

Meeting: Strategic Commissioning Board

Meeting Date	04 January 2021	Action	Information
Item No	9	Confidential / Freedom of Information Status	No
Title	Bury System Board Meetings – 19 November 2020		
Presented By	Cllr E O'Brien, Co-chair of the SCB and Bury Council Leader / Dr J Schryer, Co-Chair of the SCB and CCG Chair, NHS Bury CCG		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The paper includes the minutes of :

- Bury System Board Meetings held on 19 November 2020.

Recommendations

It is recommended that the Strategic Commissioning Board:

- receive the Minutes of the Bury System Board Meetings held on 19 November 2020.

Links to Strategic Objectives/Corporate Plan

Yes

Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:

N/A

Add details here.

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	N/A					

Governance and Reporting		
Meeting	Date	Outcome

Bury System Board	19 November 2020	Minutes being submitted for ratification
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Title	Minutes of the Bury System Board 19 November 2020		
Author	Jill Stott, LCO Governance Manager		
Version	1.0		
Target Audience	Members of the Bury System Board		
Date Created	24.11.20		
Date of Issue			
To be Agreed	16 December 2020		
Document Status (Draft/Final)	FINAL		
Document History:			
Date	Version	Author	Notes
24.11.20	1.0	Jill Stott	Draft Minutes submitted to WB for checking
Approved:		Bury System Board 16.12.20	
Signature:		

Bury System Board

MINUTES OF MEETING

19 November 2020, 10.30 – 12.30

Via Teams

Chair – Councillor Eamonn O'Brien

Members Present:

Cllr Eamonn O'Brien, Leader of the Council (EO'B)
Dr Jeff Schryer, Chair Bury CCG (JS)
Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council (GL)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
Mr Mike Woodhead, CFO, Bury CCG (MW)
Mr Chris O'Gorman, Independent Chair, LCO Board (CO'G)
Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
Ms Mui Wan, Associate Director of Finance, Bury LCO (for Craig Carter, Director of Finance, NCA) M Wan
Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)
Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
Ms Lesley Jones, Director of Public Health, Bury Council (LJ) – until item 8
Ms Sheila Durr, Executive Director Children and Young People, Bury Council (SD)
Ms Catherine Jackson, Executive Board Nurse, Bury CCG (CJ)
Ms Lynne Ridsdale, Deputy Chief Executive, Bury Council (LR)
Mr Tyrone Roberts, Director of Nursing & (Interim) Chief Officer, Bury Care Organisation

Others in attendance:

Ms Linda Prescott, Integrated Neighbourhood Lead, Bury North (LP)
Ms Jane Wilson, Integrated Neighbourhood Lead, Whitefield (JW)
Ms Julie Cooper, Integrated Neighbourhood Lead, Prestwich (JC)
Ms Nicky Parker, Director of Transformation, Bury Community Hubs (NP)
Ms Vicky Clark, Assistant Director Public Service Reform, Bury Council (VC)
Dr Sanjay Kotegaonkar, Clinical Lead IM&T Bury CCG (SK)
Ms Zabina Rahman, Senior Project Manager, Primary Care Digital & IT, Bury CCG (ZR)
Ms Jill Stott, LCO Governance Manager (JMS)

Apologies

Apologies for absence were received from:

Ms Kath Wynne-Jones, Chief Officer, Bury LCO
Dr Kiran Patel, Medical Director, Bury LCO
Ms Julie Gonda, Director of Community Commissioning (DASS)
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
Dr Daniel Cooke, Clinical Director, Bury CCG

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	EO'B welcomed those present to the Bury System Board and the meeting was confirmed as quorate. Apologies were noted as outlined above.
2.	Declarations of Interest

