

Commissioning Partnership Board Report

Date of Decision: 28 November 2019

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

Report Author: Vicky Sugars, Head of Reform, Oldham Council

Reason for the decision:

In Oldham, the geographical footprints upon which public services operate at a sub-borough level do not align. This means that the full workforce, capacity, leadership and resources of all our public services do not align which ultimately limits the ability for public services to work in an integrated way to improve the lives of people and communities in the borough and ultimately prevent unnecessary demand being placed on public services in the long term.

Summary:

This report asks CPB to endorse the development of 5 geographical footprints at populations of 30-55,000 across the borough. These 5 footprints will align the geographical footprints of key public services including Primary Care Networks, Community Health and Adult Social Care IMDTs (Community Provider), Council Districts, Police beats and Housing management. CPB are asked to endorse this decision and recommend that the respective partner organisations - the Council and CCG and others seek geographical alignment on 5 common footprints.

This report details the preferred option for developing 5 common geographical operational footprints across the borough for endorsement by CPB.

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

- a) Not to endorse geographical alignment across public services at 30-55,000 populations
- b) Not to endorse geographical alignment on 5 common geographical footprints (but ask to recommend 6 or 7 footprints)
- c) To endorse geographical alignment on 5 footprints, close to PCNs but using wards as

building blocks and the preferred option

Recommendation(s):

Option c) To endorse geographical alignment on 5 footprints, close to PCNs but using wards as building blocks and the preferred option for doing this.

Implications:

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

There are no immediate financial implications associated with this report. However, if a geographical alignment of the 5 footprints leads to team staffing or accommodation changes the financial impact would have to be calculated and reported at a later date. (Nicola Harrop)

What are the **procurement** implications?

No

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

There are no direct legal implications from the proposals. As the integration of public services progresses including co-working appropriate policies, governance and management arrangements will need to be implemented in order to mitigate any risks including HR issues that may arise. (Colin Brittain)

*What are the **Human Resources** implications?*

Place based integration is key to the Council and its transformation agenda. Integration of public services at a local level along with across agency leadership & working represents a new delivery model. Effective communication and engagement with employees along with fit for purpose policies, practices, support mechanisms and HR/OD interventions will be key in enabling this necessary change and supporting people through this transition. The function will work with Services to lead these people activities. (Martyn Bramwell)

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

EIA attached (see Appendix C)

*What are the **property** implications?*

The proposal to develop five common geographical areas will need to be aligned (at the appropriate time) to the Oldham Locality Asset Review to ensure that the built environment (the facilities) are in place to meet the needs of this place-based approach. (Peter Wood)

Risks:

See Appendix B

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

N/A

expenditure referred to within this report is consistent with the S.75 budget?

Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG? No

There are no background papers for this report

Report Author Sign-off:	
Rebekah Sutcliffe, Strategic Director for Communities and Reform, Oldham Council	
Date: 18 November 2019	

Please list any appendices:-

Appendix number or letter	Description
Appendix A	Current Primary Care Networks and Council Districts
Appendix C	Risk Log
Appendix D	Equality Impact Assessment (EIA)

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 Greater Manchester. 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 Primary Care Networks (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 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 Greater Manchester, 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 are at 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 and negotiations have taken place across public services on how we could achieve geographical alignment over the past 12 months. This has included engagement with elected members, GPs and colleagues from across the whole system of public services. Following this period of engagement, we have agreement that 5 geographical footprints would be the most feasible both operationally and financially. This is the current number of health and social care Primary Care Networks (PCNs). 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 was agreement 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.
- 2.3 Via the Oldham Leadership Board, the Clinical Commissioning Group, Greater Manchester Police and First Choice Homes, along with other key Oldham partner agencies have agreed to change and amend their existing boundaries to align to the same geographies. This will enable the full integration of services at this footprint as we also expect other agencies to follow-suit.

3 Key Principles for geographical alignment

- 3.1 When developing geographical alignment, we followed a clear set of criteria and guiding principles, as agreed at Leadership and at the Oldham Leadership Board in January 2019. 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 possible	To consider anomalies such as Mossley sitting within current cluster boundaries if possible.
	That the geography is coterminous with Primary	Guidance from NHS England encourages Primary networks to be

	Care Networks	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 Options/Alternatives

Option a: Do not endorse geographical alignment (no change)

- 4.1 The CCG, Council and other partner agencies could choose not to seek geographical alignment across public services at 30-55,000 populations.

