needed to participate in a mandatory operational planning process. The paper outlined the process for the 2021/22 financial and planning year, which NHS Oldham CCG was currently undertaking.

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention:
 - 1. Looking after our people and helping them to recover
 - 2. Belonging in the NHS and addressing inequalities
 - 3. Embed new ways of working and delivering care
 - 4. Grow for the future

- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19:

- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services:
 - 1. Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services
 - 2. Restore full operation of all cancer services
 - 3. Expand and improve mental health services and services for people with a learning disability and/or autism
 - 4. Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review

- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities:
 - 1. Restoring and increasing access to primary care services
 - 2. Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities

- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay:
 - 1. Transforming community services and improve discharge
 - 2. Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments

- F. Working collaboratively across systems to deliver on these priorities:
 - 1. Effective collaboration and partnership working across systems

2. Develop local priorities that reflect local circumstances and health inequalities
3. Develop the underpinning digital and data capability to support population-based approaches
4. Develop ICSs as organisations to meet the expectations set out in Integrating Care
5. Implement ICS-level financial arrangements

Members noted that NHS providers had already submitted their draft capital and cash plans to NHS England and NHS Improvement, and localities had submitted a first draft of their financial plans, and the remainder of the submission timelines.

RESOLVED that the report be noted.

10 **EXCLUSION OF 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.

11 **CONTRACT EXTENSION - PROVISION OF STAIRLIFTS, CEILING TRACK HOISTS, VERTICAL AND STEP LIFTS AND GANTRY HOISTS**

The Board gave consideration to the commercially sensitive information in relation to Item 7 – Contract extension request - provision of stairlifts, ceiling track hoists, vertical and step lifts and gantry hoists in domestic properties where residents have disabilities.

RESOLVED that the recommendations as detailed within the report be agreed.

12 **OLDHAM HEALTH AND CARE SYSTEM GOVERNANCE AND DEVELOPMENT**

The Board gave consideration to a report of the Strategic Director of Health and Resources, which contained commercially sensitive information in relation to Oldham's Health and Care System Governance and Development

RESOLVED that the recommendations as detailed within the report be agreed.

13 **OLDHAM CCG DRAFT FINANCIAL PLAN 2021/22**

The Board gave consideration to a report of the Chief Finance Officer, Oldham CCG, which contained commercially sensitive information in relation to Oldham CCG Draft Financial Plan H1 2021/22.

RESOLVED that the recommendations as detailed within the report be agreed.



Oldham
Council

The meeting started at 1.00 pm and ended at 2.11 pm

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Commissioning Partnership Board Report

Decision Maker	Commissioning Partnership Board
Date of Decision:	21 st October 2021
Subject:	National & Regional Updates
Report Author:	Mike Barker, CCG Accountable Officer & Strategic Director of Commissioning, Oldham Council

Summary:

This paper contains summaries of local and national policies, strategies, and relevant news to ensure that the Governing Body remains up to date on the latest developments relevant to the organisation.

Recommendation:

Board is asked to note the contents of the report.

Greater Manchester Integrated Commissioning System (ICS)

1. Since the publication in February 2021 of the White Paper, “Integration and Innovation: working together to improve health and social care for all”, colleagues across Greater Manchester (GM) and Oldham have been planning the transition to a Greater Manchester Integrated Care System (GM ICS) on 1 April 2022.
2. An [ICS Design Framework](#) was published by NHSE in June 2021, which gave some further information about the changes. On the 6 July 2021, the Health and Care Bill for this White Paper was introduced to Parliament and received its second reading in Parliament on the 14 July 2021. This outlined that ICSs would include the creation of a statutory Integrated Care Partnership (ICP), which will be a joint committee, and an Integrated Care Board (ICB) (previously referred to as the ICS NHS body/board). The NHS Confederation has produced its own briefing note on the Health and Care Bill [here](#).
3. In Greater Manchester, under the Devolution Agreement, we have been working as ‘more than an ICS’ for the last five years – with strong working partnerships between

health and social care and the voluntary sector. The creation of a statutory Integrated Care Partnership and Integrated Care Board will formalise these arrangements. The new statutory nature of an ICS will allow us to build on the ambitious and ground-breaking ways we have been working over the last five years and continue to evolve to deliver even better health and care for the people of Greater Manchester.

