

Meeting: Strategic Commissioning Board			
Meeting Date	12 April 2021	Action	Information
Item No	14	Confidential / Freedom of Information Status	No
Title	Bury System Board and Bury System / Transition Board Meetings		
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
<p>The paper includes the minutes of :</p> <ul style="list-style-type: none"> Bury System Board Meeting held on 16 December 2020; Bury System / Transition Board Meeting held on 18 February 2021.
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> receive the Minutes of the Bury System Board Meeting held on 16 December 2020; receive the Minutes of the Bury System / Transition Board Meeting held on 18 February 2021.

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
<i>Add details here.</i>	

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	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
requested?						
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	16 December 2020	Minutes being submitted for ratification
Bury System / Transition Board	18 February 2021	Minutes being submitted for ratification

Title	Minutes of the Bury System Board 16 December 2020		
Author	Jill Stott, LCO Governance Manager		
Version	1.0		
Target Audience	Members of the Bury System Board		
Date Created			
Date of Issue			
To be Agreed	19 January 2021		
Document Status (Draft/Final)	Draft		
Document History:			
Date	Version	Author	Notes
22.12.20	1.0	Jill Stott	Draft Minutes submitted to WB for checking
23.12.20	2.0		Amendments by WB
17.02.21			Approved by Bury System /Transition Board
Approved:			
Signature:		

Bury System Board

MINUTES OF MEETING

19 November 2020, 1 – 2.30pm

Via Teams

Chair – Dr Jeff Schryer

Members Present:

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
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council (AS)
Ms Julie Gonda, Director of Community Commissioning (DASS) (JG)
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)
Mr Tyrone Roberts, Director of Nursing & (Interim) Chief Officer, Bury Care Organisation (TR)
Ms Catherine Wilkinson, Director of Finance, Bury Care Organisation (CW)
Dr Daniel Cooke, Clinical Director, NHS Bury CCG (DC)

Others in attendance:

Ms Jill Stott, LCO Governance Manager (JMS)

Apologies

Apologies for absence were received from:

Ms Kath Wynne-Jones, Chief Officer, Bury LCO
Cllr Eamonn O’Brien, Leader of the Council
Dr Cathy Fines, Clinical Director, NHS Bury CCG

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	JS 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 (19 November 2020)
	The minutes of the previous meeting were agreed as a correct record.

4.	Review of Action Log
	The Action Log was noted, and updates were recorded within the log accordingly.
5.	Integrated Care System Guidance
	<p>WB's paper, <i>Next Steps to Integrated Health and Care in Bury</i>, had been shared with Board and he gave a comprehensive overview of its content at the meeting.</p> <p>He explained that the document served 2 purposes: to provide a framework for the GM response to the NHSEI paper on Integrating Care, along with an opportunity to review partnership arrangements in the context of proposed statutory changes for the CCG and Integrated Care System (ICS) roles.</p> <p>WB highlighted the main areas of the paper, covering the strategic intent behind it and explaining that work is now needed to define the characteristics of a future health and care system.</p> <p>He noted the progress already made on the local partnership architecture, emphasising that both Bury and GM are ahead of the curve with regards to next steps for an integrated care system (ICS).</p> <p>With regards to the future of CCGs he reported that GM support is to option 2 (a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS), but this is on the understanding that certain conditions are attached; these are that the required financial flows and decision-making processes are delegated to neighbourhood level.</p> <p>Explaining the intentions behind the organogram within the document WB highlighted the move for commissioners and providers to work together. He explained that the integrated delivery arrangements would include additional areas to those currently within scope of the LCO; these would include Children, Housing, wider PSR and some GM activity.</p> <p>Reporting from the LCO Board held earlier in the day WB said that the focus is not currently on form and function, but more about partnership working and connecting wider into the system. He said the intention is to create the conditions for neighbourhood working to be the default setting for locality work. He highlighted the need for clinical and professional leadership within the system.</p> <p>The paper highlighted the importance of considering CCG staff and their future in subsequent arrangements.</p> <p>WB went on to outline the proposed changes to formal committees throughout the shadow arrangements, explaining their remit and proposed membership.</p> <p>WB suggested that the authority and expertise within this Board should be used to convert it to the Transition Programme Board, led by an SRO and with a series of sub-groups beneath it.</p> <p>He said that the LCO would lead on the wider delivery arrangements. He referred to the positive work undertaken by JG and others on the neighbourhood programme to date.</p> <p>WB explained that the paper is due to go to SCB on 4 January before a GM response to NHSEI on 8 January. As the paper is part of an iterative process further comments were welcomed.</p> <p>The Board thanked WB for his helpful paper and comments were made by members.</p>