Cons of this option

- 4.2 This would mean that public services would continue to operate on different boundaries which would significantly limit the Council and partners ability to pool and align workforce, capacity, leadership and resources. This would significantly hinder plans to integrate services.
- 4.3 This would make it difficult for the Council and partners to operationalise integrated working at sub-borough level across the whole system and could impact residents and communities who may need to access services across different boundaries.
- 4.4 In addition to the above, it would also mean that the partners would breach the obligations that it has signed up to as part of the Greater Manchester white paper on 'Unified Public Services' and the GM Health and Social Care Prospectus. Given the above, this is not recommended as a viable option.

Option b: Geographical alignment on 7 or 6 footprints

- 4.5 We currently have 7 Council Districts and 5 Primary Care Networks. An option would be to endorse 6 or 7 common geographical footprints.

Pros of this option

- 4.6 This would enable Council District boundaries to be retained and natural communities kept together. It would meet the guidance of 30-55,000.

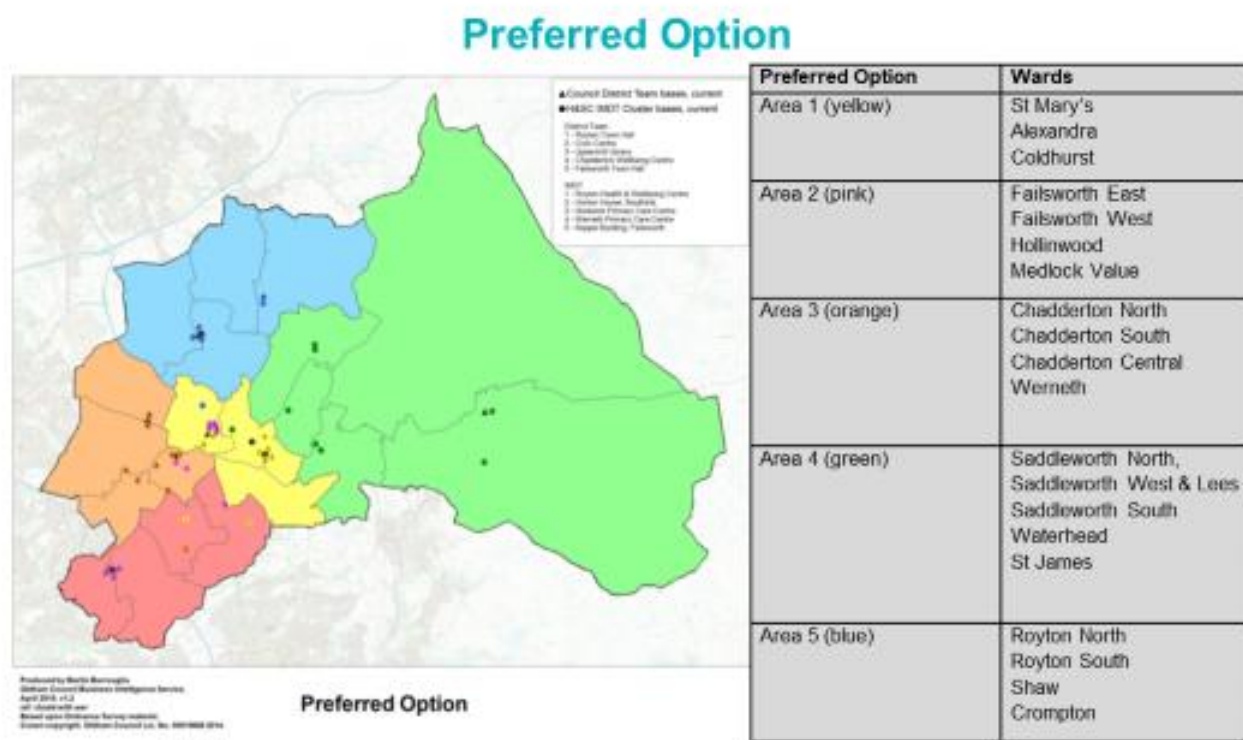
Cons of this option

- 4.7 6 or 7 footprints could have significant resource implications for both the Council and Oldham Cares in-particular due to resources such as Adult Community Health and Social Care Providers already being deployed on 5 footprints across the borough.
- 4.8 Given the level of financial challenge across both Council, health and social care and wider public services (estimated to be around £80 million system deficit) in Oldham this is not recommended as a viable option.