4. The GM ICS will operate on three levels to deliver a new five-year vision and plan:
 - Neighbourhood
 - Locality
 - Greater Manchester
5. Whilst CCG duties will transfer to ICSs, it is anticipated that the GM ICS will deliver its functions partly via locality place-based boards and teams within each GM locality, including through neighbourhood structures.
6. A GM Statutory ICS Transition Programme has been established, led by a Board meeting fortnightly, to oversee the transition to the new ICS arrangements. The Board is made up of representatives from all organisations which will become part of the new NHS body, as well as NHS providers and local authorities. There are 14 workstreams, each with a GM system lead. Work is underway to agree the critical path for the next nine months. There is a recognition that this could be a difficult time for GM staff who are still managing the COVID-19 response and recovery and for the importance of a strong wellbeing offer.
7. The recruitment process for the Chair of the GM ICS has commenced and is due to conclude around the first two weeks of September and to the ICS Chief Executive role will commence recruitment in early September and conclude at the end of September. The GM Executive Team will take place over the next 2-3 months.
8. The intention is for the GM ICS, including localities to operate with shadow arrangements ahead of the statutory change on 1 April 2022.

ICS Impact in Oldham

Transitional Programme Arrangements

9. The Oldham transitional arrangements will be overseen by the Governing Body with a Transitional Programme Group reporting in, which will deliver our time-limited ICS change programme. A paper detailing the arrangements features later on the Governing Body agenda. However, its core purpose will be to oversee the following two core work areas that will work in tandem with the GM approach:
 - HR and transfer of people
 - CCG closedown and transfer of data and statutory duties
10. In addition, locality system developments will continue, also in conjunction with the GM approach, which will focus on:
 - Set-up of the new Oldham Health and Care System Board (including place-based responsibilities, shift of some commissioning oversight, and also oversight of strategic planning functions)
 - Development of a new provider 'collaborative'

- System finances and use of resources

National Employment Commitment

11. During August, national guidance was also released in respect of the Employment Commitment for those NHS staff impacted by the ICS changes. This means that the majority of Oldham CCG will be covered by an employment commitment to continuity of terms and conditions. This commitment is designed to provide stability and remove uncertainty during this transition. For those not covered by this commitment, the guidance also details the support that these individuals will receive during the HR process to be followed. There is an expectation that all CCG employees will 'lift and shift' into the GM ICS on 1 April 2022, with any remaining/ongoing work to determine exact roles and structures continuing after this date.

National and Regional Updates

Regional Director for the North West

12. Following the announcement of Bill McCarthy's retirement at the end of July 2021, it has been confirmed that Amanda Doyle, current Chief Officer of Lancashire and South Cumbria ICS, has been appointed as the new Regional Director for the North West. It has also been confirmed that Regional Director of Finance, Jonathan Stevens is to retire and a recruitment process is now being planned for his successor.

Guidance and Publications

13. Recognising the breadth of the agenda, NHS England is committed to providing ICS leadership teams with as much clarity as possible before the autumn so that the necessary actions can be well-planned and delivered in time for April, notwithstanding any changes which may be required as the Bill works its way through the legislative process.
14. A number of resources have recently been published and more is also still to come over the next few weeks. All build on the expectations already set out in the ICS Design Framework, and are intended to help answer questions that have been asked about priorities and next steps.
15. The latest documents to be published are:
- [Interim guidance on the functions and governance of the integrated care board](#)
 - [Draft model constitution](#)
 - [List of statutory CCG functions to be conferred on ICBs](#)

This interim guide covers the expected governance requirements for Integrated Care Boards as outlined in the Health and Care Bill and the ICS Design Framework. The guidance is designed for all ICS partners involved in the establishment of Integrated Care Boards, particularly ICS leads, CCG AOs and their teams as well as NHSEI regional teams.
 - [HR Framework for developing Integrated Care Boards](#)

The HR Framework provides national policy ambition and practical support for NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory ICBs. The guidance is designed for all ICS partners and ICS leads, CCG AOs and in particular those leading on people/workforce/HR&OD.