AS highlighted the following:

- Correct infrastructure to be in place within the Bury locality in order to support neighbourhood working.
- PCNs to be integrated into the neighbourhood model
- Allocation and flow of money into neighbourhoods is key
- Increased focus on the needs of the population rather than individual organisations
- Recruitment of CCG staff to be within the locality

GL made the following points:

- Endorsed the recommendation for this Board to become the Transition Programme Board given the magnitude of this work
- OD plan for the year required, especially for CCG staff
- Risk around losing key staff from Bury
- Commitment to retain key planning skills in the locality
- Dedicated time needed to engage with political and clinical leaders and NCA leaders
- Further OD work required for SCB, Transition Programme Board and leadership of the NCA

He suggested that a timetable of work is needed for the coming year for focus on topics such as:

- Active Case Management
- Primary Care Networks
- Wider PSR agenda
- Budgets and reduction in demand
- Mental Health
- Embedding best practice

LD supported the move to a Transition Programme Board; she noted that the programme of work already underway in the neighbourhoods can be extended to incorporate the additional sub-groups outlined in the paper. She cited a number of areas of work which could act as the foundations for this work and be developed to support the programme:

- Neighbourhood model – model to be developed and expanded
- Operational governance – work by the LCO on the single line management model to be offered to the system
- Workforce Hub and system-wide forums in place (including staff side reps) which can support re-deployment procedures

A number of other comments were made by members:

- Need to avoid silo working, and to work together as one unit
- New language needed and a move away from “commissioner” and “provider”
- Need to ensure a consistent narrative to GM and retain the positive connections already in place
- Good relationships across organisations in Bury emphasised
- Risk in trying to continue with business as usual alongside a reorganisation

- Need to move at pace and being mindful that governance processes do not hinder this
- Further detail on a roadmap for this work including decision points

GL highlighted that due to the strong relationships across Bury, including clinical and political, the locality is in a strong position to achieve successful transformation. He noted that historically Bury has been underfunded and that the locality needs to influence what happens at GM level. He noted the risk around financial flows and responsibilities not being devolved to the locality.

GL highlighted the importance of the NCA's role across the NES in this work.

He suggested the SLM model should be expanded where appropriate and that an alternative partnership model should be aimed for where the SLM is not suitable.

JS summarised the main points of the discussion above:

- Key issue of financial flows in the system
- Key issue of neighbourhood model
- Importance of the relationship with the NES and the NCA
- Focus on population need and not organisational boundaries
- Utilisation of Single Line Management Framework
- Care of CCG staff
- Focus on planning and delivery of services
- Need for an OD programme to consider new ways of thinking, behaviours, language etc
- Importance of retaining connections across GM and not diluting authority

ID	Type		Owner
D/12/01	Decision	Proposals in the paper were broadly supported and WB was asked to begin to develop the transition framework, reporting to the System Board which would be repurposed as the System Transition Board	WB
A/12/01	Action	Further detail on a roadmap for the ICS programme, including responsibilities and reporting to come to the January board	WB
A/12/02	Action	ICS Transition Programme to be a standing agenda item	JMS

6 System-wide Financial Update

MW presented to Board on the latest financial position from both a local and GM level, along with information on the changes to the NHS financial regime.

He explained that the current GM forecast is a £78m deficit, a reduction on the original £108m figure; he noted that this has not yet been signed off by NHSE and that further key guidance is still awaited.

