Report to OVERVIEW AND SCRUTINY BOARD

Oldham Cares Commissioning Arrangements Update

Portfolio Holder:
Cllr Zahid Chauhan, Cabinet Member for Health and Social Care

Officer Contact:
Mike Barker – Chief Officer and Strategic Director of Commissioning, Oldham Clinical Commissioning Group (CCG)

Mark Warren – Director of Adult Social Services (DASS) and Managing Director, Community Health and Adult Social Care Service

Report Author:
Helen Ramsden – Assistant Director of Integrated Commissioning

Ext: 0161 622 6451

Purpose of the Report

To provide Overview and Scrutiny Board with an update on the integrated commissioning arrangements for health and social care in Oldham.

1. Background

1.1 As part of the Oldham Cares model to integrate health and social care services in the borough, both the Council's Adult Social Care function and CCG commissioning functions co-located in April 2018 and relocated to Ellen House.

1.2 This forms part of a wider Greater Manchester model of establishing a Strategic Commissioning Function and an Integrated Care System in each locality, with the purpose of aligning activity and ensuring an infrastructure is in place to design and deliver services going forward.

1.3 The Director of Adult Social Care (DASS) retains statutory responsibility for the Adult Social Care (ASC) commissioning requirements and works closely with the Strategic Director of Commissioning and Chief Officer of the Clinical Commissioning Group (CCG).

1.4 A Section 75 aligned budget has been arranged and the total health and care commissioning budget in Oldham is circa £430 million per annum of which ASC represents £60 million (net) and £89 million (gross).

1.5 This report aims to provide an update on progress on integrating our commissioning functions to date and also provide an overview of the future direction of travel.

2. Current Position

2.1 <u>Joint Commissioning</u>

2.1.1 Following co-location of the health and social care commissioning functions in April 2018, work has been ongoing in relation to the areas of activity identified in the section 75 arrangements:

- Learning Disability
- Mental health
- Care home and care at home commissioning
- Dementia
- Continuing Health care
- Safeguarding strategy and policy work

2.1.2 In addition to commissioning activity, teams have been realigned to ensure more joined up working and leadership:

- The Interim Assistant Director of Joint Commissioning (substantively Head of Commissioning for Adult Social Care) now has responsibility for ASC

Commissioning, CCG commissioning of Mental Health and Learning Disabilities and Complex Care including Continuing Health Care (CHC) which are the most significant areas of overlap in terms of spend / markets / users of services across health and social care.

- Redesign of the Complex Care Team structure and implementation of an improvement plan, which includes closer working with integrated community health and social care teams.
- Integration of the ASC and CCG Quality Teams under single line management arrangements.
- Review and redesign of Strategic Safeguarding led by the Managing Director of Community Health and Social Care and the CCG Executive Nurse (now in implementation stage).

2.1.3 Strategy Development

2.1.4 *Market Position Statement*

2.1.5 The Market Position Statement published in 2017 sets out the anticipated demand and current market position in relation to a range of needs and services. This is due to be refreshed and is included in the commissioning service plan for 2019/20. This also links to the development of a dynamic market development approach, referenced below. The supported housing market position statement developed in 2017, and the subsequent supported housing strategy (currently being finalized for learning disability services but recognized as required for other population cohorts) seeks to refine and specify further the amount and type of supported housing required to meet current and future need.

2.1.6 *Managing Provider Failure and Contingency Planning*

2.1.7 The Managing Provider Failure Policy and Procedure sets out The Care Act (2014) duties of the local authority in relation to provider failure and continuity of care, and processes and protocols in the event of failure. However, the policy and procedure go further and recognises the joint commissioning that takes place across the local authority and the CCG. This has been in place since 2017 and a refresh is included in the commissioning service plan for 2019/20. Whilst this covers some elements around contingency management, it is recognized that there is not a separate contingency plan that sets out arrangements in the event of provider failure, including the ability to access the services of Miocare. Work is under way with NW ADASS around contingency planning, and Oldham will be linking in with this work, to establish a separate contingency plan as part of the refresh of the Managing Provider Failure Policy and Procedures.

2.1.8 *Population Level and Service Specific Strategies*

2.1.9 A number of specific strategies are in place or in development, that identify current and future demand, and inform future commissioning plans, for example:

- Autism strategy
- Learning disability strategy
- Dementia strategy
- Assistive technology strategy
- Mental health strategy
- Supported housing strategy

Each of these areas has its own work plan/steering groups and priorities.

