

Commissioning Partnership Board

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

Reason for the decision:

Summary: To update on the development of Oldham Care's commissioning intentions

What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s): The alternative is to develop single organisation intentions

Recommendation(s): To discuss and agree on next steps on integrating the health intentions with social care intentions.

Implications:

What are the financial implications? Future system wide efficiencies and improvements to be made on delivery of the intentions.

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)

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

What are the **property** implications

N/A

Risks:

No aligning commissioning intentions would result in not meeting the Oldham Care's vision of seeing the greatest and fastest possible improvement in the health and wellbeing of the Borough's residents by 2020/21.

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

No

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

Yes

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

No

Reason why this Is a Key Decision

N/A

There are no background papers for this report

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

Please list any appendices:-

Appendix number or letter	Description
N/A	

Background:

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

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

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

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

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

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

Proposals:

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

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

Key future challenges:

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

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

Life expectancy related inequalities:

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

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

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

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

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

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

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

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

Conclusions:

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

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

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