	Members were asked to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Bury System Board. None were declared.
3.	Minutes of Last Meeting (21 October 2020)
	The minutes of the previous meeting were agreed as a correct record, apart from TR's apologies to be added.
4.	Review of Action Log
	The Action Log was noted, and updates were recorded within the log accordingly.
5.	Covid-19 - 6 Month Plan
	<p>Slides had previously been shared with the Board outlining the Covid plan and GL presented on the main points, starting with context setting for planning for Covid over the next few months. He explained how delivery on Covid planning would be an intrinsic part of the new corporate plan with a focus on 4 main priorities:</p> <ul style="list-style-type: none"> • Covid • Budget • Transformation • 2030 Strategy (Recovery focus) <p>He noted that public sector reform (PSR) is an ongoing part of the corporate planning work and highlighted the importance of key performance indicators in measuring outcomes. He went on to explain our journey so far, through 9 months of the Covid pandemic, and what learning has been taken from it; evaluation over the next 6 months will be part of the plan.</p> <p>The presentation explained the 4 blocks of the delivery work streams:</p> <ol style="list-style-type: none"> 1. Containing Covid 2. Supporting Bury's Health and Social Care System 3. Mitigating the impacts 4. Supporting Our Communities <p>Public Health intelligence and the need to clearly understand demand in the health and care system were noted as key elements of this work.</p> <p>GL explained current governance structures, including a weekly Gold meeting. Sources of funding were listed in the presentation. It was explained that work streams, leads & planning templates have been confirmed, supported by a programme manager now in post and that the original 10 point plan has been incorporated into this strategy.</p> <p>TR fed back from a positive Health and Wellbeing Board (HWB) on 18 November; he emphasised the importance of developing a plan which isn't separate from business as usual and where each part of the system needs to know what is expected of them.</p> <p>GL said that the Covid period had further highlighted inequalities in the borough, including harms caused by the wider effects of the pandemic. He confirmed that HWB was taking these concerns seriously, including a targeted approach to addressing harms caused.</p>
6	GMHSCP Partnership Review
	WB had shared briefing notes from the October and November Partnership Executive Board meetings in advance of this meeting. The first described the key themes across GM as part of a framework for new models of integrated working. 8 statements of intent were listed in the document, including the proposal for an expanded role for provider collaboratives and a joint decision-making committee in each locality. The blurring between commissioner and provider boundaries to facilitate integrated working at place and GM level was a theme throughout the documents.

The second briefing paper outlined the 5 constructs in the development of this work, with GL leading on the Locality Construct theme.

WB went on to share a presentation which showed the 3 main elements of a future locality construct and a proposal for local health and care system arrangements from April 2021.

EO'B said that the work was a good starting point for further discussion and that there should be a focus on the appropriate levels for services. He endorsed the importance of neighbourhoods in the proposed model and warned against any move away from the intentions of the Devolution journey.

TR raised the issue of a potential risk of reduced place-based autonomy as a result of these proposals.

WB accepted the risk of aggregation but suggested that the work that had taken place over the last 5 years would provide the building blocks for appropriate continuing development in localities. He said that the next step would be for the 10 localities to describe how the model would look across GM.

GL added that there is a strong commitment across GM to present to government that GM's model will be atypical and that there is a strong desire to continue with the Devolution journey. He confirmed the aim for a "double Devolution" model to include neighbourhoods, allowing the 10 localities to work at their own pace under an overall agreed set of principles.

HH suggested that a blended approach to clinical leadership in the new system would be beneficial as this had already proved to work well in Bury. He suggested timely work on a model for a clinical senate was needed and that the membership should be widened to include other health and care professionals.

CO'G noted from an LCO point of view there were 3 main success factors in pursuing the proposed model: structural, financial and relational. He said that from a structural and financial aspect the form of the LCO will be important to ensure sufficient resilience in the system. He suggested further work on this will need to be developed, particularly as neighbourhoods were not previously given the significance that was now needed in the model which the LCO had been testing up till recently.

He suggested that more work on the benefits/disbenefits of the LCO managing a capitated budget is needed and that from a structural/ relational point of view the option is already there to step up from the delivery work already in place.

WB noted that it may be prudent to lift the pause on the lead provider model work and to consider this again in the light of the increased importance of neighbourhoods.

MW supported HH's comments around clinical leadership. He referred to the Financial Advisory Committee's role as being at the forefront of this design work and highlighted also the importance of provider engagement in the process. He welcomed the dissolution of the provider/commissioner split as far as possible, but noted that capitalisation may not be the answer to all problems across the system due to the number of fixed costs in place.

LJ emphasised the need to retain the values and principles on both population health and the work on reducing inequalities within any new model. She said that any changes to organisational form should not lose sight of what we are trying to achieve.

She asked how the people's voice would be heard and become part of Bury's ambitions.

