



**COMMISSIONING PARTNERSHIP BOARD**

**31/10/2019 at 1.00 pm**

**Present:** Majid Hussain (Lay Member, Oldham CCG) (in the Chair)

Councillors Chadderton, Chauhan and Shah

Dr. Andrew Vance      GP Governing Body Member - North  
Cluster, Oldham CCG  
Kate Rigden              Deputy Chief Finance Officer, Oldham  
CCG

Also in Attendance:

Helen Lockwood      Deputy Chief Executive, Oldham Council  
Rebekah Sutcliffe      Strategic Director Reform, Oldham  
Council  
Mark Warren            Director, Adult Social Care, Oldham  
Council  
Rachel Dyson            Thriving Communities Hub Lead, Oldham  
Council  
Peter Pawson            Thriving Communities and Place Based  
Integration Programme Manager, Unity  
Partnership  
Mark Hardman          Constitutional Services, Oldham Council  
Nadia Baig               Director of Commissioning, Oldham CCG  
Nicola Hepburn        Associate Director of Commissioning,  
Oldham CCG  
Erin Portsmouth        Director of Corporate Affairs, Oldham  
CCG

1                    **ELECTION OF CHAIR**

**RESOLVED** that Majid Hussain be elected Chair for the duration of the meeting.

2                    **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr John Patterson (Dr Andrew Vance attending as substitute), Ben Galbraith (Kate Rigden attending as substitute), Dr Ian Milner, Councillor Fielding, Carolyn Wilkins, Dr Shelley Grumbridge, Graham Foulkes, Claire Smith, Dr. Mudiur Gopi and Mike Barker.

3            **URGENT BUSINESS**

There were no items of urgent business received.

4            **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5            **PUBLIC QUESTION TIME**

There were no public questions received.

6            **MINUTES OF THE PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting of the Commissioning Partnership Board held on 26<sup>th</sup> September 2019 be approved as a correct record.

7            **BETTER CARE FUND**

The Board received a report advising of the approval by the Health and Wellbeing Board (HWB) at a meeting held on 24<sup>th</sup> September 2019 of the Oldham Better Care Fund (BCF) Plan 2019-20 prior to submission to NHS England for approval. The Board was advised of a requirement to ensure that partners were aware of and had opportunity to ask questions about the agreed BCF Plan and the report considered by the HWB in determining their approval was submitted to this meeting accordingly.

For 2019-20 in Oldham, the total value of the BCF was £30,772,550 which included Disabled Facilities Grant (DFG) and winter pressures funding. Access to the Fund was based on four national conditions being satisfied:

- an agreed plan signed off by the relevant HWB and the constituent local authorities and CCGs which had been undertaken by the Oldham HWB and the Greater Manchester Health and Social Care Partnership;
- a demonstration that the area would maintain the level of spending on social care services from the CCG minimum contribution in line with the agreed uplift;
- that a specific proportion of the area's allocation is invested in NHS-commissioned out of hospital services, which may include seven-day services and adult social care; and

- a clear plan on managing transfers of care including implementation of the High Impact Change Model for Managing Transfers of Care which includes adoption of the centrally set expectations for reducing Delayed Transfers of Care.

Four additional national metrics - non-elective admissions, admissions to residential and care homes, effectiveness of reablement, and delayed Transfer of Care - were required to be collected and submitted as part of the designated reporting mechanism.

The governance processes in place to monitor performance against the objectives of the BCF were queried. The Managing Director for Health and Adult Social Care noted that while clear metrics were in place in specific areas, the nature of other services meant that there was not the same scrutiny across all areas. An exercise had been undertaken between the Council and the CCG looking to join up monitoring arrangements and to look at alternate approaches. In a similar vein, the consideration of net effects was difficult to assess in that the identified funding areas were difficult to plan for, for example the improved BCF had continued beyond its expected three years; winter pressures monies, while factored into plans, had only just been confirmed; and the DFG scheme operated under very clear definitions. The level of funding available through the BCF was noted, and comment made that it was taken as a tool or lever to encourage integrated working.

**RESOLVED** that the approved Oldham Better Care Fund Plan 2019-20 be agreed and submitted to NHS England for approval.

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## **THRIVING COMMUNITIES EVALUATION SCOPING**

The Board received a paper setting out an approach to the evaluation of the Social Prescribing Innovation Partnership and was asked to determine how that evaluation should be delivered.

The confirmation of the approach to evaluation of social prescribing represented an immediate and pressing priority. It was vital that there was a shared view of what success would mean for the social prescribing

model from the outset of the Innovation Partnership, with an agreed approach to evidencing success that was sufficient for partners to make future investment decisions on a collaborative basis. However, the questions raised by this exercise were equally applicable across all activity which sought to deliver the Thriving Communities and Health Improvement ambition through community led early intervention and prevention approaches. These approaches had the potential to have wide reaching fiscal, economic and social benefits but the service currently sat outside of any single discrete area of commissioning or service transformation.

The proposed evaluation framework for the Social Prescribing Innovation Partnership considered in detail within the submitted report sought to explore four key questions:

1. What is the impact for the people referred into social prescribing?
2. What is the impact on the public service system?
3. What is the impact on the local voluntary, community, faith and social enterprise (VCFSE) sector?
4. How effectively has the model been implemented?

A range of methodologies comprising quantitative measures, Social Return on Investment Modelling and qualitative engagement with key stakeholders were proposed to seek to capture impacts across the intended outcomes of social prescribing. A budget of up to £100k had been allocated within Thriving Communities Transformation Funding as part of the business case. A number of options as to how the Social Prescribing evaluation could be delivered had been identified and an assessment of each was presented in the submitted report -

Option A - To commission the whole evaluation in two parts – firstly, the quantitative and social return on investment elements and secondly, the qualitative elements.

Option B - To engage an evaluation partner to deliver the qualitative and social return on investment elements of the evaluation while using existing in-house resources to deliver the quantitative elements.

Option C - To appoint to a post within the Thriving Communities team to deliver the whole evaluation.

A Member queried the nature of the proposed evaluation, asking whether the assessment could be achieved through other forms of analysis, including the setting of key performance indicators and developing in-house capacity. The Board was asked to note that funding had already been identified and approved within the business plan and that a specific skill set, not necessarily available currently, was required to undertake the evaluation. It was also suggested that an external view would add credibility to the evaluation results and noted to the Board that the NHS was increasingly seeking University inputs into evaluation exercises to ensure rigour.

**RESOLVED** that the proposed evaluation framework for the Social Prescribing Innovation Partnership be agreed, the evaluation methodology to be agreed subject to considerations by the Strategic Director (Reform) in consultation with the Cabinet Member for Health and Social Care as to reducing costs on the exercise and how in-house capacity could be drawn upon and developed to contribute to support the evaluation.

The meeting started at 1.00pm and ended at 1.44 pm