Key risks and issues were listed, including the effect of Covid-19, the vaccination programme, savings programmes and potential financial penalties around activity targets.

MW shared the latest locality financial position, noting that the true underlying position is a

negative one. The challenges around the integrated care fund were highlighted, with significant pressures on both CCG and council budgets.

MW shared some of the detail on the savings plans in place, noting the need for openness and transparency across the system, so that any risks and impacts are understood. He confirmed that further work on the impact of the savings plans is on-going, with an update to come to the January System Board.

MW highlighted that traditional approaches to achieving savings via transformation programmes and efficiencies would not be enough to make the current savings needed. He also noted the importance of clinical buy-in to this process.

The remainder of the presentation covered process and timelines, details of the comprehensive spending review and an update on the NHS financial regime.

System Board thanked MW for his comprehensive update and discussion followed.

WB noted that a Finance group would be included in the sub-groups listed in his earlier paper.

JS suggested that a way needed to be found for the system as a whole to take ownership of finance issues.

GL explained that the council's budget needs to be set and balanced by the end of March 2021 and that SCB would be reviewing draft proposals on a pooled budget at their 4 January meeting. He noted the clinical directors' engagement in this process.

He said that although the CCG's position is showing as in balance the underlying position will be one of deficit going into the next financial year. He referred to the fixed budget option referenced in the NHS long term plan and the suggestion of a move towards that model. He said the intention would be to manage a total budget, creating savings as a system, but avoiding cuts. He suggested that the system could be made more efficient and effective, citing the work around Urgent Care as an example.

Areas for focus were suggested as:

- Best use of Workforce across the system
- Increased use of technology
- Reduction in demand by shifting resource from late to early intervention

MW noted the potential for increased use of block contracts, but agreed that there may other ways of moving money around the system.

Members put forward the suggestion that efficiencies on fixed costs, such as Estates, could be an option.

ID	Type		Owner
A/12/03	Action	Further details on the impact of system savings plans to come to January System Board	MW

7	Closing Matters
	<p>Update from Bury Digital Board JS reported that Sanjay Kotegaonkar and Kate Waterhouse, supported by a wide range of stakeholders, have led work on reviewing options for the GP System of Choice work. There is currently no front runner in the process and further work is being progressed.</p> <p>GP Connect JS reported that weekly meetings are currently being held to resolve the issue of appointments from NHS111 and the Clinical Assessment Service being unable to be transferred to GP systems.</p>

ID	Type		Owner
A/12/04	Action	Update on GP System of Choice work to come to a January or February System Board meeting	JS

Next Meeting	Date: 19 January 2021, 1.30-3.30pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521

Title	Minutes of the Bury System/Transition Board 18 February 2021		
Author	Jill Stott, LCO Governance Manager		
Version	1.0		
Target Audience	Members of the Bury System/Transition Board		
Date Created			
Date of Issue			
To be Agreed	16 March 2021		
Document Status (Draft/Final)	Draft		
Document History:			
Date	Version	Author	Notes
	1.0	Jill Stott	Draft Minutes submitted to WB for checking
Approved:			by Bury System/Transition Board 16.03.21
Signature:		

Bury System/Transition Board

MINUTES OF MEETING

18 February 2021, 10.30 – 12.30pm

Via Teams

Chair – Cllr 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 Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
Ms Pat Crawford, Interim CFO, Bury CCG (PC)
Mr Chris O'Gorman, Independent Chair, LCO Board (CO'G)
Ms Kath Wynne-Jones, Chief Officer, Bury LCO
Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council (AS)
Ms Julie Gonda, Director of Community Commissioning (DASS) (JG)
Ms Lesley Jones, Director of Public Health, Bury Council (LJ) – until item
Ms Catherine Jackson, Executive Board Nurse, Bury CCG (CJ)
Mr Tyrone Roberts, Director of Nursing & (Interim) Chief Officer, Bury Care Organisation (TR)
Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)
Mr Simon O'Hare, Interim Deputy CFO, Bury CCG (SO'H)