WB said that a system structure would need to include the people's voice into all future design principles.

GL highlighted 3 main areas following on from the discussions above:

1. GM team are looking at how children's services can be incorporated in the new design

2. The development of the LCO needs to be on the front burner in the context of new design proposals
3. System-wide clinical leadership is key to this work

WB noted the fast pace of this work and agreed to keep colleagues updated with the latest iterations of any documents produced.

7 Neighbourhood Working

Introduction

WB introduced this item, explaining it was important to recognise the progress made and opportunities afforded within neighbourhood developments. He said that neighbourhoods have remained at the heart of Bury’s strategy, even with the challenge of the Covid pandemic over recent months. He explained that the intentions behind the neighbourhood model are beginning to be realised and dividends paid.

Update from Health and Care

LD briefly introduced this item, highlighting the considerable amount of work that has been undertaken, including financial shift, in less than 2 years. She reminded Board that results from this type of programme are not usually seen until years 2-3.

3 of the INT leads joined the meeting to give the highlights from their presentation which had previously been shared. These included:

- Case study on Bury resident
- Examples of positive feedback from GPs
- Roadmap for next phase of working including the importance of the patient experience
- Benefits of pharmacy and medications reviews being involved in the MDTs
- Planned tests of change
- Excellent relationships across organisations which made possible the successful working during the Covid period
- Importance of the key worker role in the INTs work
- Increasing links between MH and older people work in the INTs and in the ACM process
- Data packs available and regularly discussed at the LCO Huddle meetings
- Modelling of potential savings to be made from deflected secondary care activity
- Focus on measuring outcomes, and process in place for making improvements
- Strong connections with Staying Well and VCFA colleagues

Mui Wan updated Board on a deep dive process on a cohort of residents that had been through the active case management (ACM) process, savings made by avoiding use of services and how this can be expanded to achieve greater savings.

LD explained that the INTs are providing the foundation for wider health and social care collaboration in the neighbourhoods, with an ambition for an all-age model to be in place. She referred to the pain management project in Radcliffe as an example of work tailored to an area and its population.

LD reported that she and Nicky Parker have begun discussions on a future leadership model in the community hubs and INTs.

MW applauded the work achieved in the INTs but questioned the relatively low ratio of only 1 in 6 residents reporting an improvement in mental health and wellbeing as an outcome of the ACM process. Mui Wan explained that the activity reported on was up until June 2020.

LD explained that the recent re-alignment of MH services into the neighbourhoods is a transformative achievement in itself and that this will result in improved outcomes, both personal and financial.

CW made a point about language around finances used during these conversations, noting that the schemes are generating capacity but are not cash releasing. WB accepted that though not cash-releasing some mechanism is needed to describe the transfer of money/activity around the system.

MW reminded Board that the Transformation schemes were not intended to reduce activity and costs, but designed to avoid big increases in activity. He said that if activity is kept at current levels that would be seen as an improvement.

EO'B asked that a discussion around cashable savings in the system comes to a future meeting.

Both TR and JS commended the presentation and the work in the INTs; TR is planning to attend a neighbourhood Huddle meeting and intends for the work to be discussed at Professional Forum.

JS reported from a practice-basis on the good work in the INTs, specifically with a focus on MH work. He said that he saw the neighbourhood work as being core to successful Transformation. He said there was a need to expand and increase at pace the number of referrals into the active case management process.

LD noted the target of 1800 residents to go through ACM this financial year, with this being only 75 off trajectory at present. She explained that the impact of the scheme wouldn't be expected until the year after a resident has gone through the ACM process.

Update from Community Hubs

Nicky Parker had shared a presentation, including a video, on the work in the community hubs in advance of the meeting. Due to time constraints she summarised key areas:

- Success in providing aid to the clinically vulnerable
- Architecture in place: 5 hubs, 20 staff and support from VCFA colleagues
- Operational app in place, one outcome of which is to provide us with a critical body of data on the most vulnerable in our locality
- 1600 households have been supported, of which only 12 have not returned to full independence
- New model in the hubs focusing on: prevention/early intervention/ case finding
- Development of pathways to other community-based services in place, e.g. Age UK, CAB
- Work with the INTs on a referral process in place
- Savings assumed to be an outcome for this work as residents are not requiring other services due to intervention by the hubs
- Hub meetings now linked with the INTs, using West as a best practice model
- Emphasis is on social, rather than clinical vulnerability
- Developing links and work between the hubs and the INTs

EO'B applauded the vital work which is taking place in the community hubs, ensuring that residents that in the past have slipped under the radar and then become expensive service users are now supported at an earlier stage.

