

Meeting: Strategic Commissioning Board			
Meeting Date	06 September 2021	Action	Information
Item No	17	Confidential / Freedom of Information Status	No
Title	Bury System / Transition Board Meeting		
Presented By	-		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary
The paper includes the minutes of the Bury System / Transition Board Meetings held on 20 May 2021 and 17 June 2021.
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> receive the Minutes of the Bury System / Transition Board Meeting held on 20 May 2021 and 17 June 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 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 / Transition Board	20 May 2021	Minutes being submitted for ratification
Bury System / Transition Board	17 June 2021	Minutes being submitted for ratification

BURY HEALTH, CARE AND WELL BEING PARTNERSHIP

Title	Minutes of the Bury System/Transition Board 20 May 2021		
Author	Jill Stott, LCO Governance Manager		
Version	2.0		
Target Audience	Members of the Bury System/Transition Board		
Date Created			
Date of Issue			
To be Agreed	17 June 2021		
Document Status (Draft/Final)	Final		
Document History:			
Date	Version	Author	Notes
24.05.21	1.0	Jill Stott	Draft Minutes submitted to W.Blandamer for checking
25.05.21	2.0		With amendments by W Blandamer
17.06.21	2.0		Approved by Bury System/Transition Board
Approved:			
Signature:		

Bury System/Transition Board

MINUTES OF MEETING

20 May 2021, 10.30 – 12.45 pm

Via Teams

Chair – Cllr Eamonn O'Brien

Members Present:

Cllr Eamonn O'Brien, Leader of the Council (EO'B)
 Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council
 Dr Jeff Schryer, Chair Bury CCG
 Ms Kath Wynne-Jones, Chief Officer, Bury LCO (KWJ)
 Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
 Ms Lesley Jones
 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, IDC Board (CO'G)
 Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
 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)
 Ms Mui Wan, Associate Director of Finance, Bury LCO (MW)
 Ms Sam Evans, Executive Director of Finance, NHS Bury CCG and Bury Council (SE)
 Ms Lisa Kitto, Interim Director of Financial Transformation, Bury Council (LK)

Others in attendance:

Ms Jill Stott, LCO Governance Manager (JMS) - minutes
 Ms Helen Smith, Strategic Performance and Intelligence Manager, Bury Council (HS)
 Ms Angie Partington, Head of Business Intelligence, Bury CCG (AP)

Apologies**Apologies for absence were received from:**

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

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	EO'B welcomed those present to the Bury System/Transition 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 (15 April 2021)
	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.	GM ICS Transition
5(i)	<p>Update</p> <p>An update paper, along with appendices of the Farrar report and programme plan, had previously been shared with the group. GL highlighted the main points from these, giving the background to the current position.</p> <p>GL said that he found the White Paper helpful in its suggestion of a move away from a competition model and the commissioner/provider split. He noted its emphasis on integration and of decisions being made at a local level, where “place” means neighbourhood level. Accepting that the White Paper allows more power and resource to a GM level he noted the need for appropriate delegation routes to be agreed to locality level.</p> <p>GL noted some of the main challenges which had come out of a series of workshops:</p> <ul style="list-style-type: none"> • Agreement on the spatial level for planning and delivering services • Money flows • Accountabilities and governance <p>He also noted the difficulties in moving away from our current models and their legacy, concerns regarding GM’s role and tensions between some acute providers. He said that good leadership is needed to override these issues, moving to a focus on people and place and addressing inequalities.</p> <p>GL highlighted Mike Farrar’s view that the system needs to be bold in its ambition, even within challenging times; to learn from the Covid work; to continue to make transformational change happen; to align priorities across the system.</p> <p>Mike Farrar’s report highlighted that the White Paper gives the opportunity to bring providers into the heart of partnership working.</p> <p>GL went on to list the 3 main programmes of work:</p> <ol style="list-style-type: none"> 1. Reducing deprivation 2. Primary Care’s role in pro-active intervention at place level (linking with wider public sector services) 3. Joining up of community services and adult social care to enable the flow of care into the community <p>GL continued to describe further areas of focus:</p>

- NCA work on which services are provided at what level
- How to link the PCNs into the wider neighbourhood work
- The introduction of a system board for each locality including political and provider members
- A focus in Bury for clinical leadership to be part of the system board
- Consideration on a place-based leader
- Bury's role in playing its full part in the GM ICS
- A desire for 1 board, rather than 2, at GM level
- Staff deployment, with details on which staff would be kept at a locality level
- Acute sector's direct access to national resources in this year and next to address the planned care backlog
- Integrated community services' role in supporting the backlog
- Pooled budgets to remain in place for the next 1-2 years
- Creative use of pooled budgets in influencing the direction of all public services

Responding to the role of PCNs in neighbourhoods KWJ referred to a GM LCO chief officers' meeting, where the link between neighbourhoods and population health was confirmed. The role of PCNs in supporting Primary Care had also been highlighted. KWJ said there was a need to demonstrate the value of the neighbourhood work in supporting core Primary Care services and population health.

