AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of Corporate Joint Consultative Committee

Members : J Black, F Boyd, Councillor S Briggs, Dr D Cooke, Councillor N Jones, D C Fines, H Hughes, D Jones, G Little, D McCann, Councillor E O'Brien, Councillor T Pickstone, Councillor A Quinn, Dr J Schryer (Chair), Councillor A Simpson, Councillor T Tariq, P Thompson, C Wild and M Woodhead

Dear Member/Colleague

STRATEGIC COMMISSIONING BOARD

You are invited to attend a meeting of the STRATEGIC COMMISSIONING BOARD which will be held as follows:-

Date:	Monday, 6 January 2020
Place:	Meeting Rooms A&B - Bury Town Hall
Time:	4.30 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 WELCOME, APOLOGIES & QUORACY

2 DECLARATION OF INTERESTS *(Pages 1 - 10)*

3 MINUTES OF THE LAST MEETING AND ACTION LOG *(Pages 11 - 26)*

4 PUBLIC QUESTIONS

5 CHIEF EXECUTIVE AND ACCOUNTABLE OFFICER UPDATE

6 SCB SUB COMMITTEE STRUCTURE TIMESCALES FOR IMPLEMENTATION *(Pages 27 - 36)*

7 PUBLIC HEALTH STRATEGIC PRIORITIES *(Pages 37 - 58)*

8 COMMISSIONING REVIEWS *(Pages 59 - 100)*

- Urgent Care Update
- Intermediate Tier Review Update
- Learning Disability and Respite Update

9 PERFORMANCE REPORT *(Pages 101 - 108)*

10 FINANCE REPORT

11 MINUTES OF MEETINGS *(Pages 109 - 128)*

12 AOB AND CLOSING MATTERS

Agenda Item 2

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Receive
Item No	2	**Confidential / Freedom of Information Status**	No
Title	Declarations of Interest Register		
Presented By	Cllr D Jones, Co-Chair of the SCB		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Introduction and background

- The CCG and Local Authority both have statutory responsibilities in relation to declarations of interest as part of their respective governance arrangements.
- The CCG has a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 14O of the national Health Service Act 2006 (as inserted by section 25 of the Health and Social Care Act 2012).
- The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives the latest Declarations of interest Register;
- Considers whether there are any interests that may impact on the business to be transacted at the meeting on the 6 January 2020; and
- Provides any further updates to existing Declarations of Interest includes within the Register.

Links to Strategic Objectives/Corporate Plan	Choose an item.
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	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☐	N/A	☒

Implications						
Register?						
Additional details	Conflicts of Interest not being declared in line with statutory obligations					

Governance and Reporting		
Meeting	**Date**	**Outcome**

Declarations of Interest

1. Register for the Strategic Commissioning Board

1.1 This report includes a copy of the latest Declarations of Interest Register for the Strategic Commissioning Board.

1.2 Strategic Commissioning Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on meeting agendas or as soon as a potential conflict becomes apparent as part of meeting discussions.

1.3 There is a need for Strategic Commissioning Board Members to ensure that any changes to their existing conflicts of interest are notified to the Business Support Unit, via either the CCG Corporate Officer or Council Democratic Services team within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.

1.4 The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Strategic Commissioning Board with an accurate record of the action being taken captured as part of the meeting minutes.

Emma Kennett
Head of Corporate Affairs and Governance
January 2020

Register of Interests for Strategic Commissioning Board

Members - Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Cllr David Jones	Council Leader	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Association of Retired Police Officers		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Spouse Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Institute Educational Fund		X		Direct	Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Vision Multi-Academy Trust		X		Direct	Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		United Reformed Church			X	Direct	Elder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		International Police Association		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury South CLP		X		Direct				General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Andrea Simpson	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Silverdale Medical Practice	X			Direct	Employed			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		WMS				Indirect	Spouse / Civial Partner: National Sales Manager			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jo Hague Photography				Indirect	Spouse / Civil Partner: Owner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Parrenthorn High School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Ribble Drive Primary School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Salford LMC Subcommittee		X		Direct	Neighbourhood lead for Swinton			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Greens	X			Direct	Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Medical Defence Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tamoor Tariq	Councillor	Bury Council	X			Direct	Councillor	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		GM Health & Social Care Partnership	X			Direct	Children & Young People Access & Waiting Time			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lancashire BME Network				Indirect	Spouse / Civil Partnership: Senior Project Officer			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		GM Police & Crime Panel		X		Direct	Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Domestic Violence Steering Group		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		St Lukes Primary School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Derby High School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community Safety Partnership		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Community Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