Others in attendance:

Ms Jill Stott, LCO Governance Manager (JMS)
Ms Kate Waterhouse, Joint CIO Bury Council & Bury CCG (KW)
Dr Sanjay Kotegaonkar, Clinical Lead IM&T Bury CCG (SK)
Ms Sam Merridale, Interim Programme Lead, Bury Urgent Care (SM)
Ms Zabina Rahman, Senior Project Manager, Primary Care Digital and IT, Bury CCG (ZR)

Apologies

Apologies for absence were received from:

Dr Cathy Fines, Clinical Director, NHS Bury CCG
Dr Daniel Cooke, Clinical Director, NHS Bury CCG
Ms Catherine Wilkinson, Director of Finance, Bury Care Organisation
Ms Sheila Durr, Executive Director Children and Young People, Bury Council
Ms Mui Wan, Associate Director of Finance, Bury LCO
Mr Keith Walker, Executive Director of Operations, PCFT
Ms Lynne Ridsdale, Deputy Chief Executive, Bury Council
Dr Kiran Patel, Medical Director, Bury LCO

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	EO'B welcomed those present to the Bury System Board and 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/Transition Board. None were declared.
3.	Minutes of Last Meeting (16 December 2020)
	The minutes of the previous meeting were agreed as a correct record.
4.	Review of Action Log
	The Action Log was noted, and updates were recorded within the log accordingly.
<u>TRANSITION PROGRAMME</u>	
5.	White Paper: The Future of Health and Care
	<p>A presentation on the main aspects of the government white paper, <i>Integration and Innovation: working together to improve health and social care for all</i>, had been shared previously and GL presented on the main points.</p> <p>He summarised the background to the current position, emphasising the focus on the wellbeing of CCG staff and the requirement for some to be working at a locality level in the new regime.</p> <p>GL reminded the group of Bury’s objectives and the need for alignment of future working with the Bury Let’s Do It strategy. He said that the focus on addressing inequalities in the locality would be key, and that the move for services to be closer to home, supported by the work of the integrated neighbourhood teams, would form the bedrock of work in Bury.</p> <p>GL said that any future model would need to include clinical/political and professional leadership, including providers, and that collaboration across the NES would be an important part of the work.</p> <p>GL noted the financial position, referring to the circa £20m gap for the CCG and the gap in council finances. He suggested that early intervention work and more efficient services would play a key role in managing demand.</p> <p>GL explained the thinking behind the proposed partnership framework in Bury, consisting of 3 parts:</p> <p>Bury Locality System Board – comprising clinical/political/provider/non-executive leadership and holding accountability for a pooled budget in the system</p> <p>Integrated Provider Delivery Collaborative – the current LCO is a basis for this, but will need to grow and expand its scope. This will provide the conditions for a neighbourhood model and allow resources to be delegated to a neighbourhood level.</p> <p>Integration of Service Delivery in Neighbourhoods - building on the LCO Integrated Neighbourhood Teams, with connections to communities and wider public services. Primary Care Networks supported and developed as the way in which Primary care connects to neighbourhood working.</p>

GL highlighted key points from the white paper, noting the intention to reduce bureaucracy and support integration. He noted the focus on the triple aim of population health, patient outcomes and value for money.

GL's next slide focused on key issues for Bury which included:

- The need for GM governance to include clinical and political leadership from the 10 localities, so that decisions are not out of a locality's control
- Control over resources and the power to delegate to neighbourhood level
- Concern over the proposal for the 2 boards of an ICS - an NHS ICS and a Health and Care Partnership ICS, which is viewed as a backward step for GM
- Ensure the retention of specific delegations secured as part of the original devolution agreement so that joint decision making continues at local level

GL explained the proposals for CCG staff in the new system and the national commitment to protecting NHS terms and conditions. He pointed out that this was not a cost cutting exercise and the plan is for some staff to work at GM level and some at a local level.

EO'B thanked GL for his helpful summary and comments and questions were invited.