GL recognised the huge step forward made around the Integrated Delivery Collaborative (IDC) work. He emphasised that this shouldn't be a hierarchical structure and that the IDC Board should be a part of the Bury system and not reporting into Bury System Board.

EO'B highlighted the role of place-based leadership and the need for devolved powers in our own right.

5 (ii)

Workforce Update

WB had shared a GM briefing update paper outlining the outputs of the GM-wide Workforce Transition Group, along with 5 further documents covering the following areas:

- Staff engagement
- Employment stability principles
- Approach to equality
- FAQs
- GM ICS update discussion

WB confirmed that CCG staff have been in receipt of this information and that regular update meetings involving CCG and OCO staff are taking place.

He explained that there is a presumption that all CCG staff will be employed by the GM ICS, but that most will be deployed back to localities; this will allow the integration work at a local level to continue. He said that work on the employment conditions of staff was underway.

WB said that concerns around the clinical leaders' role in a future model have been escalated to GM.

Responding to the previous 2 updates AS made the following points:

- Is Bury losing staff due to the current instability in the system?

- Funding to support clinical leadership is required
- Benchmarking on the number of and finances for the joint CCG/council roles is needed
- Agrees that 1 board at GM is the preferred option, but has intelligence to suggest otherwise
- Need to make representations regarding the historical shortfall and underfunding in Bury
- Clarity needed on whether the weighting for deprivation will not work in Bury's favour

WB confirmed that staff are not being lost but the situation continues to be monitored. He said there was clarity on the secondments in place, particularly at CCG senior level and that the GM framework is being followed in addressing this issue.

GL commented that people now want to come and work in Bury due to the successful work taking place on integration. He said that joint roles in BI/Comms/Finance/Performance will be protected for the next 2 – 3 years.

Referring to the issue of 2 boards, rather than 1 GL noted that although the White Paper suggests a separate NHS board is required to provide financial accountability the issue could be overcome; this could be done by following Bury's model of having one committee (currently the SCB) which agrees decisions which are then ratified by separate governance routes. He reported that Mike Farrar is leading work around this topic.

EO'B said that pooled budgets encourage joint decision making, as happens in Bury.

5(iii)

Financial Flows

SE gave a verbal update on current funding information. She thought that this current transition is more challenging than the move from PCTs to CCGs, but that there were positive opportunities as part of the changes.

She explained that the 3 areas for funding from national monies via the GM ICS are:

1. ICS infrastructure
2. Direct payments to providers
3. Direct payments to localities

SE said that the decision making behind this system was the crux of the matter and that it was important to hold on to transformation and innovation across the system.

SE noted that although the GM system overall was in deficit GM NHS broke even at the end of the last financial year and that current plans are for the breakeven position to be repeated this year.

SE said that with regard to the CCG's underfund the plan is to roll forward last year's funding. She said there was opportunity to challenge funding decisions, but that knowledge around the locality's specific needs are required to support this process.

SE reported on the intentions of the Bury Strategic Finance Group which include:

- Transparency between partners
- Avoidance of cross shunting
- Removal of inefficiencies in the system