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			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Cllr Eamonn O'Brien	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Young Christian Workers	X			Direct	Training & Development Team			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Arts College		X		Direct	Chair of Governors			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Corporate Parenting Board		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		No Barriers Foundation		X		Direct	Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		CAFOD Salford		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Methodist Youth Association		X		Direct	Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllrs Sharon Briggs	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Police & Crime Panel		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Police & Crime Steering Group		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Older Peoples Partnership		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Communicty Safety Partnership		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Dobbies Social Club			X	Direct	Social Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Salford / Manchester & Bolton Magistrate Court	X			Direct	Magistrate			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Alan Quinn	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		BAE Systems - Military Aircraft	X			Direct	Skilled Aircraft Fitter			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Ivan Lewis MP			X	Indirect	Spouse / Civil Partner: Caseworker			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Harrogate and District NHS Foundation Trust			X	Indirect	Son and Daughter in Law			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Waste Disposal Authority		X		Direct	Member / Council Representative			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Forests of Greater Manchester		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Co-Operative Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Jane Black	Councillor	Bury Council	X			Direct	Councillor	Sep-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Essity UK Ltd				Indirect	Spouse: Senior IT Business Analyst			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Sedgley Park Community Primary School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich	X			Direct	Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich				Indirect	Spouse: Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Reform Synagogue		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Jewish Museum		X		Direct	Friend			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unison		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Muslim Jewish Forum		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jewis Labour Movement		X		Direct	Chair of NW Branch			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

