



COMMISSIONING PARTNERSHIP BOARD

31/01/2019 at 1.00 pm

Present: Councillor Chauhan (Chair)
Councillors Chadderton, Fielding and Shah
Majid Hussain, Dr. Andrew Vance, Dr. John Patterson, Ben
Galbraith

Also in Attendance:

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Dr. Shelley Grumbridge	GP Governing Body Member - East Cluster
Nadia Baig	Director of Performance and Delivery
Mark Warren	Director, Adult Social Care
Carolyn Wilkins OBE	Chief Executive / Accountable Officer
Clare Smith	Executive Nurse

1 ELECTION OF CHAIR

RESOLVED- That Councillor Chauhan 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

Councillor Chauhan declared a personal and prejudicial interest at Item 9 of the agenda by virtue of his Council appointment to the Miocare Group Community Interest Company.

5 MINUTES OF PREVIOUS MEETING

RESOLVED- That the minutes of the meeting held on 29th November 2018 be approved as a correct record.

PUBLIC QUESTION TIME

Five public questions were submitted by Caroline Bedale for the Commissioning Partnership Board to consider:



1. Payments to non-public sector for healthcare services

I understand that Greater Manchester Health & Social Care Partnership Board is promoting a public sector model for commissioning and provision of healthcare services. So why is Oldham commissioning so much healthcare services from non-public sector organisations, rather than from the NHS or other public sector? I assume the figures are similar for 2018/19.

2017/18: £50,397,000 is the expenditure on non-NHS / non-public sector providers. This is 18.2% of the total expenditure on healthcare services of £276,537,000.

This does not include expenditure to councils/other public sector/quasi public sector (Oldham £4,611,000, Oldham Community Leisure £57,000, Tameside £18,000) and other NHS £294,000. The total of these is £4,980,000.

2017/18 Total £50,397,000	£ '000	
Private	28,255	
Care homes/home care	13,406	
GPs extras	4,341	
Voluntary – large/UK	1,996	
Voluntary – local	411	
Hospice	1,030	
Personal health budgets	292	unspecified recipients
GM population health this includes	259	unspecified recipients or what this includes
Winter resilience this includes	100	unspecified recipients or what this includes
Small providers/accruals this includes	307	unspecified recipients or what this includes

Over ¾ of the expenditure, £38,405,000, is paid to 18 companies / organisations with over 1% share of the total each, and about ¼, £12,352,000 to the remaining 90 non-NHS providers, many of which are care homes/nursing homes/home care services.

	£ '000	
Pennine MSK	7,103	musculoskeletal services
BMI Healthcare Ltd	5,498	various acute services
Lancaster House Cons		
Diagnostic & Surgical	5,320	ultrasound, urology, cardiology, continence, gynaecology
Lloyds Pharmacy	3,711	home care drugs
Care UK Clin Serv Ltd / In Health (CATS)	2,071	IVF, gastrology, ENT
Go to Doc	2,003	out of hours services
Priory Group Ltd	1,875	care home
Virgin Care Provider Services Ltd	1,756	dermatology services
CAS Behavioural Health Ltd		
and Cygnet Healthcare Ltd – all part of Universal Health Services Inc		
	1,404	care home

Oaklands Hospital	1,318	various acute services
Chadderton Total Care Unit	1,225	care home
Dr Kershaws Hospice	1,003	hospice
DHP Care Ltd	819	care home
TOG* Mind	723	IAPTS (*Tameside,
Oldham, Glossop)		
Instream Partnership	693	care home
St Georges Nursing Home Ltd	674	care home
Turning Point	654	mental health services
Bridging the Gap	555	care home
	38,405	



I am particularly concerned about the over £7 million being paid to Pennine MSK, as it is a waste of public money to be paying a private company for healthcare services which the NHS could provide if they were commissioned to do so. I was referred to this company last year. As I do not wish to be assessed or treated by a private company rather than the NHS, I asked the booking system to refer me direct to the NHS – but they could not / would not do so. I had to go back to my GP and ask her to write a letter to the booking system specifically asking for me to be referred to the NHS. Eventually this was done, but it meant I had a delay of about 2 months between first going to the GP and being seen by an NHS consultant. I tried to check how much Pennine MSK pays its Directors and Officers and how much profit they make – but they do not declare this in their company information, as being a small company they are legally entitled to withhold this information. It cannot be right that a private company is making profit out of the NHS and furthermore that it is not transparent about how much that profit is or how much the Directors make out of it.

Also, there are large amounts being paid to BMI Healthcare and Oaklands Hospital – both private hospitals. Why is Oldham buying healthcare services from them rather than from the NHS?

Why is so much being paid to Lancaster House and to Care UK/InHealth, it would appear for diagnostic services, rather than the NHS providing these services?

2. Is there a **Performance Report** up to the end of December 2018, showing whether Oldham has met national targets (eg, for A&E waiting times, IAPT services, out of area bed placements – particularly for mental health.)

3. Is there a **Finance Report** up to the end of December 2018, showing budget and forecast figures?

4. Is there any report on **mental health services** in Oldham?

5. What will happen to **community health services** as Pennine Care does not wish to continue the contract to provide these services?

Mike Barker, Strategic Director of Commissioning/Chief Operating Officer responded to the questions as submitted:

1 Why is Oldham commissioning so much healthcare services from non-public sector organisations, rather than from the NHS or other public sector?