- [Building strong integrated care systems everywhere: guidance on the ICS people function](#)

The ICS People Function guidance builds on the priorities set out in the People Plan. It is intended to help NHS system leaders and their partners support their 'one workforce' by delivering key outcome-based people functions from April 2022. The guidance is designed for all ICS partners and ICS leads and in particular those leading on people/workforce/HR&OD.
- [ICS implementation guidance: ICB readiness to operate statement \(ROS\) and checklist](#)

This document provides a template ICB Readiness to Operate Statement (ROS) and accompanying ROS checklist. It describes how the checklist will be used to enable system leaders to assess progress and transition towards the establishment of ICBs. The guidance is designed for ICS leads, ICS Implementation Programme Directors, CCG AOs and their teams across all functions as well as NHSEI regional teams. An Excel version of the ROS checklist is available to download as a working document [ROS Checklist](#)
- [ICS Implementation Guidance: Due Diligence, Transfer of People and Property from CCGs to ICBs and CCG Close Down](#)

This guidance outlines the due diligence process which underpins the legal transfer of people (staff), property and liabilities to ICBs, the legal establishment of ICBs and abolition of CCGs, and close-down activity for CCGs. The guidance is designed for CCG AOs and their teams across all functions, ICS leads and NHSEI regional teams. An Excel version of the [due diligence checklist](#) is available to download as a working document.
- [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)

Co-produced by NHSEI and LGA, this guidance will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside [Delivering together for residents](#), prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.
- [Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)

This guidance supports the development of distributed clinical and care professional leadership across ICSs, and describes what “good” looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.
- [Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)

This guidance suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.

- [Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities](#)
This guidance sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.
- [ICS 'What Good Looks Like' Framework \(Digital & Data\)](#)
The What Good Looks Like framework draws on local learning and builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely.

Recommendation

16. The Board is asked to note the contents of the report.

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Commissioning Partnership Board Report

Decision Maker	Commissioning Partnership Board
Date of Decision:	21 October 2021
Subject:	Section 75 2020-21 Year End Position Monitoring Report
Report Author:	Anne Ryans (Director of Finance, Oldham Council) Kate Rigden (Chief Finance Officer, Oldham CCG)
Report Reference:	

Reason for the decision: To consider the Oldham Cares Section 75 pooled budget year end position for 2020/21.

Summary: The report sets out the Oldham Cares Section 75 (S.75) pooled budget monitoring position as at the end of the 2020/21 financial year. It shows expenditure of £176.63m compared to a budget of £176.96m resulting in an under spend £0.33m. Adverse variances relating to Oldham Council services are substantially offset by favourable variances within Oldham CCG.

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

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

Recommendation(s): The Commissioning Partnership Board notes the 2020/21 Oldham Cares S.75 financial monitoring report.

Implications:

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

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

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

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

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

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

Risks: N/A

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

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

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

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

Reason why this Is a Key Decision This is not a key decision

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

Background papers are the reports as follows:

Oldham CCG's Forecast Financial Outturn Position (Month 9) – presented to the CCG's Governing Body on 18th February 2021.

Oldham Council Revenue Monitor and Capital Investment Programme 2020/21 Month 9 December 2020 – as included in the March 2021 Cabinet report on the Council's month 9 budget position.

Report Author Sign-off:	
	Anne Ryans & Kate Rigden
Date:	12 October 2021

Appendix number or letter	Description
1	Analysis of the Section 75 Pooled Budget for 2020/21 financial year.

Background:

- 1.1 Section 75 (S.75) agreements exist between Local Authorities and the NHS nationally for the pooling of budgets to facilitate closer working. Oldham Council and Oldham CCG have entered into such an agreement to facilitate a whole system approach to deliver care to the citizens of Oldham. The agreement for 2020/21, including the CCG's increased contribution to the wider Oldham healthcare economy of £16.3m, was considered and approved at the Commissioning Partnership Board on 25 March 2021.
- 1.2 The purpose of this report is to set out the year end position in respect of the Section 75 pooled fund for Oldham Cares for 2020/21. The Commissioning Partnership Board (CPB) will recall that Section 75 monitoring reports were presented at months 6, and 8 and 9 during the 2020/21 financial year.