Both JS and LJ applauded the fantastic work in the hubs. JS said the work was the right thing to do from a humanity standpoint and asked how an evidence base could be developed to support this as increasing pressure is put on limited resources.

NP explained that there was substantial data available to support an evidence base and that work on this is being shared with council members. She asked for support in producing a model to evidence the positive effect on savings to the system, though JS explained that the evidence focus should be more on showing the impact of the work on residents' lives. NP offered to send the presentation prepared for council members to JS.

LJ highlighted the work of the self-led community partnerships which are supporting the hubs. NP explained that though these weren't formally linked into the hubs she welcomed the mutual support.

Update from wider PSR/Early Help

LR had shared a presentation with Board, giving details of the overarching neighbourhood strategy as a part of the Bury 2030 Strategy. Due to time constraints she gave a brief verbal update on the 3rd element of the neighbourhood work. Alongside the INTs and the community hubs she explained that the additional work covers areas such as substance misuse and exploitation. This will provide 3 components of one team in each neighbourhood.

She referred to the Engine Room, where social care and GMP colleagues are working together on areas such as domestic abuse.

LR introduced VC to Board and explained that VC will be focusing on the link into additional public services, such as DWP, Housing, Youth, GMP.

LR reported that the community governance process, which has been on pause, is now due to re-start. She said that the 2030 Strategy is out to consultation until the end of December, with a plan for full implementation early in 2021.

(LJ left the meeting)

ID	Type		Owner
A/11/01	Action	Future System Board agenda item to be on a mechanism for cashable savings in the system	WB

8	Strategic Finance Update
	<p>MW gave a brief verbal update on the current position; he noted that although planning figures have not yet been signed off PAHT are looking to report a large deficit, PCFT a small deficit and the CCG a break even position.</p> <p>He explained that the underlying financial position is not positive and that an agenda item on 2021/22 budget savings should come to the next meeting.</p> <p>He explained that there was still a lack of clarity around the NHS funding framework, the future GM architecture and that the focus for Bury needs to be on what it can manage and influence without this certainty.</p> <p>He suggested that due to the substantial GM gap additional measures to Transformation will be needed to mitigate this; this will be a whole system decision, working to a system control total. He highlighted the importance of the blurring of the provider/commissioner split.</p> <p>GL updated that a report on options for closing the council's financial gap is due to go to Council Cabinet on 24 November. He confirmed the savings would be from OCO budgets and that any options would be in line with the Locality Plan.</p> <p>GL explained that both Strategic Commissioning Board and this Board would be kept informed of the proposals over the next 3 months.</p> <p>GL thanked WB and his team for their support of this piece of work.</p>

ID	Type		Owner
A/11/02	Action	2021/22 budget savings item to December System Board	MW
9	Digital Update		
	<p data-bbox="244 306 528 338">GP clinical systems</p> <p data-bbox="244 344 1449 454">SK and ZR joined the meeting for their paper which had previously been shared with Board. SK updated on NHS Digital's proposed bridging arrangements, which would allow up to a further 18 months for a decision on a GP clinical system to be made.</p> <p data-bbox="244 499 1441 609">SK explained that if an alternative system to Vision is chosen the migration could take up to 12 weeks per practice and could cost around £850k (over the NHS Digital funding) for the CCG. There are no funds currently earmarked for this migration.</p> <p data-bbox="244 654 1441 725">SK said that the additional bridging arrangements would allow opportunity for further discussions with key stakeholders, with an options paper to be prepared for February 2021.</p> <p data-bbox="244 770 1441 880">MW and JS gave their support to this proposal. JS said this would give time to implement a more robust approach to the process, allowing broader connectivity and a chance to consider the needs of the system, the CCG and clinicians.</p>		
10	Closing Matters		
	None discussed		

Next Meeting	Date: 16 December 2020, 1-3pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521