Response

The CCG has a wide range of contracts as outlined in the question. Where the CCG has conducted a tender process, NHS and private providers have been eligible to apply and to be awarded those contracts.



All of the contracts are NHS contracts on the standard NHS contract with NHS terms and conditions. Irrespective of the provider the prices that are paid are NHS prices.

2 I am particularly concerned about the over £7 million being paid to Pennine MSK, as it is a waste of public money to be paying a private company for healthcare services which the NHS could provide if they were commissioned to do so.

Response

Pennine MSK has an NHS contract held with the CCG for the provision of Muscular-Skeletal services for the population of Oldham. The service includes NHS staff who work with Pennine MSK and also with our core hospital services. This service has grown and developed in partnership with our NHS hospital and community services. I can seek to get information about MSK as outlined but I am not certain this is going to help.

3 There are large amounts being paid to BMI Healthcare and Oaklands Hospital – both private hospitals. Why is Oldham buying healthcare services from them rather than from the NHS?

As stated in the answer to question 1 above, the CCG has a wide range of contracts as outlined in the question. In the case of BMI and Oakland's they principally provide planned (Elective) Care where patients are given a choice of where they would like to have their surgery undertaken. All of the contracts are NHS contracts on the standard NHS contract with NHS terms and conditions. Irrespective of the provider the prices that are paid are NHS prices.

Providers such as BMI healthcare and Oaklands have capacity and facilities to support the care and provision of that care for the population of Oldham.

4 Performance report, Finance report & mental health services

Our most recent performance and finance reports are available on our web site and can be provided. The CCG does not have a specific report on mental health services at present. A number of papers have been to our Governing body and commissioning partnership board which are both held in public. There have also been presentations to the Overview and scrutiny committee and Health and Well-being Board. Oldham Cares is committed to the development of mental health services and is pleased to have a number of transformation projects in this area.

5 What will happen to community health services as Pennine Care does not wish to continue to provide them?

The Oldham Cares team are working to ensure that there is a smooth and effective transition of community services. Our focus is on ensuring continuity of services for patients and also for the staff who deliver the services. Oldham Cares is working closely with its alliance of providers to ensure that this process is safe and effective and supports the needs of the population of Oldham.



RESOLVED – That the public questions and responses be noted.

7

MEMBERSHIP OF THE COMMISSIONING PARTNERSHIP BOARD

The Board considered a report of the Accountable Officer's Strategic Lead, which sought an amendment to the Terms of Reference of the Board.

Approval was requested to expand the Membership of the Board, to include the Director of Finance (Oldham) as an advisory Member (non-voting).

RESOLVED – That the Director of Finance, Oldham Council be appointed as an advisory (non-voting) member of the Commissioning Partnership Board.

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 paragraphs 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

APPROVAL TO AWARD CONTRACT FOLLOWING A TENDERING EXERCISE FOR EXTRA CARE AS PART OF THE CARE AT HOME TENDER

Councillor Chauhan declared a personal and prejudicial interest at Item 9 of the agenda by virtue of his Council appointment to the Miocare Group Community Interest Company, left the room and took no part in consideration thereon.

The Board gave consideration to a report of Planning and Commissioning Managers, Oldham Cares, which sought approval of award of contract for Category 2, Adults Extra Care provision across Oldham's 6 Extra Care Housing Schemes and to award a place to the providers on the Flexible Purchasing Scheme.

Oldham Council's Cabinet gave approval on 30th August 2018 to the Joint Commissioning Framework for Domiciliary Care. Approval was given to commence a procurement exercise to establish an overarching light touch 'Flexible Purchasing System' for domiciliary care services which incorporated 5 separate categories:

1. Adults Care at Home Provision
2. Adults Extra Care Provision
3. Children's Care at Home – SEND
4. Specialist Care at Home

5. Approved Provider List

The tender was advertised on 31st October 2018 and prospective bidders were asked to bid to be on the Flexible Purchasing System as an approved provider under the categories.

The approval required from the Board was in relation to the selection questionnaire and mini competition for Category 2 to deliver Extra Care Services.

Options/Alternatives considered

Option 1 – Not to award the contract following the conclusion of this tendering exercise and to continue with existing arrangements

Option 2 – To cease commissioning the Extra Care services covered by this tender.

Option 3 – To award contracts to the most economically advantageous tender in accordance with the results of the tendering exercise.

RESOLVED – That:

1. Approval be given to award the contract for Category 2 of the purchasing system to the most economically advantageous tender in accordance with the results of the tendering exercise, as detailed within with commercially sensitive report to deliver care across the 6 Extra Care Services in Oldham from the 1st April 2019.
2. It be noted that those providers who passed the selection questionnaire stage were eligible to enter into any further mini-competitions within the purchasing system and where capacity necessitated could be asked to deliver back up provision as an approved provider.

10

PAHT FINANCIAL ANALYSIS

Consideration was given to a report of the Chief Financial Officer Oldham CCG which sought to provide an update on the analysis undertaken of the key factors in relation to the current financial position of Pennine Acute Hospitals Trust.

The Board discussed elements of the report and were provided with information from the Chief Financial Officer of Oldham CCG.

RESOLVED – That the report be noted.

The meeting started at 1.00pm and finished at 2.12pm