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			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Dr Jeff Schryer	Bury CCG Chair	Whittaker Lane Medical Centre	X			Indirect	Wife receives income from Practice	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Whittaker Lane Medical Centre	X			Direct	Managing Partner	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		NHS GP Trainer		X		Direct		1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X		Direct	Undergraduate Tutor	1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Strategic Clinical Network		X			GP Dementia Lead	Oct-17		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Primary Care Network	X			Direct	Practice is a member	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Howard Hughes	Clinical Director	Prestwich Pharmacy LTD	X			Indirect	Spouse is a Director	1996		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Greater Manchester Mental Health Foundation Trust		X		Indirect	Sister is Performance Manager	2014		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Prestwich Pharmacy LTD	X			Direct	Director	1996		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X			Indirect	Spouse is a Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X			Direct	Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Cathy Fines	Clinical Director	Greenmount Medical Centre	X			Direct	GP	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Central Manchester Foundation Trust		X		Indirect	Spouse works as a Consultant			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X			Direct	Member	2013		Specific arrangements in respect of potential conflicts arising from Bury GP Federation to be given further consideration when situation arises.
		Tower Family Healthcare	X			Direct	Member Practice is part of Tower Family Healthcare	2017		Needs to be excluded from any discussions and decisions that are related to possible primary care procurement in respect to Tower Family Healthcare.
		Horizon Clinical Network	X			Direct	Practice is a member	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Daniel Cooke	Clinical Lead - Elective Care	Whittaker Lane Medical Centre	X			Direct	Salaried GP	Aug-16		Interest ceased 01/04/19, to remain on list for 6 months to 1st Sept 2019
		Whittaker Lane Medical Centre	X			Direct	GP Partner	01/04/2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X		Direct	Undergraduate Tutor	Aug-16		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X			Direct	Practice is a member	Aug-16		Specific arrangements in respect of potential conflicts arising be given further consideration when situation arises.
		Prestwich Primary Care Network	X			Direct	Practice is a member	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
David McCann	Lay Member - Patient & Public Involvement	PCL (CIP) GP LTD - Nature of Business Asset Management	X			Direct	Non-Executive Director	2014		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In
		Praxis Capital LTD - Nature of Business Asset Management	X			Direct	Non-Executive Director	2014		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In
		Woodcocks Solicitors, Bury	X			Direct	Senior Partner	2011	Jul-19	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Real Estate Management LTD, Manchester	X			Direct	Non-Executive Director	2011		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In
		Praxis Law Ltd	X			Direct	Director	2019		guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Council		x		Indirect	Daughter - Employee	2012		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Rock Healthcare, Bury	X			Direct	Non-Executive Director	2009	Jul-19	Specific arrangements in respect of potential conflicts arising from Rock Healthcare Ltd to be given further consideration when situation arises.
Chris Wild	Lay Member - Finance & Audit	Secure Generation Limited	X			Direct	Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Efficient Generation Limited	X			Direct	Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		McNally Wild Limited	X			Direct	Shareholder / Director	Jul-14		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Capitas Finance Limited	X			Direct	Shareholder / Director	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lower 48 Energy Limited	X			Direct	Shareholder / Director	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Close Brothers PLC	X			Direct	Retained Advisor	Sep-14		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Geoff Little	Chief Executive, Bury Council, Accountable Officer Bury CCG	Ratio Research a Community Interest Company				Indirect	Close family member is a Director of Ratio Research	Apr-19		Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Mike Woodhead	Joint Chief Finance Officer	Heads in the Woods (designs and produces environmentally friendly items for wholesale and retail)				Indirect	Partner owns business	Nov-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Non-Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Fiona Boyd	Governing Body Registered Nurse	NHS Heywood, Middleton & Rochdale CCG		X		Direct	Employed (substantive) as Quality & Safety Lead	Apr-13		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Tameside Hospital		X		Direct	Seconded to Head of Nursing - Urgent Care	Sep-19	22-Sep-20	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Peter Thompson	Secondary Care Clinician - Governing Body	Healthcare Safety Investigation Branch		X		Direct	Clinical maternity advisor	Sep-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

In Attendance - Non-Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Peter Bury	Lay Member - Quality & Performance	Labour Party		X		Direct	Member	1979		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury College		X		Direct	Member Board of Governors	2008		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Margaret O'Dwyer	Director of Commissioning & Business Delivery/Deputy Chief Officer	Christie Hospital		X		Indirect	Sister works as a Research Nurse	2017		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Catherine Jackson	Executive Nurse	Marple Cottage Surgery (Stockport CCG)		X			Role as a Nurse Practitioner	Aug-05		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Julie Gonda	Interim Executive Director Communities and Wellbeing	National Health Service, York			X	Indirect	Daughter works at National Health Service York	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Lesley Jones	Director of Public Health, Bury Council						None Declared	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Paul Patterson	Executive Director Business, Growth and Regeneration, Bury Council *Joint Exec Board	Liverpool NHS Health Trust	X			Direct	Non Executive Directorship	2011	2015	Discharged directorship
		Contour Homes (Housing Association)	X			Direct	Board Directorship	2011	2015	Discharged directorship
		Merseyside Probation Service	X			Direct	Board membership	2011	2015	Discharged directorship
		Wellbeing neighbourhoods Limited, linked to GB Partnerships	X			Direct	Director	2016	2017	Discharged directorship
		Placesrp Limited. Non-traded since 2017. Has never traded or been	X			Direct	Non-trading Directorship	2010	2017	None - as non-trading. And historically a non NHS trading entity
Lynne Ridsdale	Deputy Chief Executive						None Declared	Mar-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
David Brown	Director of Operations, Bury Council						None Declared	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Karen Dolton	Executive Director, Children & Young People, Bury Council						None Declared	Jun-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Jayne Hammond	Assistant Director of Legal & Democratic Services						None Declared	Jun-19	12-Jun-19	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr James Daly	Councillor	Bury Council	X			Direct	Councillor	23-Jul-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Crompton Halliwell, Solicitors	X			Direct	Salaried Partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Crompton Halliwell, Solicitors			X	Indirect	Spouse / Partner has 50% Equity Share and is a partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hoyle Nursery School			X	Direct	Chair of Governors			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Springside Primary School			X	Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hawkshaw Primary School			X	Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Trust			X	Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Councillors Association		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury North Conservative Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tim Pickstone	Councillor	Bury Council	X			Direct	Councillor	26-Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Employment/office/trade/profession/ vocation:Disclosable Pecuniary Interest the details of which are witheld under Section 32(2) of the Localism Act 2011				Indirect	Spouse / civic partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Liberal Democrats	X			Direct				General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Land: Disclosable Pecuniary Interest the details of which are witheld under				Indirect	Spouse / civic partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		St Margaret's Church of England Primary School			X	Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Liberal Democrat Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Association of Liberal Democrat Councillors		X		Direct	Member & Chief Executive			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Birchcliffe Training ltd	X			Direct	Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Assoication of Chief Executives of Voluntary Organisations		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