2.1.10 Commissioning Activity

2.1.11 *Dynamic Market Development*

2.1.12 Flowing from the Greater Manchester Health and Social Care Partnership (GMHSCP) Adult Social Care Commissioning Strategy, workstreams related to Living Well at Home, Supported Housing and Residential and Nursing Care and a new group, establishing a Dynamic Market Development Approach, have established. Oldham and Salford are the GM lead commissioners for this group, and membership will include health and social care commissioners, providers and user representatives. The scope and focus of this group are currently being agreed with the DASS lead Diane Eaton (Trafford), and GMHSCP.

2.1.13 *Cluster-Based Care at Home Commissioning*

2.1.14 The care at home commissioning model has been redesigned and re-procured to align to integrated clusters with a focus on outcomes, supporting market stability, whilst retaining a healthy market by reducing travel time and the operating costs of providers. There are four categories, across both health and social care, which will be managed in an integrated way:

- Category 1 – Care at home
- Category 2 – Extra Care Housing
- Category 3 – Childrens
- Category 4 – Specialist care

2.1.15 *Care Homes*

2.1.16 From April 2019, fees for care home placements have been aligned to CQC ratings across the local authority and the CCG, to further promote and encourage quality improvement. At the current time, over 80% of care home beds are rated good or above by CQC, however Oldham has no care homes in the outstanding category, and it is hoped that the CQC joint work described below will increase understanding in this area to better support the market to strive for outstanding.

2.1.17 Care home commissioning is on the work plan for 2019/20 with the aim of introducing a single contract, specification and outcomes framework for care homes across health and social care.

2.1.18 *Supported Living*

2.1.19 The contract for learning disability supported living services is due to expire in 2020. This is already a joint contract and outcomes framework across health and social care and will be reviewed prior to retender.

2.1.20 Holly Bank, the new purpose-built supported living scheme for adults with learning disabilities, autism and complex needs has been under development for some time, and the first tenants are due to move in later this year. The service will be provided by Miocare and will enable people currently living out of the Oldham area, in unsuitable accommodation in Oldham, or with family, to move into purpose-built apartments with care and support tailored to their individual needs.

2.1.21 *Living Wage Foundation (LWF)*

2.1.22 The Council, in common with other localities across Greater Manchester, has stated a political ambition to gain Living Wage Foundation (LWF) status, which then creates implications for the CCG. This means that not only will we commit to paying our own staff at least the LWF rate (currently £9/hr), but we must also ensure that all suppliers pay their staff at this rate as well. This is an ambition that is welcomed in terms of a recognition of the low pay within the care sector, but there are anticipated to be significant financial implications arising from this, and work is underway to initially complete soft market testing, gaining the views of providers of this impact and the consequential impact on contract prices.

2.1.23 <u>Quality Initiatives</u>

2.1.24 *Provider Assessment and Market Management Solution (PAMMS)*

2.1.25 The implementation of the Provider Assessment and Market Management Solution (PAMMS) in Oldham and three/four other GM localities, will provide a systematic way to gather, analyse and respond to quality and sustainability priorities across the adult social care market.

2.1.26 *Care Quality Commission (CQC) Joint Working*

2.1.27 Planning is under way with CQC to undertake some reciprocal shadowing arrangements, with the aim of better understanding the activities and responsibilities of the regulator and commissioners with regard to quality oversight, assurance and improvement.

2.1.28 *Provider Quality Improvement Programme (PQuIP)*

2.1.29 As part of the GM Improving Care Home Quality work, Oldham has implemented the Provider Quality Improvement Programme (PQuIP), initially with care homes. This is a detailed supportive audit process against a common set of requirements across all GM localities. As a result of this work, the quality newsletter, ongoing provider engagement through the provider forum and the investment in, and alignment of, Quality Monitoring Officers to clusters, the quality of care homes in Oldham, as judged by CQC ratings, has increased from 50% to over 80%.

2.2 Micro Commissioning / Community Health and Social Care

2.2.1 The Adult Social Care operational care teams have now integrated with NHS community health staff and are now configured to work across five geographical clusters servicing populations of 40,000 to 55,000 GP registered patients.