Report Details:

- 2.1 The Section 75 agreement for Oldham Cares for 2020/21 encompasses pooled funds totaling £176.964m, comprising of a Pooled Aligned Budget of £147.007m, a Pooled Budget of £1.447m, Greater Manchester (GM) Health and Social Care Partnership Transformation Funding of £6.547m and Covid-19 related expenditure of £21.962m. The outturn for 2021/22 was £176.63m which was £0.33m less than the budget. The figures and schemes are summarised in the table below and included in more detail at Appendix 1.

	Actual £'000	Budget £'000	Variance £,000
Pooled Aligned Budget	147,501	147,007	493
Community Equipment Pooled Budget	1,499	1,447	52
Transformation Fund	5,756	6,547	(791)
Covid-19 Expenditure Including HDP	21,875	21,962	(87)
Total Pooled Funds	176,631	176,964	(333)

- 2.2 The budget of £176.96m and outturn of £176.63m above can be further analysed as follows:

	Budget £m	Actual £m	Variance £m
OMBC Contribution	63.812	62.633	(1.179)
CCG Contribution	113.152	113.998	0.846
Total Pooled Funds	176.964	176.631	(0.333)

The table above includes an increased contribution of £16.3m to the pool by Oldham CCG. This contribution is being used by the Council to invest in service changes which will yield benefits over the coming years.

- 2.3 Oldham Council has reported an underspend against the pooled budget of £1.179m compared with an overspend of £2.743m at month 9, a decrease of £3.922m. This was as a result of a large number of anticipated cases not materialising due to the return of Lockdown in January and a greater proportion of costs being covered by the Hospital Discharge Fund via the CCG.
- 2.4 The whole of the Community Health and Adults Social Care Services portfolio has an underspend of £0.989m at the end of the 2020/21 financial year. The major contributing factors are pressures within community care placements, linked to people with learning disabilities, sensory and memory and cognitive need. These have been offset by staff vacancies.
- 2.5 As part of the COVID pandemic response, NHS England instituted a range of measures meaning the funding of NHS Oldham CCG differed in 2020/21 compared to previous years. For the first 6 months of the year, the CCG operated under a “Command and Control” model, with nationally mandated block contracts with major NHS suppliers, Independent Sector hospital capacity being centrally commissioned by NHS England, and all of the CCG’s reasonable expenses being reimbursed.
- 2.6 For the second half of the year, the CCG was provided with funding allocations based on historic trends, and the NHS Trust and centralised IS contracting elements remained. NHSE also instituted a Hospital Discharge Programme (HDP), under which the CCG and Council worked together to procure short term (6 week) residential and nursing care packages at pace, in order to free up hospital capacity to treat COVID patients. This programme was fully funded.
- 2.7 The CCG has reported a net pooled budget over-spend of £1.38m on CCG commissioned services. This is principally in respect of the CCG’s response to the COVID pandemic, in the second half of the financial year, including the provision of the COVID “Hot site” at the Integrated Care Centre, additional COVID related prescribing costs and additional CCG Clinical Leads and staffing support. The balance of a £0.53m underspend against the CCG contribution relates to OMBC commissioned services. This leaves the net position of an overspend of £0.85m
- 2.8 Within the Pooled Aligned budget, the CCG has reported an overspend of £0.30m, delivery of £0.7m relating to the net of pressures within CHC, Mental Health and Child and Adolescent Mental Health placements (£0.8m pressure) and underspends of £0.67m in respect of recharging other NHS bodies for the use of mental health placement beds through Pennine Care.
- 2.9 Funding was also apportioned to Transformation Fund projects, which continued from previous years. Budgets for the second half of the year were based on projected expenditure from previous years, which resulted in an underspend of £0.79m as programmes came to a conclusion.

Proposals:

It is proposed that the Commissioning Partnership Board considers and notes the Oldham Cares Section 75 financial position for 2020/21.

