



Oldham
Council

Report to HEALTH AND WELLBEING BOARD

Geographical alignment across public services at populations of 30-55,000

Portfolio Holder: Cllr Sean Fielding, Leader of the Council

Officer Contact: Rebekah Sutcliffe, Strategic Director of Communities and Reform, Oldham Council

Report Author: Vicky Sugars, Head of Reform, Oldham Council
Ext. 3303

Date: 4 November 2019

Purpose of the Report

Oldham has championed health and social care and place-based integration and reform for some-time now, leading the way regionally and nationally in developing a model for public service that puts the needs of people and communities before that of organisations.

Our experience and learning from health and social care and other forms of integrated working, have led to agreement in Oldham and Greater Manchester to scale up place-based integration across the whole system of public services, at populations of 30-55,000, so that we can better direct our resources to people and communities. This has the support of Oldham partners through the Joint Leadership Team and the Oldham Leadership Board and at GM through the Wider Leadership Team and the GM Health and Social Care Partnership.

In Oldham we do not have coterminous boundaries across all public services and this makes it difficult to achieve the full integration and reform of public services as our staff, resources and capacity do not align. Therefore, an important step towards the full integration of services in communities is geographical alignment.

This report seeks endorsement from the Health and Wellbeing Board for partners to progress with geographical alignment across the whole system including health and social care and wider public services at populations of 30-55,000. This will enable us to integrate delivery across the whole system to deliver better outcomes for people and communities in Oldham.

Recommendations/Requirement from the Health and Wellbeing Board

1. To endorse developing coterminous public service footprints at populations of 30-55,000 across the borough

-
2. To endorse that geographical alignment should be sought on 5 footprints but using wards as the building blocks for alignment
 3. To endorse the criteria and principles by which a decision on geographical alignment will be reached
 4. To note the next steps and decision-making process

Geographical alignment of public services at populations of 30-55,000**1 Background: Place based integration and reform**

- 1.1 Place based, multi-agency integration is key to the transformation and reform of public services and communities both here in Oldham and across GM. Only by developing a single approach to building resilience that is informed by insight into what drives demand and shapes behaviour in communities will we shift the stubborn inequalities that exist within our borough.
- 1.2 Place based integration is not new to Oldham and it is not a “project” unrelated to the way mainstream services are delivered. Rather it is the way mainstream services should be delivered across the whole system and in partnership with residents.
- 1.3 In the past few years we have seen forms of multi-agency integration taking shape including:
 - Health and Adult Social Care Community Provider, working to PCN footprint for adults – this has been rolled out across the borough. These teams are using their combined skills to support people to stay in their house/near to where they live for as long as possible, promote self-care and connect people in to what is happening in their neighbourhood. The co-location of staff is now complete (phase 1) but transformational work is still underway to scale up and embed new models of care (phase 2).
 - Focused place-based teams in Holts and Lees, Westwood and North Chadderton and Limehurst and Hollinwood, who operate on a ward level or below but across all ages. They have proved that multi-agency place based integration really does improve lives and communities and is a good long-term investment for public services.
 - A long-established District working model out and within communities with strong partnership elements
 - An early help service with place-based elements and outreach
 - A Focussed Care model in Fitton Hill and Hollinwood that works with GPs to provide social and clinical outreach to patients in the community
 - An emerging children’s operating model ‘Oldham Family Connect’ that incorporates a placed based approach strengthening the coordination and integration of service delivery with schools, partnerships and community assets.
- 1.4 One example from the above is the evaluation work in the Holts and Lees focused team. This has shown how we can move 70-80% of cases from ‘not coping’ (and in high cost services) to coping well (in universal services). The teams have really high levels of trust which is shown in the engagement levels (97%). They work in an asset-based way to improve the community. They focus on the things that matter to local people and the area and without needing to ‘refer on’. The team has a 3:1 return on investment for public services as we move people out of crisis into and into more mainstream services.
- 1.5 However, despite the case for place-based integration we do not have this at the scale required. However, our experience of integration, aligned with the commitment locally and from GM, provides us with an opportunity to do this at scale and across the whole system.
- 1.6 We are currently developing our model for place-based integration across the whole system that articulates how we will fundamentally reshape the mainstream delivery of services by bringing staff together in a common geographic footprint, operating to a shared purpose and working in a holistic way with people and communities. This would include the full range of Social Care, Mental Health, Community Care, Primary Care, Policing, Housing

and Homelessness Support, Environmental health, Employment and Skills Support, VSCE provision, Community Safety Advisors, Substance Misuse and Early Years etc. They would interact frequently and consistently with GPs, Schools, the wider Community, Voluntary and Faith sector and other Universal Providers. However, to achieve this ambition we firstly need to have coterminous geographical delivery footprints so that we can align our capacity and resources.