- 4.9 Primary Care and partner colleague favour 5 footprints and it is unlikely that we would be able to reach a decision to achieve geographical alignment on 6 or 7 resulting in no agreement.

Option c: Geographical alignment on 5 footprints close to Primary Care Networks but using wards as building blocks: Chadderton and Werneth Option (preferred option)

- 4.10 The recommended option is to develop 5 common geographical footprints that are as close as possible to Primary Care Networks but using wards as building blocks.



Option: Chadderton with Werneth					
District		Resident Population	Total GP register	On register and resident	% register living in cluster
1	Fairsworth, Hollinwood, Medlock Vale	46391	38748	31740	82%
2	Chadderton, Werneth	46995	55941	35828	64%
3	Alexandra, Coldhurst, St Mary's	42928	69907	36745	53%
4	Royton, Shaw, Crompton	41302	39586	34674	88%
5	Saddleworth, St James, Waterhead	56143	53739	40750	76%
Overall		233759	257921	179737	70%

4.11 Pros of this option

- Five footprints are the most financially and operationally viable
- Keeps wards as building blocks
- Keeps natural community blocks together.
- Relatively small changes from current cluster areas and minimal impact on health and social care
- Enables the town centre wards to be kept together (Coldhurst and St Marys)

- Some Primary Care Networks remain largely unaffected – North, East particularly
- Population sizes only exceed 50k for only one cluster 56143
- Patient distribution lists as good as current cluster
- There is a District location in every footprint

4.12 **Cons of this option**

- One area above population margins (56125).
- Biggest changes for central wards
- Some areas clump together different communities but unavoidable under any option for 5 footprints
- Changes for South, West and Central PCN GPs in-particular

5 **Recommended Option**

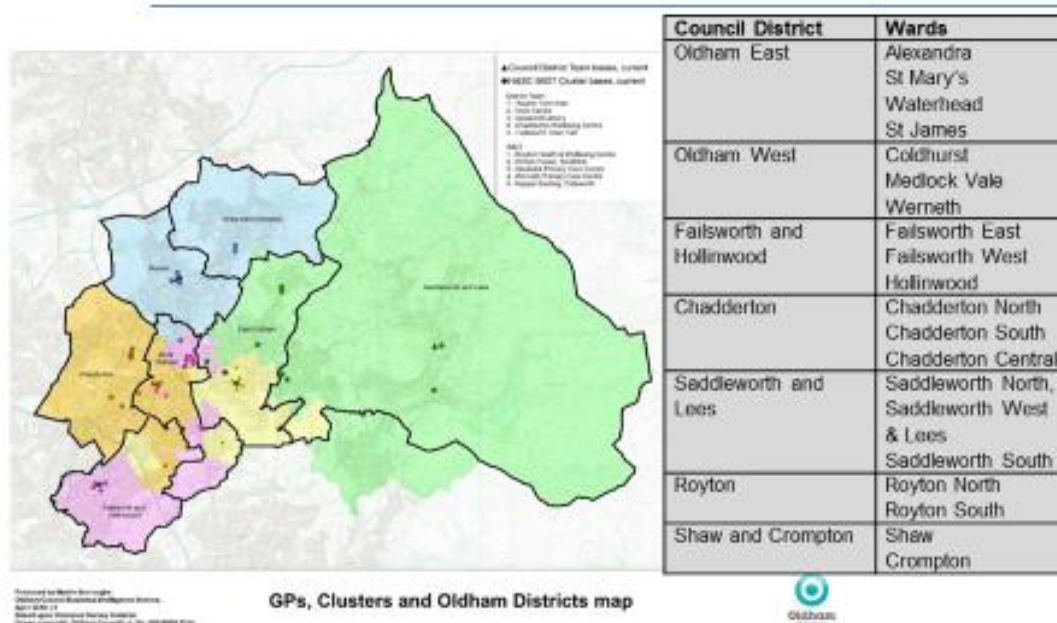
- 5.1 Option c – Geographical alignment on 5 footprints close to Primary Care Networks (Chadderton with Werneth Option) but using wards as building blocks is the recommended option for endorsement by CPB

6 **Conclusions**

- 6.1 By endorsing the development of 5 common geographical footprints across public services the CPB is enabling the system to move closer towards whole system integration. Following the endorsement from CPB the respective organisations will begin the decision-making process for aligning their geographies to the agreed 5 footprints. We envisage formal decisions being made in January 2020.