Conclusions:

It is recommended that the Commissioning Partnership Board notes the Oldham Cares S75 financial position report for 2020/21.

2020/21 OUTTURN COMPARED TO BUDGET

APPENDIX 1

OMBC Lead Commissioner / Provider	Provider
Care Management Placements includes inter alia, home care, care homes, personal budgets and respite care	
Learning Disability	Various
Mental Health	Various
Physical Support	Various
Sensory Support	Various
Support with Memory & Cognition	Various
Mental Health and LD block and external contracts	Various
Older People contracts	Various
Mio-Care Contract, including reablement	Mio-Care
Hollybank	Mio-Care
Hospital and Urgent Care Social Work Team	OMBC
Community Cluster Teams	OMBC
Carers Services	OMBC / Various
Housing Related Commissioning	Various
Disabled Facilities Grant	

2020/21 Actual £'000	2020/21 Budget £'000	2020/21 Variance £,000
18,094	16,417	1,678
8,905	8,158	747
31,608	32,536	(928)
772	859	(87)
3,232	3,014	218
-	-	0
4,941	5,006	(64)
937	1,033	(97)
10,167	11,612	(1,445)
489	485	4
742	871	(129)
2,211	2,211	0
260	333	(73)
409	403	6
82,767	82,938	(171)
2,433	2,065	368
2,433	2,065	368

CCG Lead Commissioner	Provider
Mental Health Contracts	Pennine Care FT Greater Manchester Mental Health FT Learning Assessment & Neurocare Centre Turning Point Others
Child and Adolescent Mental Health	Various
Dementia	Making Space Age UK Various
Improving Access to Psychological Therapies	TOG Mind Others
Mental Capacity Act	Various
Mental Capacity Services - Non-Contracted Activity	Various
Mental Capacity Services - Other	Various
Learning Disabilities block contracts	Various
Placements	
Mental health	Various
Mental Capacity Services - Adults	Various
Mental Capacity Services - Older People	Various
Learning Disabilities	Various
Adult CHC and FNC	Various
Children's CHC	Various
Intermediate Care	Various
Better Care Fund Elements	
Intermediate Care - Butler Green	SRFT
Falls Service	SRFT
Falls Service	Age UK
Early Supported Discharge and Community Stroke	SRFT
Alternate to Convey	Go To Doc
Wheelchair Service	Rosscare
End of Life Coordinator	SRFT
End of Life Consultant	Dr Kershaws
Carers	OMBC
Patient Support	Action for Blind People (formerly RNIB)
Assisted Discharge	Red Cross
Joint Working Agreement	Various
Alcohol Liaison	PAHT
Warm Homes (Fuel Poverty)	OMBC
Shared Care Record	Various
Total Pooled Aligned Budget Expenditure	

Actual £'000	Budget £'000	Variance £,000
30,800	31,474	(674)
640	640	0
189	192	(3)
729	729	0
-	130	130
-	-	0
1,250	703	547
-	-	0
33	35	(3)
74	74	0
22	22	(0)
-	-	0
1,083	1,061	22
5	19	(14)
-	-	0
110	111	(1)
60	46	13
13	16	(3)
-	-	0
352	350	3
-	-	0
-	-	0
3,011	2,730	281
5,370	4,982	388
296	262	34
911	858	53
10,394	10,783	(389)
747	847	(101)
292	272	20
-	-	0
-	-	0
2,332	2,332	(0)
227	227	0
79	79	(0)
915	915	0
274	274	0
575	579	(5)
47	47	0
79	81	(1)
432	432	0
-	-	0
19	19	0
105	104	1
-	-	0
113	113	0
125	125	0
600	600	0
62,302	62,005	297
147,501	147,007	493

OMBC Contribution	Actual £'000	Budget £'000	Variance £,000
OMBC Disabilities Facilities Grants	2,433	2,065	368
OMBC Social Care Support Grant (improved BCF grant)	9,020	9,020	0
OMBC funding for OMBC commissioned services	45,323	46,117	(794)
Total OMBC Contribution	56,775	57,202	(426)
CCG Contribution			
CCG funding for OMBC commissioned services	28,424	27,801	623
CCG funding for CCG commissioned services	62,302	62,005	297
Total CCG Contribution	90,726	89,806	920
Total Contribution	147,501	147,007	493