	<p>SE said that decision making needs to be kept within the locality, that funding approaches have been affected by Covid, with the acute sector requiring more funding early on. She highlighted the need for a collaborative and integrated approach.</p> <p>LJ asked about monies that come into the system via other routes than the GM ICS, e.g additional funding for prevention work. SE said that the System Board allows us to see all funding coming into the system, even if from a number of sources.</p>
6.	Bury Partnership Transition
6(i)	<p>Bury ICS Update</p> <p>WB provided an update on the progress on transition to the new partnership model previously agreed by the system board.</p> <p>An update paper had been shared with Board in advance of the meeting. WB explained that a number of committees in the system would review the Update on Partnership Arrangements document, which aims to outline what Bury is trying to achieve and Bury's current position.</p> <p>For the purposes of the meeting WB focused on the last part of the document which gave a summary of transition arrangements and their status. These included:</p> <ul style="list-style-type: none"> • System Board terms of reference to be refined, with an aim to start the shadow board in September (recognising that full authority has not yet been received and that current decision-making arrangements remain in place) • Confirmation that the Integrated Delivery Collaborative Board (IDCB) is not subservient to System Board • Work on the Clinical and Professional Senate and the importance of its leadership role • Health and Wellbeing – a focus on population health and thanks to AS and TR for their leadership in this area • Patient voice – work underway with the new Healthwatch leadership team • CCG closedown – including statutory obligations • NCA-wide footprint – programme plan to be delivered • Shift of recovery work to IDC arrangements – thanks to HH for his support this work • Public Health transition
6(ii)	<p>Refreshed Locality Plan – Draft</p> <p>A revised draft of the plan had been shared in advance of the meeting. WB explained that its purpose is to explain what is trying to be achieved in Bury; to act as our strategic framework. He noted the influence of the Let's Do IT strategy and the Covid work in this iteration.</p> <p>WB said the document would act as touchstone for the Health and Care Strategy in Bury. He explained that the Strategic Finance Group would own the financial aspects of the document.</p> <p>WB welcomed any comments back on the revised plan.</p> <p>JS said that a refresh of the plan was a great idea and that there is benefit in spreading our principles across the system. He emphasised the need for the document to speak to all parts of the system.</p> <p>WB agreed that the messages within the document should be simple and clear and the aim is for as wide a dissemination as possible.</p> <p>Action: Discussion on the Locality Plan to be an agenda item at the next meeting (ref A/05/01)</p>

6(iii)

Establishing System Board

WB noted the transition arrangements required whilst retaining the safety of current governance and accountability processes. He highlighted the requirement, at some point, for the SCB to recognise the powers of the new System Board.

The meeting agreed to move to the transitional version of the new system board in the autumn, notwithstanding ensuring the formality of governance through CCG board and SCB and cabinet is maintained as required.

6(iv)

Update from the Integrated Delivery Collaborative

KWJ had shared her update paper in advance of the meeting; this described the progress with and development plan for the IDC. Areas highlighted were:

- The IDC's role in enacting the System Board's strategy and ensuring that System Board is assured on its aims
- Flow of business into different forums, with a commitment not to delay decision making
- More detail needed on the delegation parameters into the IDC and to neighbourhoods
- Inaugural meeting of the IDCB held, along with 2 development sessions
- Future development sessions to focus on purpose, the MBA, neighbourhood agreement, connection to the Clinical and Professional senate
- Programme work on successes and future plans to be scheduled
- Outcomes work, ensuring that all programmes contribute to these
- Enablers work on their role in supporting delivery
- New groups to be set up, led by LD/HH and Kiran Patel
- Workforce update to follow at a future meeting, with this being led by LD; key activities recognised at GM level
- Management of financial pressures

With reference to the above WB recognised the value of conversations already taking place across the system. He said the next stage would be to specify what the new transformation programmes are and then to invite enablers to make their contribution to achieving the ambition.

WB thanked CJ for her work on quality assurance in the system.

TR confirmed that CJ has joined some of the NCA's quality and safety committees.

CJ said that work in this area was being done at a place level and suggested that TR joins a meeting with her, KWJ and LD.

CJ confirmed that descriptions for quality and safety standards in the new system will soon be available. She suggested that a future update on this comes to a future meeting.

Action: Information on quality and safety standards to come to a future Board as part of the regular updates (ref A/05/02)

GL noted the original intention was that the integration of community services would reduce demand on the acute sector but noted that this won't happen over the next 2 years due to the backlog in the system.

He said there needed to be:

1. Clarity on how integrated services will help planned care
2. Recognition that public services as a whole need to be part of the integration of community services, which will lead to a financial benefit for the system, e.g. high-cost placements