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Agenda Item 3

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Approve
Item No	3	**Confidential / Freedom of Information Status**	No
Title	Minutes of Last meeting and Action Log		
Presented By	Dr J Schryer, Co-Chair of the SCB		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Introduction and background

The attached minutes reflect the discussion from the Strategic Commissioning Board held on 2 December 2019.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the Minutes of the Meeting held on 2 December 2019 and an accurate record; and
- Note progress in respect to agreed actions captured on the Action Log.

Links to Strategic Objectives/Corporate Plan	Choose an item.
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	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Title	**Minutes of the Strategic Commissioning Board on 2 December 2019**
Author	Emma Kennett, Head of Corporate Affairs and Governance
Version	0.1
Target Audience	Strategic Commissioning Board Members / Members of the Public
Date Created	December 2019
Date of Issue	December 2019
To be Agreed	6th January 2020
Document Status (Draft/Final)	Draft
Description	Minutes of the Strategic Commissioning Board on 2 December 2019

Document History:

Date	Version	Author	Notes
	0.1	Emma Kennett	Forwarded to Chair for review.

Approved:	
Signature:	..... **Dr J Schryer, Chair**

Strategic Commissioning Board Meeting

DRAFT MINUTES OF MEETING
Strategic Commissioning Board Meeting, 2 December 2019 16:30-18.00
Chair – Dr J Schryer

Voting Members
Dr Jeff Schryer, CCG Chair Cllr David Jones, Leader of the Council, (Chair) Dr Cathy Fines, Clinical Director, Bury CCG Mr Howard Hughes, Clinical Director, NHS CCG Bury Mr Geoff Little, Chief Executive, Bury Council / Accountable Officer, Bury CCG Cllr Eamonn O'Brien, Cabinet Member Finance & Housing (for part) Cllr Sharon Briggs, Cabinet Member – Communities Cllr Alan Quinn, Cabinet Member Environment Mr Mike Woodhead, Joint Chief Finance Officer
Non-Voting Members
Mrs Fiona Boyd, Registered Lay Nurse of the Governing Body, Bury CCG
Others in attendance
Mr Peter Bury, Lay Member Quality & Performance, Bury CCG Ms Karen Dolton, Executive Director of Children and Young People, Bury Council Mrs Julie Gonda, Interim Executive Director – Communities and Wellbeing, Bury Council Mrs Jayne Hammond, Assistant Director of Legal and Democratic Services, Bury Council Ms Lesley Jones, Director of Public Health, Bury Council (for part) Mrs Lisa Kitto, Interim Deputy Chief Finance Officer Ms Nicky O'Connor, Director of Transformation Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery, Bury CCG Ms Lynne Ridsdale, Deputy Chief Executive, Bury Council Mrs Emma Kennett, Head of Corporate Affairs and Governance, Bury CCG/Business Support
Public Members
No public members in attendance

