



**COMMISSIONING PARTNERSHIP BOARD**

**28/11/2019 at 1.00 pm**

**Present:** Councillor Hussain (Vice-Chair, in the Chair)  
Councillors Chadderton, Fielding and Shah

Ben Galbraith	Chief Finance Officer CCG
Dr. Ian Milnes	(Deputy Chief Clinical Officer CCG)

Also in Attendance:

Carolyn Wilkins OBE	Chief Executive / Accountable Officer
Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Rebekah Sutcliffe	Strategic Director, Communities and Reform
Mark Warren	Director, Adult Social Care
Graham Foulkes	Lay Member for Patient and Public Involvement
Dr. Mudiyr Gopi	Hospital Consultant Representative
Claire Smith	Executive Nurse
Nikki Boaler	CCG
Sian Walter-Browne	Constitutional Services

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 Councillor Chauhan, Dr John Patterson, Dr Andrew Vance, Helen Lockwood and Anne Ryans.

3 **URGENT BUSINESS**

The Chair advised that there was an item of urgent business and it would be considered as the final item of the meeting.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Commissioning Partnership Board held on 31<sup>st</sup> October 2019 be approved as a correct record.



7

## **OLDHAM LOCALITY PLAN**

The Commissioning Partnership Board gave consideration to a report regarding the Oldham Locality Plan.

The Board was informed that in June 2019, the Greater Manchester Health and Social Care Partnership Executive Board approved a paper on developing the Implementation Plan for the Greater Manchester Health and Social Care Prospectus. This paper had described that the Implementation Plan would include how Greater Manchester intended to deliver on its requirements under the NHS Long Term Plan.

The NHS had published the Long-Term Plan Implementation framework which had required all Integrated Care Systems (ICS's) and Sustainability & Transformation Partnerships (STP's) to publish a strategic plan for their footprint. In the case of Oldham, this was at Greater Manchester level. The GM Health & Social Care Partnership (GMH&SP) requested that all 10 localities refresh their Locality Plans to feed into the GM submission at the end of November. The report brought forward Oldham's refreshed Locality Plan.

The Board noted that the revised Locality Plan also:

- Reaffirmed the outcomes sought to be influenced;
- Described progress against those outcomes since 2016;
- Outlined plans for the local system in terms of integrated neighbourhood delivery and place-based commissioning - particularly in the context of the GM Prospectus's core aim of creating a population health system in Greater Manchester and the approach to public service reform set out in the White Paper.

The report set out the following key areas of the Long Term Plan Implementation Framework:

- Fully Integrated Community-based Care (including Primary Care Networks) Reducing Pressure on Emergency Hospital Services
- Giving people more control over their own health and more personalised care
- Digitally-enabling primary care and outpatient care
- Improving Cancer Outcomes
- Improving Mental Health Services
- Shorter Waits for Planned Care
- More NHS Action on Prevention
- A Strong Start in Life for Children and Young People
- Learning Disability and Autism
- Cardiovascular Disease
- Stroke Care
- Diabetes
- Respiratory Disease
- Genomics

- Giving NHS Staff the Backing they Need
- Delivering digitally-enabled care across the NHS
- Using taxpayers' investment to maximum effect
- Engagement with Staff, Stakeholders and Communities



For each area of the Long Term Plan, a programme lead had co-ordinated an

Oldham system response that included:

- The specific asks of the Long Term Plan and Implementation Framework for that service area or objective;
- An assessment of the extent to which Oldham is already delivering against the area in the LTP - building on the last three years of implementation;
- A translation of the level of resource required to deliver those asks for which fair shares resource is indicated;
- A translation of the level of resource required to deliver those asks for which targeted resource is indicated.

The Board was informed that, to support the Greater Manchester approach to Long Term Plan implementation, localities would need to provide detailed returns on finance and activity covering the period to the end of 2023/24.

Included within the guidance were five key financial tests that all organisations would need to demonstrate adherence to within their plans:

- return to, or maintain financial balance
- achieve cash-releasing productivity growth of at least 1.1% per year with the requirement for providers in deficit to deliver an additional cash-releasing productivity benefit of 0.5%.
- reduce growth in demand for care through better integration and prevention
- reduce variation in performance across the health system
- make better use of capital investment and its existing assets to drive transformation

As well as undertaking a refresh of the Locality Plan, the opportunity had been taken to contribute to the overarching Greater Manchester response to the Long Term Plan deliverables.

In order to provide the finance, activity and narrative on how GM would address the Long term Plan within the NHSE timescale, GMH&SP would develop a proforma for the response areas to NHSE, that indicated:

- The sections the GM team could fill in because they already knew about current position and plans to meet requirements, (with support of GM leads from localities for cross-cutting themes as needed); and

- The sections each locality needed to provide information on and the date for completion



Oldham  
Council

The Board noted the refreshed Oldham Locality Plan narrative had been broader and deliberately place-focussed in order to help clarify how public services would work together to deliver the intended outcomes. Work would commence immediately on re-developing the governance and delivery programme for the Locality Plan, including strengthening the programme leadership arrangements.