Appendix A: Current Primary Care Networks and Council Districts

Current Oldham Districts and Primary Care Networks



Current Cluster (excludes Mossley for comparability)

District		Resident Population	Total GP register	On register and resident	% register living in cluster
1	South Cluster	33940	50110	26718	53%
2	North Cluster	43084	44659	37114	74%
3	West Cluster	66992	54743	45711	91%
4	East Cluster	53257	58742	43709	87%
5	Central Cluster	36486	49667	25802	51%
Grand Total		233759	257921	179054	69%

Appendix B: Risk Log

Description of Risk	Impact (H, M, L)	Impact Description	Likelihood (H, M,L)	Mitigation
Council do not agree 5 footprints	H	More than 5 footprints would have a significant impact on resources	L	Discussions have taken place within the Council
Primary Care Networks won't change to reflect geography	H	May mean some	L	Discussions have taken place with GPs and Primary Care Networks and agreement reached
Partners cannot agree geography	H	Alignment cannot take place	L	Discussions have already taken place with key partners including GMP and Housing providers who have agreed to amend geographies

Appendix C: Equality Impact Assessment

Equality Impact Assessment Tool

Service Area:	Transformation and Reform
Budget Reduction Title:	Geographical alignment across public services at populations of 30-55,000

Stage 1: Initial Assessment

1a	Which service does this project, policy or proposal relate to?				
	Although this is driven through the Transformation and Reform team this relates to all mainstream Council and Primary Care services that we wish to integrate at a place-based level including for example, adult social care, children's social care and early help, districts, housing community safety and possibly more.				
1b	What is the project, policy or proposal?				
	This project aims to create common coterminous boundaries across public services, at populations of 30-55,000 to enable the mainstream integration of services in communities.				
1c	What are the main aims of the project, policy or proposal?				
	<p>Develop common boundaries at populations of 30-55,000 across all public services.</p> <p>This will enable us to integrate service delivery at a place-based level.</p> <p>It will also enable us to focus our resources more effectively on demand and need.</p>				
1d	Who, potentially, could this project, policy or proposal either benefit or have a detrimental effect on, and how?				
	<p>It aims to benefit residents by integrating more services closer to people through a place-based model at 30-55,000.</p> <p>It has a focus and positive benefit on people who require more help than what they currently receive through universal services but do not necessarily meet the threshold of more specialist services. We estimate that this could be upwards of 40% of the Oldham population.</p> <p>It will enable us to focus our resources more effectively on areas of high demand and need. In general, this would positively benefit residents in areas of higher need more including those on lower incomes.</p> <p>The size of the proposed geographical footprints does also vary and ranges from 41,000 to 56,000 populations. Some areas are also bigger geographically which could have a negative impact as the service delivery areas would be larger. However, we intend to utilise hubs across the sites to mitigate this impact.</p>				
1e	Does the project, policy or proposal have the potential to <u>disproportionately</u> impact on any of the following groups?				
		None	Positive	Negative	Not sure
	Disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Particular ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men or women (includes impacts due to pregnancy /	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	maternity)				
	People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in a Marriage or Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People who are proposing to undergo, are undergoing, or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People on low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	People in particular age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Groups with particular faiths or beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any other groups that you think may be affected negatively or positively by this project, policy or proposal?				
	Rural population may be affected by being part of a much wider geographical area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1f	What do you think the overall NEGATIVE impact on groups and communities will be?	None / Minimal	Significant
		<input checked="" type="checkbox"/>	<input type="checkbox"/>

1g	Using the screening and information in questions 1e and 1f, should a full assessment be carried out on the project, policy or proposal?	Yes <input type="checkbox"/>
		No <input checked="" type="checkbox"/>
1h	How have you come to this decision?	
	<p>Aligning our boundaries as a Council with all other mainstream public services will benefit residents across the piece as it will enable them to access integrated services and will reduce the number of people who are currently bounding around the system of public services.</p> <p>Aligning our services to a place-based model will also benefit residents and communities as it will enable services to be delivered in an integrated way and closer to where people live.</p> <p>As the model will enable us to deploy our resources on demand and need it is likely that there will be a positive impact on residents in areas of high need, particularly on those in low income and more deprived areas.</p>	