6(v)	<p>GL suggested cohort analysis on financial flows for areas such as housing/schools/the criminal justice system.</p> <p>KWJ alerted the group to MW's new role in the community services division in the NCA; she cited this as a good signal of trust and collaboration across the system.</p> <p>SE recognised the challenge over the next couple of years in measuring what transformation is delivering, e.g. the effect on elective rates. She said it was important to have access to additional monies for the backlog and not to use our own resources to address this work.</p>
6(vi)	<p>Terms of Reference for IDB</p> <p>The latest draft of the ToR for the IDB had been shared previously. CO'G explained that the LCO's mutually binding agreement has been rolled over until the end of June; this will be revised and the ToR become a schedule within it.</p> <p>CO'G welcomed any comments on the document, noting that those already made have been included in this version. He said that IDB will be asked to approve the ToR before ratification by this Board.</p> <p>Update from the Neighbourhood Team development programme</p> <p>A paper had been shared in advance of the meeting and KWJ noted that this will be a fuller agenda item at the June meeting; a suite of documents to support this session was described in the paper.</p> <p>KWJ explained that to date the focus of the INTs has been on the active case management (ACM) referrals. Her paper also described the impact of the social prescribing work.</p> <p>She explained that the next focus will be on phase 2, population health needs, led by LD and Kiran Patel.</p> <p>Information highlighted from the paper included:</p> <ul style="list-style-type: none"> • Proposed operational model • Each neighbourhood to have its own plan by the end of September • Cordis Bright have contacted LD regarding the successful work described in their evaluation, with a request that this is shared with the London borough of Hackney. <p>GL praised the remarkable progress that has been made within the neighbourhood work. He suggested that a variety of methods should be used to engage with local people, e.g. engaging with those living with long-term conditions and seeking opinions from those with lived experience.</p> <p>LD said that it was critical to engage with local people; she cited the work of the INT and clinical group, which has focused on how to obtain the patient voice. She gave examples of some of the engagement work happening in the neighbourhood groups and urged members to visit the neighbourhood group meetings if possible:</p> <ul style="list-style-type: none"> • Prestwich – engaging with “what matters to you”? • Whitefield – plans around walking and tailoring this to different parts of the population • North – focusing on dementia and engaging with dementia group representatives <p>LD described the engagement work within neighbourhoods as emergent, innovative and embedded.</p> <p>WB said there were 2 aspects to the neighbourhood work: building and developing the teams and working on the lived experience outputs and their influence on the model.</p>

	<p>KWJ referred to the success of the strengths-based training, which 880 staff have taken advantage of. She said that there has been recognition by health staff in particular of the benefits this offers. She noted the ethnographic training which is also in train.</p>
7.	<p>Bury Partnership Transition – Clinical and Professional senate Bury Proposal – update</p> <p>HH informed the group of the work currently in progress in this area; he explained that WB has offered to capture current thinking in a paper which will be shared over the next few days. He described the dual track process being employed and reported that workshops are planned for July and September. HH explained that the plan is for an interim senate to meet in the near future. He welcomed any feedback on the plans.</p> <p>EO'B noted that the clinical and professional senate would be an integral part of the new system.</p> <p>The meeting agreed to move to an initial meeting of key stakeholders in July to help co-design the transitional clinical senate to be operational by the end of the calendar year.</p>
8.	<p>Public Health System Reforms</p> <p>LJ had shared a paper with the Board alerting them to the national and local changes in the PH system. Highlights included:</p> <ul style="list-style-type: none"> • Introduction of a cross-government ministerial board on prevention • Learning from the Covid experience – success in being locally-led and nationally supported • Health inequality work embedded in Bury, putting us in a good position for future modelling • GM DsPH are developing a framework <p>Responding to TR's question on whether LJ sees the reforms as a positive move she expressed concern at the possibility of fragmentation at national level; however, she said that the local team will work in a pragmatic way to ensure a locally-led system, drawing on available expertise.</p> <p>EO'B offered the system's support to LJ and colleagues.</p>
<u>SYSTEM BOARD</u>	
9.	<p>Bury Local Care Approach: Final Evaluation</p> <p>The Cordis Bright final evaluation report had been previously shared with Board. Due to a shortage of time WB suggested that the item be deferred. He noted, however, that the Bury system has already moved beyond the recommendations of the report.</p>
10.	<p>Update on the Systems outcome framework</p> <p>HS and AP joined the meeting for this item. HS presented on the Bury Performance Framework Hierarchy, which outlined the monitoring of outcomes of the 7 key CCG/council indicators.</p> <p>HS noted that currently the provider elements of the system are not incorporated into the work and that discussions with KWJ and her team would need to take place to rectify this.</p> <p>HS said that the system would provide both formal reports and self-serve dashboards.</p> <p>AP then gave a brief demonstration of the reporting system; via a cog system this aims to show the status of the whole system on one page. The functionality is available to then drill down into individual areas in much greater details.</p>