AS noted the importance of retaining the clinical and leadership skills from the CCG and that it would be important for the PCNs to be represented on the Bury Locality Board. She highlighted the importance of non-executive leadership in any future model.

AS said that the flow of money through the system would be a crucial element of any future model, in order to support the work on health inequalities and population health.

AS reported that cabinet leads across GM had recently met and there is no desire there for a 2-tier system in GM (an ICS and a health and social care board) but that a combined committee is preferred.

(Lesley Jones left the meeting)

TR emphasised the need to focus on staff and relationships built up in the past as part of this massive change. He agreed with the intentions of the proposed partnership framework and the increased scope of the LCO.

KWJ reported on a development session at LCO Board the previous day, where, echoing LJ's question via the chat, the relationship between the HWB and the locality system board had been discussed. She said that there had been discussion around Primary Care and its relationship with GM.

KWJ explained that a schedule of key stakeholder interviews was in place, involving KWJ, CO'G and JG. She said that the right alignment across commissioner and provider partners would be key in the new system.

JS concurred with the comments made by AS, particularly with regards to PCN involvement. He noted the need for the inclusion of the patient voice in future work and how this could be incorporated into any design work.

He emphasised the need for health and wellbeing support to be on offer to CCG staff and

the requirement to monitor the effects of such an enormous change on individuals' wellbeing.

JS noted the huge change in the move towards collaborative working and the removal of the commissioner/provider split which has been part of the health culture for many years. He suggested there was much organisational development work to be done and work on a new language.

JS suggested that governance in the system should be considered, with the intention of reducing the number of meetings.

EO'B agreed that trust between organisations would be an important part of any new structure and that we should view ourselves as one group.

HH agreed with the inclusion of PCN representation, but noted that urgent support is needed to enable them to fulfil a leadership function in any new model.

HH agreed with the intention to reduce bureaucracy in the system, but noted that a provider day for community services has been arranged for April. JG said she would follow up on this.

WB agreed with the inclusion of PCNs at all tiers and at locality system board level. He suggested the position of the HWB in the locality construct proposals may not be the right one for Bury and referred to the positive re-focusing work in the HWB, led by AS.

WB said that the new Integrated Delivery Board (IDB) should give the opportunity to move money around the system; he said there would be opportunity to explore financial flows via the IDB, but that work on organisational form is separate from this.

WB suggested that in Bury only 2 boards would be needed: Bury Locality System Board (providing strategic leadership) and the Integrated Delivery Board (supporting the strategy of the locality board).

SJ expressed disappointment at the lack of focus on the VCFA in the white paper but confirmed that this is being addressed at a national level.

SJ highlighted the risk of resources being utilised at GM level, leaving localities at a disadvantage. EO'B said that ways needed to be found to influence this and that Manchester is only 1 of the 10 localities in GM. He endorsed a distributed leadership model across place.

TR agreed with the need for work on culture and trust between organisations to take place and asked if this had been started in GM. He suggested that Bury could begin this piece.

GL then responded to the points above:

He agreed that PCNs and Primary Care (PC) need to be involved in the work and that PC needs to be part of the LCO's delivery work and also part of the system's leadership. He emphasised the importance of representing the interests of place and of not losing skills from the system. He noted that there is a suggestion in the system that PC will be organised at GM level.

With regards to money flows GL said this was about powers, duties and resources; that there were moves in the right direction, but that further negotiation was required.

With regards to the HWB/system board question GL said that if this were to be one joint board it must have access to the necessary resources and encompass the elements of HWB, public health and a local partnership role.

GL highlighted the risk around disrupting staff structures and losing trust in the system.

With regards to the future form and function of the LCO GL said this would not be an employing organisation, but a partnership body. He said the public should receive services from a joined up partnership body and that the INTs would support this.

Referring to WB's point about 2 boards in Bury GL highlighted the risk of replacing the commissioner/provider split with a strategic/delivery split.

GL said that the VCFA should be represented on the locality board as one of the provider partners.