#### Options/Alternatives Considered

- a) Not to refresh the Locality Plan which technically expires in 2020. Ruled out as provides insufficient direction for the development of the health and care system in Oldham.
- b) Simply refresh the plan in a light touch way. Also ruled out as much of the original Locality Plan is outdated.
- c) Rewrite the Locality Plan to reflect the current position in Oldham

**RESOLVED** that Oldham's refreshed Locality Plan be approved.

8

#### **GEOGRAPHICAL ALIGNMENT OF PUBLIC SERVICES AT POPULATIONS OF 30-55,000**

The Board gave consideration to a report which asked it to endorse the development of 5 geographical footprints at populations of 30-55,000 across the borough. These 5 footprints would 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. The Board was asked to endorse the decision and recommend that the respective partner organisations - the Council and CCG and others – seek geographical alignment on 5 common footprints.

The report detailed the preferred option for developing 5 common geographical operational footprints. The Board were informed that place-based, multi-agency integration was key to the transformation and reform of public services and communities both 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, would the stubborn inequalities that existed within the borough be shifted. Place based integration was not new to Oldham and was not a "project" unrelated to the way mainstream services are delivered. Rather it was the way mainstream services should be delivered across the whole system and in partnership with residents.

The Board noted the forms of multi-agency integration that had already been put in place and the benefits of these. They were informed that the model for place-based integration across the whole system was currently being developed, that would articulate how the mainstream delivery of services would be

fundamentally reshaped by bringing staff together in a common geographic footprint, operating to a shared purpose and working in a holistic way with people and communities.



Members were informed that, without geographical alignment, it was unlikely that the full integration and reform of public services would be progressed, as staff, resources and capacity would not align. The building blocks for Locality Care Organisations and public health management, police beats and district working were at a 30-55,000 footprint. This was the optimum size for services to organise themselves as it was big enough to create economies of scale and 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, more localised and focused approaches could be needed below this footprint and natural communities could be defined at this population size.

Discussions and negotiations had taken place across public services over the past 12 months. This had included engagement with elected members, GPs and colleagues from across the whole system of public services. Following this, 5 geographical footprints appeared to be the most feasible both operationally and financially and this was 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 staff and assets were already co-located on this footprint. However, whilst 5 footprints were the most operationally sound, there was agreement that the current PCN boundaries were not sustainable and that any new arrangements should use ward boundaries as the legitimate building blocks for service footprints.

Via the Oldham Leadership Board, the Clinical Commissioning Group, Greater Manchester Police and First Choice Homes, along with other key Oldham partner agencies had agreed to change and amend their existing boundaries to align to the same geographies. This would enable the full integration of services at this footprint, as it was expected other agencies would follow-suit.

#### Options/Alternatives Considered

- 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.

**RESOLVED** that geographical alignment on 5 footprints, close to PCNs but using wards as building blocks and the preferred option for doing this be endorsed.

## S.75 BUDGET MONITORING REPORT - MONTH 6



Urgent Business The Board gave consideration to a report which asked them to consider the 2019/20 Oldham Cares Section 75 pooled budget monitoring position as at month 6.

The report set out the 2019/20 Oldham Cares Section 75 (S75) pooled budget monitoring position as at month 6. It showed a budget of £148.92m and a year-end forecast of £152.18m, producing an adverse variance of £3.26m. Most of this variance related to Oldham Council services, some of which was offset by favourable variances outside the S75 budget areas, whilst the rest was expected to be brought back to balance by the year-end after the application of management action.

The Board noted that there was work ongoing in relation to the assessment of the further pooling of resources and the benefits of this to the population.

### Options/Alternatives Considered

- a) To note the contents of the report.
- b) To challenge the contents and recommendations in the report.

**RESOLVED** that the Oldham Cares S75 financial monitoring report at month 6, 2019/20 be noted.

## URGENT BUSINESS

The Board gave consideration to an item of urgent business in relation to the Transformation Fund.

The Board noted that Transformation Funding would be considered alongside the new Locality Plan rather than progressing with schemes from the previous Locality Plan. Those aspects of the previous Plan that had been fully signed off would proceed and a fresh look would be taken at those matters which had not been finalised. There was an opportunity to consider alternative approaches that may offer greater benefits.

Members were informed that Oldham was the only area in Greater Manchester to achieve its savings target. The Chair gave his thanks to everyone involved in this huge achievement.

**RESOLVED** that the approach be noted.

The meeting started at 1.00 pm and ended at 2.00 pm