	<p>AP emphasised that this is a bespoke system which can be tailored depending on what information is required.</p> <p>The demonstration was well received; EO'B said he was impressed by its adaptability. KWJ said there was a need to tie in the outcomes conversations with the IDC and System Board into this work so that there is alignment across the system. She said the June workshop focusing on outcomes will be a critical session, where we confirm as a system what we are trying to achieve.</p> <p>SE said that there was good information coming from the Tableau system, but that consideration needs to be given to which parts of it we use, to whom we provide the information and the best way of using risk stratification. She suggested that we don't lose sight of the work underway at North Manchester.</p> <p>HS explained that there is a mapping exercise underway, aimed at identifying which reports are needed and where.</p> <p>MW reported on her work with the BI team around the urgent care work stream; this had shown that all self-referrals at Fairfield had come from one neighbourhood and this allowed more focused work on the causes of this. She said that different neighbourhoods may require bespoke information to use in the best way for them.</p> <p>EO'B suggested that a focus on how to use performance data could be a focus for a future System Board meeting.</p>
11.	Closing Matters
	<p>Change to schedule of this meeting</p> <p>As GP colleagues (Dr Patel, Dr Fines, Dr Cooke) are unable to attend meetings on a Thursday due to their clinical work HH asked if the schedule could be re-arranged.</p> <p>EO'B said that options to amend or rotate the days for this meeting would be looked at, hopefully in time for the next Board.</p> <p>Action: schedule for this meeting to be reviewed (ref A/05/03)</p>

Next Meeting	Date: 17 June 2021, 10.30-12.30pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521

BURY HEALTH, CARE AND WELL BEING PARTNERSHIP

Title	Minutes of the Bury System/Transition Board 17 June 2021		
Author	Jill Stott, LCO Governance Manager		
Version	1.0		
Target Audience	Members of the Bury System/Transition Board		
Date Created	22 June 2021		
Date of Issue			
To be Agreed	15 July 2021		
Document Status (Draft/Final)	Final		
Document History:			
Date	Version	Author	Notes
22.06.21	1.0	Jill Stott	Draft Minutes submitted to W.Blandamer for checking
25.06.21	2.0		With amendment by W Blandamer
19.08.21			Approved by Bury System/Transition Board (no meeting in July)
Approved:			19.08.21
Signature:		

Bury System/Transition Board**MINUTES OF MEETING**

17 June 2021, 10.30 – 12:45

Via Teams

Chair – Cllr Eamonn O'Brien**Members Present:**

Cllr Eamonn O'Brien, Leader of the Council (EO'B)
 Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council (GL)
 Ms Kath Wynne-Jones, Chief Officer, Bury LCO (KWJ)
 Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council (AS)
 Ms Lesley Jones, Director of Public Health, Bury Council (LJ)
 Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
 Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
 Mr Chris O'Gorman, Independent Chair, IDC Board (CO'G)
 Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
 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)
 Ms Mui Wan, Associate Director of Finance, Bury LCO (MW)
 Ms Sam Evans, Executive Director of Finance, NHS Bury CCG and Bury Council (SE)
 Mr Ian Mello, Director of Secondary Care Commissioning, Bury CCG (IM)
 Ms Catherine Wilkinson, Director of Finance, Bury Care Organisation (CW)

Others in attendance:

Ms Jill Stott, LCO Governance Manager (JMS) - minutes
 Ms Vicky Clark, Assistant Director Public Service Reform, Bury Council (VC)
 Ms Cath Tickle, Commissioning Programme Manager, Bury CCG (CT)

Apologies**Apologies for absence were received from:**

Dr Jeff Schryer, Chair Bury CCG
 Ms Sheila Durr, Executive Director Children and Young People, Bury Council
 Dr Cathy Fines, Clinical Director, NHS Bury CCG
 Dr Daniel Cooke, Clinical Director, NHS Bury CCG
 Mr Keith Walker, Executive Director of Operations, PCFT
 Dr Kiran Patel, Medical Director, Bury LCO
 Ms Lynne Ridsdale, Deputy Chief Executive, Bury Council
 Ms Sian Wimbury, Network Director of Operations: Mental Health, PCFT