2.2.2 A single line management model is in operation and these teams commission services at an individual level once assessment have been carried out and eligibility criteria applied. The teams work closely with the SCF to ensure commissioning at all levels recognises the local frameworks in place. The governance structure for this element of the service is at Appendix 8.2.

2.2.3 OMBC ASC staff are still employed by the council and deployed on a cluster arrangement and specialist service arrangement. The community Health service transferred from the employment of Pennine care NHS Foundation Trust to the employment of the Northern care Alliance / Salford Royal NHS Trust on the 1st July. Again, the staff are deployed on a cluster and specialist service arrangement.

2.2.4 The council maintains its partnership with Pennine Care NHS Foundation Trust on the delivery of Learning Disability and mental health services.

2.2.5 The CCG, OMBC and NCA are working together to develop a newly designed service against revised service specification outcomes designed to incentivise services to work together and ensure maximum effectiveness and efficiency.

2.3 Public Health

2.3.1 The Council's public health function has a dual role in health and social care commissioning: as direct commissioners of public health services, as well as providing support to all commissioners to ensure that services are based on a detailed understanding of need and take an evidence-based approach to improving and protecting the health of the population, as well as reducing inequalities. This includes:

- Supporting health and social care commissioning:
    - Identifying current, and predicting future, health needs
    - Ensuring cost-effective prevention activity is included and embedded within health and care services
    - Using evidence of effectiveness and cost-effectiveness to support the review and redesign of care pathways

- Development of methods and indicators to support monitoring and evaluation and ensure that services deliver the expected health outcomes
- Providing specialist healthcare public health advice in tendering processes and throughout the commissioning cycle

- Commissioning public health services:

  - Healthy Child Programme for 0-5- and 5-19-year olds
  - Sexual health services
  - NHS Health Checks
  - Substance misuse services
  - Oral health improvement services
  - Stop Smoking services
  - Services to support improvements in physical activity and diet
  - Services to promote and support good mental wellbeing

2.3.2 The commissioning of public health services and the public health budget are not currently included within the scope of the section 75 arrangement; however, the public health team aims to work collaboratively to support commissioning and service delivery across Council, CCG and Oldham Cares. In addition, some public health services have been commissioned through collaborative arrangements with other local authorities in Greater Manchester, for example the all age sexual health service is commissioned across Oldham, Bury and Rochdale, and the adult substance misuse service across Rochdale and Oldham. These collaborative arrangements have enabled substantial savings to be made with minimal impact on the scale and quality of service delivery.

2.4 Summary

2.4.1 Our work so far has been co-locating teams, developing service level commissioning strategies, testing our governance systems and processes and jointly delivering things across health and social care. We are about to enter the next phase of our journey and this is very briefly outlined below.

2.5 Next Stages of Development

2.5.1 Under the leadership of the strategic director of commissioning with significant input from the director of adult social services (DASS) a comprehensive blueprint for the future of integrated commissioning has now been developed and agreed within the system. As a high level this blueprint envisages a move beyond excellent service commissioning to Commissioning for Outcomes and Communities of Identity, with a focus on social value across three phases:

- **In the short run**, this will mean re-allocating commissioning responsibilities for certain individual service areas between Locality and GM level which may create **synergies and efficiencies;**
- **In the medium run**, and in parallel to maximising efficiencies from commissioning services at scale, commissioners need to **start building and piloting outcomes-based pathways** for specific populations; and

- **In the long run**, an integrated, patient-centred approach to care will have **services that 'wrap around' the needs of users**, with an emphasis on prevention. **Outcomes-based** commissioning will deliver **social value** across Oldham and in turn across GM.

2.5.2 We have committed to a number of design features for our new Integrated Commissioning Function (ICF) to ensure there are improved outcomes for people in Oldham. The design will enable the ICF to work collaboratively with services and people to co-design and develop models of care that are rooted in the community, where people are at the centre of services and there is a shift in focus to early intervention and prevention as well as improving wellbeing. The design principles are as follows:

1. The Council and the CCG will come together to form a single, small and strong **Integrated Commissioning Function (ICF)** with a breadth of responsibilities. This will maximise economies of outcomes.
2. The ICF will support the local care delivery to strengthen its existing **Neighbourhood Leadership Systems** to include clinical and political leadership, personalised care, asset-based community development, and citizen and community engagement.
3. The ICF will manage a significant **combined fund across health, social care and wider public services**, enabled by a risk-sharing agreement.
4. The ICF will adopt an **investment-led approach to commissioning and decommissioning** and support the move away from hospital and residential care services to investment in prevention and early intervention.