Community Equipment Pooled Budget	Actual £'000	Budget £'000	Variance £,000
OMBC Contribution	719	700	19
CCG Contribution	780	747	33
Total Pooled Budget	1,499	1,447	52

Transformation Fund	Actual £'000	Budget £'000	Variance £,000
Oldham Locality	3,995	4,786	(791)
GM Mental Health - RAID and Crisis Care	1,761	1,761	0
Total Transformation Fund	5,756	6,547	(791)

Covid-19 Expenditure Including HDP		Actual £'000	Budget £'000	Variance £,000
OMBC Lead Commissioner / Provider				
Hospital discharge		9,728	10,883	(1,155)
Supporting Care Providers		3,788	3,100	688
Cost to Council		1,350	2,810	(1,460)
		14,866	16,793	(1,927)
CCG Lead Commissioner / Provider				
Acute		205	203	2
Community		1,201	1,030	171
Continuing Care - Care costs		8,976	9,743	(767)
Mental Health Services		264	219	45
Other services		2,293	1,981	312
Estates costs		117	63	54
Primary Care costs		3,681	2,813	868
		16,737	16,052	685
OMBC funding for OMBC commissioned services		5,138	5,910	(772)
		5,138	5,910	(772)
CCG funding for OMBC commissioned services		9,728	10,883	(1,155)
CCG funding for CCG commissioned services		7,009	5,169	1,840
		16,737	16,052	685
Total		21,875	21,962	(87)

Total by Pool	Actual £'000	Budget £'000	Variance £,000
Pooled Aligned Budget	147,501	147,007	493
Community Equipment Pooled Budget	1,499	1,447	52
Transformation Fund	5,756	6,547	(791)
Covid-19 Expenditure Including HDP	21,875	21,962	(87)
Total Pooled Funds	176,631	176,964	(333)

Total Spend	Actual £'000	Budget £'000	Variance £,000
OMBC	100,785	102,496	(1,711)
CCG	75,847	74,468	1,378
Total spend	176,631	176,964	(333)
OMBC Contribution	Actual £'000	Budget £'000	Variance £,000
Pooled Aligned Budget	56,775	57,202	(426)
Community Equipment	719	700	19
Transformation Fund	-	-	0
Covid-19 expenditure	5,138	5,910	(772)
Total OMBC Contribution	62,633	63,812	(1,179)
CCG Contribution	Actual £'000	Budget £'000	Variance £,000
CCG funding for OMBC commissioned services	38,152	38,684	(532)
CCG funding for CCG commissioned services	75,847	74,468	1,378
Total CCG Contribution	113,998	113,152	846
Total Contribution	176,631	176,964	(333)

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Commissioning Partnership Board Report

Decision Maker	Commissioning Partnership Board
Date of Decision:	21st October 2021
Subject:	Health & Social Care Integration Reserve
Report Author:	Anne Ryans (Director of Finance, Oldham Council) Kate Rigden (Chief Finance Officer, Oldham CCG)
Report Reference:	

Reason for the decision: To give approval for the proposed use of funds held in reserves following increased flexibilities of S75 contributions within 2020/21.

Summary: To update the Commissioning Partnership Board (CPB) on proposals to fund transformational

activity which will begin to address the c£90m recurrent system gap across the Oldham system.

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

Recommendation(s):

- a) Note the strong history of joint working and funding arrangements in Health and Social Care in Oldham;
- b) Approve the request for use of funds in 2021/22 totalling £5.23m as detailed in para 2.1;
- c) Note and approve the transfer of delegation to the new Oldham Health & Care System Board for future decisions regarding the use of the remainder of the £5.07m reserve;
- d) Delegate approval jointly to the OMBC Director of Finance and the CCG Chief Finance Officer to finalise the technical requirements in order to utilise the £5m of the funds and confirm phasing arrangements; and
- e) Note that approval will also be sought for changes arising from this paper through Council governance routes regarding the Use of Reserves Policy.