GL said that the locality system board would need an infrastructure behind it and staff to support this.

GL agreed that as part of the new culture there should be fewer meetings and that the system governance should be less complicated; he suggested regular monitoring on this should take place.

EO'B alluded to the maturity of the relationships across Bury, suggesting that next steps are now around practicalities. He said that the public must be made aware of the intentions behind the changes, but that as a system Bury is in a good position for the new model.

6. Transition in Bury

WB introduced the next section of the agenda and covered the main highlights from the presentation on the Bury Transition Programme, with highlights from the 7 subgroups:

Clinical and Professional Senate Development

HH confirmed that networking has begun and views collated, including those of the PCNs.

Integrated Delivery Arrangements

Further detail given in the later paper from KWJ. CO'G confirmed that stakeholder interviews were scheduled with key partners, both in and outside of the LCO.

Neighbourhood Working

Extension of the existing working group to focus on the year of the neighbourhood

CCG Staff

HR colleagues from across the system are involved and further guidance is awaited

Financial Flows

SO'H explained that there is still a lack of clarity around money flows for the next financial year and that current focus is on making the right changes regarding activity.

	<p>Patient and Public Engagement This connects in with existing work and also Healthwatch partners.</p> <p>Powers and Governance Locality construct across GM developed. Further details on this area to come to the next meeting</p>		
ID	Type		Owner
A/02/01	Action	Further details on powers and governance to come to the meeting of 16 March	WB
6(i)	Transition in GM		
	<p>A presentation had been shared around the Locality Construct and WB covered the main points from it. He explained that the outputs were from a group consisting of GM Directors of Strategy, GM Local Care Organisations, GM Strategic Commissioners, Finance Advisory Committee, GMHSCP.</p> <p>WB noted the emphasis on primacy of place in this work and the desire to seek devolved powers to locality and neighbourhoods. He explained that all 10 localities are working to a similar model and that the focus is on a single system, moving away from the commissioner/provider split.</p> <p>GL gave further background to these slides, which had been the result of 2 workshops with cross-sector representation. He said there was a commitment to avoid silo working and that additional work was underway on provider collaboration, innovation and population health. He said that work with the NES and NCA is part of this programme.</p> <p>GL said that progress had been made on governance processes, but that there was more work to do around financial flows. He said that the group of key partners will continue to meet on a fortnightly basis and that a report would come to this Board as progress is made.</p> <p>TR suggested that he and KWJ begin the discussions around culture and supporting the workforce and that an item on this could be on a future agenda.</p> <p>KWJ alerted Board to the work she and LD are leading in the Workforce Hub; she suggested that this could be the forum for more strategic and OD work.</p>		
ID	Type		Owner
A/02/02	Action	Future agenda item to be on the system's culture and support to the workforce.	KWJ/TR
6(ii)	Stakeholder Engagement in the Development of the Integrated Delivery Board		
	<p>KWJ's paper had been shared with Board and due to time constraints KWJ gave brief highlights from it. She outlined the stakeholder engagement approach over the next 2 weeks and the work underway on the vision for neighbourhoods and an integrated delivery board.</p> <p>KWJ explained that discussions have begun around the roles and functions in future partnership arrangements and that KWJ/CO'G and JG are due to meet with the PCNs next week for further discussion on the role of the PCNs.</p> <p>She referred to the 8 blocks of work supporting the establishment of integrated delivery in Bury; these included the vision, programmes, economics, governance, infrastructure and outcomes.</p> <p>KWJ confirmed that the outputs from the stakeholder interviews would form part of a proposal on the integrated delivery board and its functions.</p>		

WB gave his thanks to KWJ/CO'G/JG and other LCO colleagues for their consideration of what a future integrated delivery board might look like. He said this was a good example of imaginative thinking around the expansion of the LCO and demonstrated trust between partners across the system.

SYSTEM BOARD

7. Urgent Care Update

A presentation on the latest updates in the Urgent Care programme had been shared with Board. LD gave the background to the work, including the public consultation process and requirements from GM.