2.5.3 In Oldham our model will also seek to re-engineer support services and our model will focus on delivering against several key objectives:

1. The ICF will develop **responsive Commissioning Support Services (CSS), integrated at a locality level**. The ICF will generate economies of outcomes through consolidation with broader place-based authorities and public services.
2. The ICF will transfer the **portfolio of CSS** where it aligns and supports the integration of care at a neighbourhood level.
3. The ICF will **aggregate specific CSS,** using existing shared service centres at a GM level where there is a case to generate savings and consolidate specialist expertise.
4. We will seek to **build, and/or expand** in a uniform way, innovative capabilities that support new place-based models.

2.5.4 The ICF will create the conditions for a high-quality partnership in the borough between the providers of health and social care services for the delivery of a set of agreed population outcomes.

2.5.5 The dynamic system will be built on a blended approach to commissioning and provision drawn from a common foundation of financial analysis, engagement of local people, system performance, and quality assurance. It will also draw on outcomes from the whole system enabling functionality already in place, such as integrated IM&T development, single estates strategic intent, integrated

communications and engagement approach, and single workforce development strategies.

2.5.6 The ICF will develop competence in the key characteristics of the commissioning process:

- understanding need;
- clarifying outcomes and standards;
- maintaining a clear focus on system wide performance and quality assurance and improvement;
- clarifying the financial scope of services and;
- adherence to clinical frameworks and standards.

2.5.7 The focus of the ICF is at this stage is to build an effective approach to commissioning to support the Oldham Cares vision. It is being developed with reference to a broader ambition of creating an integrated approach to the commissioning for the wider public service system.

2.5.8 Oldham has committed to develop common geographical footprints at a population size 30,000 to 50,000. A framework for Integrated Place Based Working at this level is close to completion. This will enable the partnership in Oldham to work together to develop a joined up placed based approach to commissioning across a wider range of services.

2.5.9 The ICF is not an organisation it is instead made up of a number of different parts:

- The operation of a Joint Commissioning Committee (JCC) with an oversight of the combined budget for the place;
- The role of an ICF team supporting the work of the JCC;
- Clarification of the relationship between the JCC and the statutory function/s of the CCG and Council;
- The management arrangements for the ICF team and the accountability to a single accountable officer for both Oldham Clinical Commissioning Group (CCG) and Council;
- A combined fund - held by the JCC, supported by the ICF Team.

2.5.10 The CCG will host the JCC and in suggesting the hosting arrangements due regard was given to the legislation that currently restricts the CCG's capacity to delegate e.g. Primary Care, Surgery etc.

2.5.11 The ICF will seek to create the conditions for integrated provider arrangements in the place. In the first instance, by autumn 2019 the ICF will issue high level commissioning intentions to move towards an Integrated Care System (ICS).

2.5.12 The system is currently developing an alliance approach and this networking approach will evolve. A number of models are being explored, for example a single lead provider arrangement supported by formal alliance and other appropriate legal mechanisms to achieve integration e.g. Section 75 agreements. All potential approaches will need to be evaluated and a recommended approach agreed. The formal mechanisms of moving money from ICF to provider alliances

will be underpinned by common assumptions and will be conditional on the way in which providers will deliver services being fully aligned to the principles behind the Locality Plan. The conditionality will reflect all the characteristics of reformed public services.

2.5.13 With a blended approach to commissioning and provision in the borough the ICF will have a single approach to quality improvement and assurance – dependent not on contract meetings and periodic performance management initiatives or penalties, but on an agreed integrated performance framework between ICF and providers where both have a contribution and sense of responsibility for the success of the programmes/ services being delivered.

2.5.14 The ICF arrangements will need to respond to the statutory obligations and reporting requirements of CCG and Council, but the mechanism by which those obligations are met will always be co-designed and co-owned.