Implications:

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

Financial implications are within the body of the report

What are the **procurement** implications?

N/A

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

N/A

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

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

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

Risks: N/A

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

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

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

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

Reason why this Is a Key Decision Financial Implications

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

Background papers are the reports as follows:

S75 Update – 25th February 2021

<https://committees.oldham.gov.uk/documents/s122096/S75%20Update%20public%20-%20CPB%2025th%20Feb%202021%20FINAL%20002.pdf>

S75 Update – 25th March 2021

<https://committees.oldham.gov.uk/documents/s122774/S75%20Update%20-%20CPB%2025th%20March%202021%20-%20final.pdf>

Report Author Sign-off:	
	Anne Ryans & Kate Rigden
Date:	8 October 2021

Appendix number or letter	Description
None	

Background

Budget position 2020/21

- 1.1 The NHS Budget Regime 2020/21 was very unusual for both NHS organisations and those providing services to the NHS.
- 1.2 During 2020/21 the Oldham Directors of Finance worked together to set out the system wide financial challenge being faced. Based on the financial plans developed by each organisation at the start of 2020/21 the underlying gap was £87.8m for the Oldham system before savings plans and use of reserves. Whilst there has been some movement in the elements and drivers of this position due to Covid, the year-end position still shows an underlying financial gap of approximately £90m at the end of 2020/21.
- 1.3 For a variety of reasons, the CCG had significant scope to contribute additional funds into the pooled budget. This principally arose due to:
 - £38m higher than normal baseline funding during 2020/21;
 - Acute contracts lower than expected, in particular the impact of lower levels of planned treatments as well as changed NHS England funding arrangements for AQP and elective care; and
 - Delays to investments and costs covered in-year under block contracting arrangements with NHS providers.
- 1.4 At the Commissioning Partnership Board dated 25th March 2021, it was proposed that these funds would be used to support creating a reserve totaling £10.3m in OMBC accounts to support what will be an extremely challenging financial position in 2021/22 and subsequent years.

2 Proposed use of reserves 2021/22

- 2.1 It is proposed that the reserve will be utilised to support the following within 2021/22;
 - Funding additional capacity for the next 12 months to speed up work on children's integration - £0.08m
 - Contribution towards the Delivering a Sustainable Future programme of transformational change - £0.15m
 - Additional contribution to the pool in response to the non-recurrent NHS system pressures as referenced in the paper of March 2021. - £5.0m with delegation, jointly, to the OMBC Director of Finance and the CCG Chief Finance Officer to finalise the technical requirements in order to utilise the funds and confirm phasing arrangements

2.2 Subject to approval a further £5.07m will remain available for future use as a Transformation fund to enable the requisite closing of the underlying gap within Oldham.

3 New Arrangements / Governance

3.1 It is proposed that any future use of the remaining £5.07m reserve will be delegated to the new Oldham Health & Care System Board, with bids being reviewed and proposed by the Place Lead for Oldham in consultation with the Chief Finance Officers of the CCG and the Council to provide assurance as to the financial benefits and to ensure compliance with the Oldham System Financial Framework as set out in Appendix 1. The use of the funds must however align to legislative and local financial frameworks applicable to Oldham Council given that the £5.07m is held in the accounts of the Council.

4 Recommendations:

4.1 CPB are requested to:

- a) Note the strong history of joint working and funding arrangements in Health and Social Care in Oldham;
- b) Approve the request for use of funds in 2021/22 totalling £5.23m as detailed in para 2.1;
- c) Note and approve the transfer of delegation to the new Oldham Health & Care System Board for future decisions regarding the use of the remainder of the £5.07m reserve;
- d) Delegate approval jointly to the OMBC Director of Finance and the CCG Chief Finance Officer to finalise the technical requirements in order to utilise the £5m of the funds and confirm phasing arrangements; and
- e) Note that approval will also be sought for changes arising from this paper through Council governance routes regarding the Use of Reserves Policy.