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed those present to the meeting and noted apologies had been received from: - <u>Voting Members</u> • Cllr Jane Black, Cabinet Member Corporate Affairs & HR • Dr Daniel Cooke, Clinical Director, Bury CCG • Mr David McCann, Lay Member Patient & Public Involvement, NHS CCG Bury • Cllr Andrea Simpson, Deputy Leader, Cabinet Member Health & Wellbeing • Cllr Tamoor Tariq, Cabinet Member Children & Families • Mr Chris Wild, Lay Member, NHS CCG Bury

	Non-Voting Members • Mr Peter Thompson, Secondary Care Clinician, NHS CCG Bury Others in attendance • Mrs Catherine Jackson, Executive Nurse
1.2	The Chair advised that the quoracy had been satisfied.

ID	Type	The Strategic Commissioning Board:	Owner
D/12/01	Decision	Noted the information.	

2	Declarations Of Interest
2.1	The Chair reported that the CCG and Council both have statutory responsibilities in relation to the declarations of interest as part of their respective governance arrangements.
2.2	It was reported that the CCG had a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 14O of the National Health Service Act 2006 (as inserted by Section 25 of the Health and Social Care Act 2012). The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.
2.3	The Chair reminded the CCG and Council members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Strategic Commissioning Board (SCB).
2.4	Declarations made by members of the SCB are listed in the CCG's Register of Interests which is presented under this agenda and is also available from the CCG's Corporate Office or via the CCG website. • **Declarations of interest from today's meeting**
2.5	There were no declarations raised at this point in the meeting however two further interests materialised as part of Agenda Item Number 8 – Plastic Free Plan and these interests are fully documented at that point including any actions taking to mitigate the risks. • **Declarations of Interest from the previous meeting**
2.6	There were no declarations of interest from the previous meeting raised.

ID	Type	The Strategic Commissioning Board:	Owner
D/12/02	Decision	Noted the published register of interests.	

3	Minutes of the last Meetings and Action Log
	• **Minutes**
3.1	The minutes of the SCB meeting held on 4 November 2019 were agreed as an accurate record.

3.2	• **Action Log** The Action Log was discussed and it was noted that there were no updates that were not covered by other agenda items.

ID	Type	The Strategic Commissioning Board:	Owner
D/12/03	Decision	Approved the minutes of the meeting held on the 4 November 2019.	

4	Public Questions
4.1	No questions raised

ID	Type	The Strategic Commissioning Board:	Owner
D/12/04	Decision	Noted that there were no questions raised.	

5.	Chief Executive and Accountable Officer Update
5.1	The Chief Executive, Bury Council / Accountable Officer, Bury CCG provided an update on the latest developments across the CCG and Council. It was reported that:- • There were budget challenges in the region of £30m for the next financial year with the 5 year figure being greater in the region of £40m. Grant Thornton was currently undertaking a piece of work in relation to the Council financial aspects. An informal session of the Council Cabinet was taking place on the 4th December 2019 to gain a greater steer in relation to the future position. From a CCG perspective, a report would be submitted to the Governing Body in January 2020. • There would be leadership changes at the Greater Manchester Health and Social Care Partnership given Mr Rouse's departure and there was a need to sustain momentum in relation to transformation and other pieces of work. A further update on this would be provided to the SCB in January 2020 as part of the Chief Executive and Accountable Officer Update. • A further report in relation to the SCB Governance Sub Structure and associated timescales would be brought back to the SCB meeting in January 2020. Linked to this report would be the work currently being undertaken across the CCG and Council in relation to communications and engagement and the future arrangements for a wider clinical/professional group. • The initial phase of the OCO Staff consultation was due to end on the 31 December 2019 and there would need to be further discussions via the Council's HR Panel and CCG Remuneration Committee in the first instance. As the SCB did not have a specific remit around approving the organisational structure/roles, an update on where the process was up to would be provided via email in between meetings. • The Interim Director of Transformation was working with the Deputy Chief Executive in relation to the OD strategy/requirements and a further update would be provided to the SCB in February 2019 with further detail.
5.2	The Chair emphasised that there were significant financial challenges ahead for both the CCG and Council. The Chief Executive, Bury Council / Accountable Officer, Bury CCG suggested that a closed workshop session be arranged for January 2020 to focus on the financial challenges. This would be followed by a short business meeting in public. SCB supported this approach for the meeting on the 6th January 2020 which