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	EO'B welcomed those present to the Bury System/Transition 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 (20 May 2021)
	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.	GM ICS Transition
5(i)	<p>Update</p> <p>GL referred to the ICS design framework document which had been released by NHSE/I on 16 June; he explained the context of the document and some of the background intentions around collaborative working, taking positives from the response to Covid and working at pace.</p> <p>He also outlined some of the challenges within the system, including increased waiting times, pressures on Primary Care, health inequalities and pressures on staff. He noted the ongoing commitment to joined up services and getting the maximum value for money across the system.</p> <p>Action: link to the ICS Design Framework document to be share with Board (ref A/06/01)</p> <p>From the document GL highlighted the proposed governance arrangements, which include a separate GM Partnership Board and an NHS Board.</p> <p>He explained that the Partnership Board will lead on strategy and will consist of members from the 10 GM localities. It will be led by NHS and local government leaders and will be charged with developing a health and care plan, including Children's and adult social care.</p> <p>The NHS board will be responsible for a health plan only and will be responsible for the allocation of resources to providers and place. This structure will allow commissioning at a place level.</p> <p>GL said that these new proposals did not preclude ICS monies joining with council funding, though further detail on the required parameters for pooled budgets is yet to be confirmed.</p> <p>GM Programme of Work</p> <p>GL reported on the position statement submitted to GM from all 10 localities and listed a core set of proposals from them:</p> <ul style="list-style-type: none"> • All 10 localities to have their own local system board • Clinical/political/provider leadership to be part of the new boards • Integrated delivery collaboratives (IDCs) to be part of each locality system • Neighbourhoods to be at the core of the work • Pooled budgets to be retained • All localities to have a place-based lead (taking delegation from the GM ICS) • Relationship around accountabilities and local plans to be agreed

Action: An options paper on the place-based lead for Bury to come to a future meeting (ref A/06/02)

GL explained that discussions are still taking place on funding flows into localities, but that there is still the option for section 75 agreements at a locality level.

EO'B noted that there is still the option to keep close relationship between the new NHS board and councils and that the collaborative approach can continue in this new structure.

Responding to CO'G's question on the membership of the new boards GL said that the board would be constituted once the appointment of the chair, chief executive and chief finance officer have taken place. He said that discussions continue around the relationship between the partnership board and the NHS board.

5 (ii)

GM Founding Finance Principles

SE had shared a paper on proposed finance principles in advance of the meeting. She explained that although this had already gone through a number of key committees this is still an iterative document. She highlighted that the decision-making process is key to this area and that funds should follow function.

She highlighted that:

- The intention is to reduce the number of transactions
- There will be 1 NHS ledger and that the ICS will need to produce 1 set of accounts
- How to get flows into localities is to be confirmed
- There is flexibility around section 75 arrangements
- The intention is not to lose what we already have in GM, but to build on this work

SE agreed to bring regular updates to this Board.

Responding to AS's question around retaining the financial status quo in order to avoid de-stabilisation in the system, SE agreed that it was likely that monies would flow as currently for the next year or so.

SE said the challenge would be to manage funding within a cost envelope and to be able to move funds across localities without a detrimental effect on any one locality. She said that decision making and the focus on addressing health inequalities are at the forefront of this work.

GL agreed with these sentiments, recognising the need to deal with pent up demand and to balance budgets. He said that this would not stop the development of work in communities and that a long-term financial strategy will be needed to ensure funds are directed where needed.

GL noted that it takes time for cashable reductions in demand to be realised as part of any transformation programme.

Responding to EO'B's query on the opportunity to test an element of our principles in practice, SE gave an explanation around the elective recovery fund and how these national additional monies could be used as a system. She confirmed that a paper on these proposals is due to go to the Strategic Finance Group.