She reminded Board of the programme charter aims and outlined some of the outcomes to date around activity and finance. She said some of these had been delivered but that changes to financial flows made it hard to measure others.

LD reported on the softer outcomes such as user experience and changes in staff behaviours that had been an output of this work.

SM joined the meeting and gave an overview of the 4 work programmes within UC transformation. She explained the patient pathways for those attending the ED department and went on to highlight some of the main achievements in the programme:

- Pre-ED streaming now fully live, with both non-clinical and clinical streaming at FGH front door
- Mental health streaming to crisis team - additional clinics established for all Bury and HMR residents
- Agreement from General Practices to take referrals from pre-ED streaming (1 per site per day)
- "Virtual hub" for admission avoidance operational following deployment across GM last week, using Bury Rapid Response

The data slide gave information on MH streaming and pre-ED streaming and demonstrated a reduction in ED attendances, with the bulk of these being taken on by the GP out of hours service.

Information was shared on the admission avoidance/ virtual hub which was operationalised within a week and ran for 3 weeks. In Bury, of the 49 patients reviewed 25 avoided admission. It was suggested that further work is needed to capture the learning from this and to consider how to continue the work in some form.

Current priorities in the UC programme were listed and LD then went on to cover the proposed areas of focus for phase 2 of the programme; she explained that some of these had emerged from work during phase 1.

LD asked Board to approve the programmes of work in Phase 2.

LD said that part of the learning from the programme had been that Urgent Care was much wider than the ED department at Fairfield General.

Members reacted positively to the update and the work achieved.

JS gave his personal thanks to LD and SM on an amazing piece of work, citing it as an example of how to work differently. He agreed that UC is wider than just the ED and noted the massive achievement in persuading GPs to accept deflected patients.

JS said it was unfortunate that the virtual hub work had only lasted for 3 weeks and that more learning could have been gained if this had gone on longer. He said that the MH work had been very positive but that Estates is an issue.

AS praised the UC work and the achievements made through joint working. She suggested a test of change at the ED front door using more experienced staff. LD explained that a number of tests of change had taken place and that knowledge of services outside the hospital, as well as remaining cost neutral, had been taken into account as part of this.

AS referred to the workforce on line work and questioned whether this may give further scope for patient pathways.

TR described the work as a phenomenal achievement and suggested that even more could be done to build on this work.

CJ praised the utilisation of the wider workforce as part of this work and suggested this could be further developed as part of the workforce OD work. She offered to feed in to this work.

KWJ gave her thanks to LD and SM and said that a separate conversation regarding phase 2 work is needed. She said that the UC work could act as an example of new ways of working and how the boards' work and roles and responsibilities fit into this.

As part of the Estates work LD confirmed that she and SM are linked in with the NCA work on the master plan at Fairfield.

She agreed that a further conversation around Phase 2 would be helpful.

LD highlighted the work in the MH work stream, giving credit to MH colleagues. She said that this type of working had not been done elsewhere in GM.

8. Update on GP IT Futures work

An IT and Digital briefing had been shared with Board and SK joined the meeting to cover the main highlights on GP connect, Graphnet and oximetry at home work.

With regards to GP IT Futures SK explained that EMIS is the preferred system, used by 85% of practices across GM. He said this would be a positive move for patients.

KW praised the work undertaken by the Digital Team and listed some of the other programmes being worked on:

- Vaccination work and Simply Book
- Agile work with practices
- GP Connect launched
- Ask my GP work

She said that funding is in place for 5 digital facilitators to support on-going programmes of work.

Via the Chat facility JS said ZR and SK had done a really amazing job bringing GPs together and doing a fabulous job going through a really tricky consultation on the GP System of Choice.

WB acknowledged this substantial body of work, referring specifically to the vaccination and risk stratification work streams. He said that developing systems where patients have more control over their care and the services around them would be a crucial element in this work.

9.	Closing Matters
	None discussed

Next Meeting	Date: 16 March 2021, 1.30-3.30pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521