	would involve starting at an earlier time. Initial thoughts around timings would be a 3 hour workshop followed by a 30 minute business meeting however this would need to be confirmed following today's meeting. As part of any budget planning, there was also a need to take into account any implications that may arise as a result of the Labour Group meeting on the 20th January 2020.

ID	Type	The Strategic Commissioning Board:	Owner
D/12/05	Decision	Noted the update.	
D/12/06	Decision	Supported the SCB Development Session being arranged during the next quarter.	
A/12/01	Action	SCB Finance workshop/business meeting to be arranged for the 6th January 2020.	Mrs Kennett / Ms O'Connor
A/12/02	Action	Update on Greater Manchester Health and Social Care Partnership changes to form part of the Chief Executive Bury Council and Accountable Officer Bury CCG Update to SCB in January 2020	Mr Little
A/12/03	Action	A further report in relation to the SCB Governance Sub Structure and associated timescales would be brought back to the SCB meeting in January 2020.	Mr Little
A/12/04	Action	OD update to be provided to the SCB in February 2020.	Ms O'Connor
A/12/05	Action	An update on the staff consultation process to be sent to SCB members via email in between meetings.	Mr Little

6.	The Bury Neighbourhood Model
6.1	The Deputy Chief Executive presented a report in relation to the Bury Neighbourhood model. It was reported that: - • As a result of multiple cross-service conversations, a future model for neighbourhood working in Bury is proposed as a basis for further consultation and development. • The model sought to embed the key features of public service reform and to facilitate strategic place-based development and individual active case management, with a view to improving outcomes and reducing cost. • A number of steps needed to be taken in terms of making it happen and the associated decisions/implications were outlined in the context of the data, Integrated Neighbourhood Teams, 'Troubled Families' and place.
6.2	*The Cabinet Member Finance & Housing entered the meeting at this point.*
6.3	The following comments/queries were raised in relation to the Bury Neighbourhood model: - • There was a need to take into consideration Systems Meetings and the implications of commissioning at place based level. • The need to add a layer at the bottom of the diagram to include OCO especially in the context of deprivation.

	• Whether the engine room would be a physical place in one location or virtual. It was confirmed that this was currently a physical place based in the Bury Police Station with close to links the Multi Agency Safeguarding Hub. It was commented that data analysts often preferred working in their own environment and it may be worth taking this into account as part of any further changes. A general discussion took place regarding the other functions of the engine room and the importance of data quality and information governance. It was noted that risk appetite as part of this work needed to be clear in order to ensure that progress was not compromised going forward. • The leadership arrangements should be explicit as part of any new arrangements. • A targeted approach was required to address the highest risk areas including deprivation. • A reflection was provided on the Prestwich neighbourhood work to date and in particular active case management and how that would link with the engine room work and wider Public Sector Reform and involvement of all agencies. There was a need to ensure that the right structures were in place to support neighbourhood working as it develops.
6.4	The Chair summarised the main discussion points from this item and concluded that whilst the SCB had given broad support on the outlined approach, there was a need to carefully consider data analysis and where staff fit into any new arrangements. It was agreed that further detail in relation to this model would be brought back to the SCB in February 2020.