Oldham System Financial Framework

Over the past two years Oldham DoFs have been working together to improve understanding of the different parts of the health and care system through sharing information and taking a joint approach to service changes. The Framework sets out the principles to support and underpin the wider Integration Agreement.

Principles

The following principles underpin the financial aspects of our joint working:

1. Our overriding financial objective is to deliver a stable system financial position (“Oldham living within its means”), as well as and not solely focused on, individual organisational success and failure;
2. All parties recognise that Oldham is currently spending £90m more than the recurrent funding available long term and have agreed to work together to deliver a long term sustainable financial plan;
3. System working requires system decision making – i.e. system governance with delegated decision-making powers from all organisations;
4. Decision making must be informed by clear understanding of the financial implications and funding for each of the partners together with the regulatory framework within which each of the partners operates and the limitations that this may create (mindful that this is an evolving position and may change);
5. Organisations retain freedom to operate and accountability to deliver outcomes within the agreed resources;
6. Each organisation should be fairly funded and seek to manage within those resources within the funding provided; and
7. All organisations agree that funds and resources should be allocated with a focus on reducing health inequalities through a targeted, evidence-based approach.

Service changes and associated changes to financial flows

The allocation of finance to support investment will be supported by a business case sponsored by the recipient organisation. It is assumed that the partner organisation will require the assurance of a business case as part of its own governance.

At system level, each business case will be assessed against system criteria including the reduction of health inequalities; national priorities for investment (e.g. mental health) and benchmarks for productivity, efficiency and outcomes. The development of a business case

should set out these parameters and would be required for internal governance within the host organisation.

Where service pathway changes shift the distribution of responsibilities for patient care between different organisations, then the following principles will be applied to estimate changes to organisational budgets.

Actual cost changes

Calculated as the changes in costs of the organisation resulting from this service change both directly in delivering the service as well as the support costs. This would include as a minimum staffing, estates, equipment and consumables.

This method is likely to be most appropriate for Oldham Council, smaller organisations and/or simple/small-scale service changes. For example, changes to services delivered by GP Practices or PCNs.

Activity based tariff

The NHS national pricing tool (PbR) gives prices for all types of activity. Recognising that this is a national tool which calculates an impact across all areas of a provider, including fixed costs such as estate, it would not be appropriate to assume 100% of the costs can be removed where patient flows change and so 50% of tariff should be applied.

Activity changes should be estimated from proposed pathway at a detailed level using historic activity levels with impacts agreed collectively by the design team, including clinical input.

There is an expectation that using 50% of the PbR value of the agreed estimated activity impact would be reasonable. This should be considered on a case by case basis for reasonableness.

This method will only be appropriate for providers where a national tariff figure is available, e.g. ROH/OCO or community elective providers (e.g. Virgin Dermatology service).

Detailed cost and/or service line reporting data (only ROH/OCO)

Given the complexity of the process and the detailed inputs required, this method would only be appropriate for ROH/OCO for large scale service changes with a material shift of resources. This could use SLR, model hospital, GIRFT or PLICS costing data or a mix thereof.

Key aspects are:

- Uses methodology as per (2) above but at 100% to calculate the reduction in funding; but then;
 - Calculates transitional funding for up to 3 years on the following basis:
 - Uses actual cost base;
 - Determines which costs can be avoided immediately (e.g. agency staff, TUPE, re-use of equipment, consumables);
 - Categorises each remaining element of expenditure into “variable”, “semi-variable” or “fixed”;
 - For each type of expenditure applies a timeframe over which provider needs to manage out the costs of immediate or 1-3 years;
 - Calculates transitional (temporary) funding based on 100% for year 1, 50% for year 2 and 25% for year 3.

This methodology can only be applied where organisations have detailed costing information which is likely to only be PCFT and ROH/OCO.

Proposed Use of Funds

Using the methodology detailed above, it is proposed that the funds held in reserves will be used to either fund investment required in order to realise benefits or be used to recognise benefits in the year in which the pathway change is actioned whilst recognising that transitional funding may be required for a period of time.

Bids will be reviewed by the Place Lead for Oldham before recommendations are made to the Oldham Health & Care System Board for final approval.

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