	<p>CW supplemented this explanation with an update on how Bury (Fairfield Hospital) is supporting NCA system priorities in its use of theatres.</p> <p>KWJ added that as part of the community services work INTs are looking at managing demand by looking at alternatives to surgery, e.g. MSK work, rehab programmes</p> <p>EO'B noted that it was important to have this type of conversation now so that opportunities are flagged early for future work across the system.</p>
6.	Bury Partnership Transition
6(i)	<p>Bury ICS Update</p> <p>WB had shared a slide deck in advance of the meeting giving the latest updates from a GM and Bury perspective. As GL had updated on the main GM developments WB concentrated on the local picture.</p> <p>He outlined progress on the committees within the new Bury architecture and explained that a wider framework for place-based work is being developed.</p> <p>WB explained that the governance around the new Locality System Board will be determined by the GM ICS model, but that it will replace the current SCB, CCG governing body and system board. He noted the change in membership and its future function and role, as a strategic forum and a place-based budget holder.</p> <p>WB noted the IDC Board's role in overseeing the operational elements within the system.</p> <p>He reported on an SCB development session scheduled for 5 July, designed to look at the transition of SCB functions into the new architecture.</p> <p>WB described progress around the Clinical and Professional Senate, referring to a vibrant network of colleagues who will inform decision making.</p> <p>Other areas highlighted were:</p> <ul style="list-style-type: none"> • Further guidance received on employment commitments, with an expectation that CCG staff will move into the GM ICS, but be deployed back into localities • Clinical leadership roles to be included in the above • Paper due to go to SCB on patient engagement and Healthwatch's support to the patient engagement agenda and lived experience informing work on a systematic basis • CCG closedown, including a celebration of its achievements <p>WB highlighted the work on operational assurance within the "pillars" slide. TR noted the need to avoid duplication, but to do this work as a system, whilst still fulfilling statutory commitments. TR reported that he had been part of some positive discussions on this topic.</p> <p>Referring to an issue that had arisen at Digital Board LD alerted the Board to the issue of system versus organisational decision making for some of the enabler programmes. WB noted that enablers are at different stages of maturity and TR suggested drafting an agreed set of principles in order to overcome some of these issues. LD agreed that this would be a good way forward.</p>
6(ii)	<p>Refreshed Locality Plan – final version</p> <p>The final version of the plan had been shared with Board; this now includes a section submitted by the Strategic Finance Group. WB suggested that the plan acts as a touchstone for the system and informs our way of working and our development of partnership working.</p> <p>The Bury Locality Plan was approved by the Board.</p>

6(iii)	<p>Bury Locality Board – draft terms of reference</p> <p>WB highlighted the political, non-executive and senior clinical leadership which will make up this new committee. He noted the need to avoid de-stabilising governance structures this year by running a transition governance system alongside the current one in the short-term. He explained that the outputs of the SCB development session will inform the terms of reference and that a draft version of these will come to next Board.</p> <p>Action: Locality System Board ToR to come to the next meeting for review (ref A/06/03)</p>
6(iv)	<p>Update from the Integrated Delivery Collaborative</p> <p>KWJ had shared her update paper with Board in advance of the meeting. She noted some of the main highlights from it:</p> <ul style="list-style-type: none"> • The IDC’s work on its purpose, values and principles and the need to connect the enablers into this piece • The IDC’s role in being able to achieve what individual organisations can’t do singly • Work on the broader place-based offer and a target operating model, working in conjunction with Vicky Clark and Lynne Ridsdale • “show and tell” sessions planned for the transformation and enabler programmes • Stocktake on recovery plans, including a review of economic requirements • Work on the critical success factors for the IDC • 2 x outcomes workshops scheduled, looking at population health, effectiveness, economics • New committees to be convened in July allowing for the necessary relationships and an environment for productive conversations to take place <p>Outcomes Framework</p> <p>KWJ explained that this is in development at present and will comprise 2 parts:</p> <ol style="list-style-type: none"> 1. Operational assurance on community services, including adult social care 2. Total system assurance, including the quality and safety of services <p>EO’B highlighted the IDC’s role as being at the heart of the system and WB paid tribute to the leadership of CO’G and KWJ and their embracing of the move from LCO to IDC.</p>
6(v)	<p>Clinical and Professional Senate -update</p> <p>HH updated the group on the latest developments of this group, explaining that an interim committee is due to start in September, with a final group in place by Jan/Feb 2022. He noted the networks that are being developed as part of this piece of work.</p> <p>HH reported on a workshop planned for 26 July, where the intention is to:</p> <ul style="list-style-type: none"> • Re-affirm roles, networks and supporting networks • Agree the senate’s membership • Agree a process for mandating roles <p>HH listed those invited to the workshop and asked for amendments/additional names to be emailed to him.</p>
6(vi)	<p>Quality Assurance</p> <p>CJ gave a verbal update on the background to this piece of work, explaining that a report on system assurance is due to go to Integrated Delivery Board on 23 June. She said that there</p>

was now an opportunity to do things differently, noting that statutory functions might not necessarily continue to sit in localities.

CJ highlighted the role of the VCFA and Healthwatch in supporting the perspective of the patient experience in this work. She said that conversations on this topic are taking place between partner organisations and that a paper will come to the next meeting of this Board.

Action: System quality assurance paper to come to this Board on 15 July (A/06/04)

GL highlighted the work around children's safeguarding arrangements, where a community of practice approach is being utilised. He said work will be taking place over the next few months to ensure formal accountabilities are in place before the cessation of CCGs. He suggested that the work is fed into this Board.

WB said there was work to be done on a range of statutory functions and where these would fit in the new architecture.

Summing up, EO'B noted that there is a clear vision and direction of travel in Bury; he thanked everyone for their hard work and commitment in progressing this.