ID	Type	The Strategic Commissioning Board:	Owner
D/12/07	Decision	Noted and supported the model.	
A/12/06	Action	Further detail in relation to the Bury Neighbourhood Model to be submitted to the SCB in February 2020.	Mrs Ridsdale

7.	Walking and Cycling Fund Programme
7.1	The Cabinet Member for Environment presented a report in relation to the Walking and Cycling – Greater Manchester Challenge Fund. It was reported that: - • In June 2018 the Greater Manchester Mayor's Cycling and Walking Commissioner, Chris Boardman, published 'Beelines - a walking and cycling infrastructure proposal'. It proposed new standards in highway infrastructure and a walking/cycling network of 1,000 miles, including 75 miles of segregated routes and 1,400 new crossings. • The Greater Manchester Mayor has allocated £160 million to begin constructing the network. This report details how Bury has engaged with the Mayor's Challenge Fund programme, explains the bidding process, and outlines the schemes that are currently in development. • To date, there have been 6 opportunities for bid submissions since the fund "opened". Bury had made bids in 4 of them (Tranches 1, 2, 5 & 6) and has been successful with Tranches 1 and 5. The Tranche 2 bid was rejected as it was seen as not being in line with Transport for Greater Manchester's cycling and walking ambitions even though the proposals were similar in nature to the Tranche 1 submission. Tranche 6 submissions are currently under consideration and a favourable result was anticipated. Support for the bids had been provided by temporary staffing.

7.2	The following comments/queries were raised in relation to the walking and cycling report: - • Off road cycling was a positive development in terms of encouraging families to undertake physical activity. • The need to communicate/encourage more walking and cycling across the borough. It was noted that there were two world class cyclists from Bury therefore this could be a good selling point. • The need to increase this type of work across the borough in light of the long term benefits for relatively small investment. • This work needed to be linked to the Physical Activity Strategy and areas of deprivation/priority. This work would need to form part of the Physical Activity Strategy Implementation Plan. • The need to encourage active travel and make walking/cycling easier for people. • The supporting infrastructure and people strategy needed to be closely aligned.

ID	Type	The Strategic Commissioning Board:	Owner
D/12/08	Decision	Noted the report	
A/12/07	Action	The Walking and Cycling Fund work to form part of the Implementation Plan being developed as part of the Physical Activity Strategy.	

8.	Plastic Free Plan (Links to Climate Change Emergency)
8.1	*The Joint Chief Finance Officer commented that his partner worked for a company that sold reusable plastics and therefore wished to declare an interest in this regard. The Chair agreed that the Joint Chief Finance Officer could remain present for this item and participate in meeting discussions. NB – this would be followed with an updated declaration form following the meeting.*
8.2	The Cabinet Member for Environment *declared an interest in respect of his partner working for the MPs office in light of the involvement there had been in some of the plastic free developments. The Chair agreed that the* Cabinet Member for Environment could remain present for this item and participate in meeting discussions.
8.3	The Cabinet Member for Environment submitted a report in relation to a Single Use Plastic Strategy. It was reported that: - • Single-use plastic (SUP) had become a much-debated topic with high levels of public interest. On the 16th January 2019, Bury Council passed a motion to become a plastic free Council. Plastic free is defined as no use of SUP where there is a practical and economic alternative. The Council has produced a strategy and action plan with the aim of make Bury a plastic free community by the 1st January 2022. • Good progress has been made by the Council to date and a full list of actions was included in Appendix A of the report. A follow up audit would be undertaken in March 2020 to track progress,
8.4	The Chair enquired as to what specific actions were being taken from a health perspective in relation to the plastic strategy. The Director of Commissioning & Business Delivery commented that there was a need to understand the specific health requirements in the first instance in terms of whether this would impact on contracting

	and other wider issues. It was agreed that the Director of Commissioning & Business Delivery would pick up with Cllr The Cabinet Member for Environment outside of the meeting in relation to the specific health requirements and discuss this further via the Governing Body as appropriate.