2 Why we need geographical alignment across public services at populations of 30-55,000

2.1 Without geographical alignment we are unlikely to progress with the full integration and reform of public services as staff, resources and capacity would not align. The building block for Locality Care Organisations and public health management, police beats and district working is a 30-55,000 footprint. This is the optimum size for services to organise themselves because it is big enough to create economies of scale but small enough to be locally sensitive. Any footprint below this would make it difficult for services to align their capacity and resources to a place-based model. However, that is not to say that more localised and focused approaches are not needed below this footprint or that natural communities will be defined at this population size.

2.2 Discussions have already taken place across the system on how we might achieve geographical alignment. This includes the Joint Leadership Team, Cluster Cabinet, Council Leadership and the Oldham Leadership Board. Five geographical footprints are operationally and financially the most feasible for whole system public service integration. This is the current number of health and social care clusters and to increase the number to more than 5 would have both financial, resource and logistical implications as we already have staff and assets co-located on this footprint. However, whilst 5 footprints are the most operationally sound there is an acceptance that the current PCN boundaries are not sustainable and that any new arrangements should use ward boundaries as the legitimate building blocks for service footprints. Although GM indicate a 30-50,000 footprint, Oldham do not need to be totally constrained by this and this may stretch to 55,000 in places.

2.3 Via the Oldham Leadership Board, Greater Manchester Police and First Choice Homes, along with other key Oldham partner agencies have also indicated a willingness to change and amend existing boundaries to achieve alignment.

3 Key Principles for geographical alignment

3.1 To enable us to reach a decision on geographical alignment we have followed a clear set of criteria and guiding principles. These are listed below.

Criteria	Guiding principles	Feasibility
Population levels between 30-50,000	This is a guide only and we should not be restrained by this. Likely that this will be up to 55,000 for Oldham.	May need to exceed 50,000 populations in some cases.
Operationally sound	To not exceed 5 or 6 footprints	5 footprints is preferred. More than 7 would be operationally unfeasible and have large resource implications.
	To address existing anomalies within current arrangements where	To consider anomalies such as Mossley sitting within current cluster boundaries if possible.

	possible	
	That the geography is coterminous with Primary Care Networks	Guidance from NHS England encourages Primary networks to be geographically based but acknowledges that some might be built on relationships which makes the negotiation of this key.
Reflects natural communities	Footprints should reflect natural communities where possible and should not seek to split natural boundaries.	District boundaries more closely align to natural communities. Likelihood that more localised and focused approaches within any footprint will be required regardless.
Enables political leadership	Ward boundaries to be retained	Non-negotiable as the democratic foundation and any split will not be politically acceptable

4 Next steps and decision making

- 4.1 Options for developing geographical alignment at 30-55,000 have been developed and a preferred option, which is close to PCN boundaries, but using wards as building blocks, has been developed. This option has broad support across the system. Following endorsement from the Health and Wellbeing Board we will progress with further consultation on the preferred option.
- 4.2 Once agreement has been reached, we will then go through a formal decision-making process of both the CCG and Oldham Council along with any other respective partner decision making bodies. This decision-making process will be twin tracked with all organisations involved. The Council this decision will be taken at Full Council and the CCG this will be a decision for the Governing Body. Likewise, partners via the Oldham Leadership Board will also be consulted so that policing, housing and other operational boundaries can be amended. We hope that a decision will be made by January 2020.

5 Links to Oldham Model and Oldham Cares

- 5.1 The ambition for whole system place-based integration and reform is absolutely part of the vision for both Oldham Cares and underpins our Oldham Model to develop co-operative services that go hand in hand with thriving communities and an inclusive economy by developing a whole system approach to the mainstream delivery of services. Likewise, geographical alignment is also a key feature of the GM white paper on 'unified public services' and is aligned to the GM Health and Social Care Prospectus.

6 Recommendations for Health and Wellbeing Board

1. To endorse work to develop coterminous public service footprints at populations of 30-55,000 across the borough
2. To endorse that geographical alignment should be sought on 5 footprints but using wards as the building blocks for alignment
3. To endorse the criteria and principles by which a decision on geographical alignment will be reached
4. To note the next steps and decision-making process