2.6 Linking the Population Conversation with the Contract

2.6.1 We are entering a phase of commissioning development where there will be an ever greater need to increase the responsiveness of our services. This applies not only to the need to inculcate a culture of personalisation within the services we contract for – which we will begin to do by promoting patient reported outcome measures, incentivising the enhanced personalisation of services and establishing an approach to population health outreach – but also to the design of the contract requirements themselves.

2.6.2 The key challenge is to create a framework within which a new conversation with our population about service change can take place in a way that is not tokenistic. In order to meet this challenge, we have to be able to meet two criteria. The first criterion is that the nature of our discussion with the population should be genuinely *deliberative* and ask questions that are both strategically significant and genuinely 'open' in the sense that the answers from the process will affect what we do next. The second criterion is that we need to be able to show the process by which the outcomes from such a conversation can be incorporated into our planning and delivery – or explain why certain aspirations are not possible.

2.6.3 We will develop an annual business cycle that divides the planning year into two phases – a 'deliberative phase' and a 'contracting phase'. This will link in with other work we are undertaking to ensure our contracting positions are developed much earlier in the year, enabling more clinical engagement with both commissioners and providers and more time to establish new requirements e.g. for quality indicators.

2.6.4 The 'deliberative phase' would focus our efforts on stakeholder engagement into the period from January to September within the cycle. This would in turn break down into three quarters of work.

2.7 A New Commissioning Framework

2.7.1 Our goal is to use the discipline of commissioning to develop the culture and 'outward mindset' of the Oldham system.

2.7.2 Our work will be guided by Oldham's Integrated commissioning framework. That will mean embedding the following ten core principles in everything that we do operating as an integrated commissioning function:

1. Focused on improved outcomes for the people of Oldham
2. A consistent commissioning approach to planning, designing and evaluating services
3. The right people involved at the right stage of commissioning
4. Open-minded about how best to achieve outcomes
5. High-quality, robust evidence informing our decisions
6. Hold all services to account for the delivery of Oldham's strategic outcomes
7. People at the heart of our commissioning approach
8. A commitment to building capacity
9. We will maximise social value
10. Our supply chains will be sustainable and effective

2.7.3 The purpose of the ten core principles is to ensure:

- We are commissioning all services to consistently high standards, making best use of the tools and resources available - in an era of ever reducing financial resources, fulfilling our statutory responsibilities will remain our first priority, and taking a commissioning approach to how we achieve this will help ensure that we deliver the best outcomes for the resources available.
- We are improving outcomes by commissioning tackling areas of high deprivation to reduce inequality and bring about sustainable behaviour changes.
- We are rebalancing our models of care to develop person centred services that are delivered close to home within local communities.
- We are creating the conditions within Oldham for the changes emerging from our transformation activity to be sustainably embedded.
- We are reflecting the public sector commitments; providers are supported to understand the process that Oldham uses to commission services and understand how they can be involved at each stage.
- We are compliant with relevant legislation including the Best Value Statutory Guidance 2012, the Care Act 2014, the Public Services (Social Value) Act 2012, the Health and Social Care Act (2012) and The Equality Act 2010, and also that we are in line with best practice such as the National Commissioning standards for Adult Social Care.

3 Key Issues for Overview and Scrutiny to Discuss

3.1 For Scrutiny to take note of the developing commissioning design model in Oldham Council.

3.2 For Scrutiny to seek assurance that both the statutory duties of the Council and CCG are being undertaken.

3.3 For Scrutiny to be aware of a challenging financial operating gap which will impact upon the way services are commissioned and delivered.

4 Key Questions for Overview and Scrutiny to Consider

4.1 For the Board to seek an assurance that the strategies across the Council and CCG are being joined up.

4.2 For Scrutiny to understand the impact of service integration at the front line.

4.3 For Scrutiny to clarify how the strategic commissioning objectives linked to the wider Greater Manchester Health and Social Care Partnership objectives.

5. Links to Corporate Outcomes

5.1 Integrated commissioning will lead to better outcomes for people with health and social care needs; realising positive public sector reform whilst proactively achieving improved wellbeing, lifestyles and provision of care, at the right place, right time.

6 Additional Supporting Information

6.1 None.

7 Consultation

7.1 Key partners from across the Oldham Cares Alliance have actively informed and engaged the integration landscape across health and social care services, including the evolution of our integrated commissioning elements.

8 Appendix

8.1 Community Health and Adult Social Care Service Governance

190828 Governance for CHASC from July