SYSTEM BOARD

7. Bury Local Care Approach: Final Evaluation

The Cordis Bright final evaluation report had been previously shared with Board. WB gave the background to this work and its context within the evaluation of GM around the effect of the transformation fund and transformation programmes.

WB noted the key theme in the document (in the context of the pandemic) was the quality of partnership working, especially that within neighbourhoods. He said it was important to capture any learning and that the document was here for receipt and acknowledgement.

KWJ said that the strategic issues highlighted in the document are being picked up as part of the IDC development programme. She said the report had acted as a validation tool and would be used to inform the next stage of strategic development.

TR reported that on the regular system calls with Raj Jain Bury is highlighted in a positive way, specifically for its responsive approach.

Via the Chat facility AS noted the work the NCA has done on health inequalities and waiting lists is exemplary.

Via the Chat facility LD reported that Cordis have now asked us to share our practices and development in INT's with systems in other parts of the country, referring to the Bury model as "one of the furthest developed in GM".

8. Elective Care Work - update

IM and CT jointly presented on the Elective Care transformation work, setting this in the context of the impact of Covid, increased waiting lists and increased health inequalities. Areas highlighted were:

- Programme objectives
- Series of workshops held on scoping, building back better and Let's Do It
- Roadmap for June – August
- Governance and the establishment of the Bury Advisory Group, acting as a critical friend
- Key role of the joint communications group for collective messaging
- Last 10 patients review, supported by NHSE/I and the integrated neighbourhood teams

- Focus on the patient experience and what outcomes an individual would want
- Alternatives to a medicalised approach, including pathways to social prescribing
- Working towards a model of co-production which can be scaled up

Responding to KWJ's question around short-term solutions within the acute sector IM confirmed that quick wins around MSK opportunities are being investigated.

Responding to GL's questions IM confirmed that:

1. Data is available for our different communities, including information on waiting lists, wards and ethnicity
2. Conversations are underway with Sajid Hashmi so that a strategic approach to the residents' lived experience is included in this work
3. Alternatives to non-medical admission are being investigated via an MDT approach; PCNs are working on this area

TR asked about the body of evidence on behaviour change and the use of coaches. CT explained that the team were working closely with Public Health colleagues on the prevention agenda. TR said he would share the link to the King's Fund podcast on this topic.

Action: TR to share a King's Fund podcast around behaviour change (A06/05)

LD said there was a need for joined up conversations around system finances, noting the reliance on neighbourhoods in this proposed model. She noted the challenge around ethnographics and behaviour change and the need to expand this work.

LD suggested that a joint system and financial discussion is required in order to agree priorities as a system. She suggested further detail on this may be available following the scheduled "show and tell" sessions.

WB placed this work as sitting alongside the NCA's work on technical efficiency.

9. High Level Target Operating Model for Health and Care Neighbourhoods

A diagram on the intentions behind the place-based co-ordination of the wider neighbourhood model work had previously been shared with the group. VC joined the meeting to highlight some of the aspects of this work, including:

- Joining of public services in one place
- Consistency of language
- Collective community action including ward members and community champions
- Differing levels of intervention as and where required
- Creation of a person-centred, strengths-based framework
- Multi-agency approach
- Building on community resources
- Cohort analysis

Target Operating Model for Health and Care Neighbourhoods

LD's update paper on this topic had previously been shared with Board. Main points included:

- Components of the TOM
- Expansion of the INTs
- Testing out with wider staff groups
- Development of the neighbourhood task and finish group into a formal committee in July
- Further work being developed on an outcomes framework and KPIs across neighbourhoods
- Testing around the MH PCN roles and Public Health community grants and decision making

	<p>LD confirmed that a more detailed paper would be available at the next meeting.</p> <p>Action: Paper on the TOM for health and care neighbourhoods to come to the next meeting (A/06/06)</p> <p>SE noted the opportunities and challenge of roles in the PCNs and wider and the need to attract more people into this area.</p> <p>GL noted the key aspect of case co-ordination, saying that if there are challenges around participation these need to be reported to this Board.</p> <p>LD noted that the use of the Primary Care contract in neighbourhoods will be an important aspect of this work. She confirmed that a benefits realisation proposal is due to be reviewed by the Strategic Finance Group, before being socialised more widely through the system.</p>
10.	Closing Matters
	None discussed.

Next Meeting	Date: 15 July 2021, 10.30-12.30pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521

This page is intentionally left blank