ID	Type	The Strategic Commissioning Board:	Owner
D/12/09	Decision	Noted the strategy and action plan contained in Appendix A and considered how this work can be widened across all the areas covered by the OCO.	
D/12/10	Decision	Recommended to the Governing Body that it signs the NHS pledge on the reduction of single use plastic.	
A/12/08	Action	It was agreed that the Director of Commissioning & Business Delivery would pick up with the Cabinet Member for Environment (Cllr Quinn) outside of the meeting in relation to the specific health requirements and discuss this further via the Governing Body as appropriate.	Ms O'Dwyer

9	Finance Report
9.1	The Joint Chief Finance Officer provided an update on the latest financial position. It was reported that:- • The CCG and Council were both projecting a break even position at year end. • Agreement for a putting a 241 mechanism in place in relation to the final year end position had been agreed by the Governing Body and needed to be approved via the Council's governance. This proposal related to movement of Better Care funds between organisations. • In terms of reporting, there was not a written report available for today's meeting in light of the Council operating on a quarterly reporting basis compared to the CCG's monthly position. This position was currently being reviewed in conjunction with the Council's Democratic Services Team. • The Deputy Finance Director for the Council had not been appointed to therefore a contingency plan was currently being drawn up.
9.2	The Chair commented that given finances were one of the biggest challenges faced by the CCG and Council at the present time, a written paper would be required next time.
9.3	*The Director of Public Health left the meeting at this point.*

ID	Type	The Strategic Commissioning Board:	Owner
D/12/11	Decision	Noted the update	
A/12/09	Action	Written Finance Report to be submitted to the next SCB meeting.	Mr Woodhead

10.1	Council / CCG Risk Report
10.1.1	Members received copies of a report in relation to the CCG and Council risks. The Director of Commissioning & Business Delivery highlighted that: -

- The report provided an updated position in respect of those risks within both the Council and CCG that have been identified, assessed and recorded on Pentana - the risk management system - and assigned to the SCB for oversight.
- Notwithstanding the on-going programme of work to align the Risk Management Strategy and underpinning administration arrangements to support the One Commissioning Organisation, the report included five risks which have been assigned to the SCB for collective oversight:
- In terms of the CCG Risks, these related to: Lack of effective working with key partners which influence the wider determinants of health (level 20); Assuring decisions are informed by all staff including clinicians (level 20); and Lack of effective engagement with communities (level 15);
- In terms of Council Risks, these related to Failure to implement Public Service Reform resulting in increased demand (level 16); and Decline in Ofsted ratings across the Borough (level 16).

10.1.2 The following comments/queries were raised in relation to the Risk Report: -

- Page 8, Risk title GB 1920_PR_4.1 – Assuring decisions are informed by all staff including clinicians. Risk statement 4.1 – Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the OCO and its decision making. It was noted that there was confusion around the wording of this risk in terms of the SCB's role. It was agreed that the word informed should be changed to influenced.

ID	Type	The Strategic Commissioning Board	Owner
D/12/12	Decision	Received the Risk Register	
D/12/13	Decision	Reviewed the information presented	
A/12/10	Action	Risk title GB 1920_PR_4.1 to be amended to reflect the above comments in relation to wording.	Ms O'Dwyer

10.2 Performance Update

10.2.1 The Director of Commissioning & Business Delivery submitted the latest Performance update to the SCB.

10.2.2 It was reported that the CCG alongside other CCGs in Greater Manchester had challenges in achieving the national Constitutional Standards in a number of key areas. This report sets out the current position, and actions being taken.

10.2.3 The Chair suggested that for future reports, there be a particular focus on two key challenge areas across the CCG and Council.

10.2.4 The Lay Member for Quality and Performance reported that there was a need to review how trajectories are presented going forward to make it easy to understand how performance has changed over time. A storyboard format may be helpful. The Director of Commissioning & Business Delivery would feed this back for future reports.

ID	Type	The Strategic Commissioning Board	Owner
D/12/14	Decision	Received the Performance update and noted the areas of challenge and action being taken.	

A/12/11	Action	The presentation of trajectory information to be reviewed in relation to future reports.	Ms O'Dwyer

11	**Locality Plan**		
11.1	The Director of Commissioning & Business Delivery reported that the refreshed Locality Plan had now been submitted to the Greater Manchester Health and Social Care Partnership in line with the required timescales.		
ID	**Type**	**The Strategic Commissioning Board**	**Owner**
D/12/15	Decision	Noted the update	

12	**Board Development**		
12.1	Members received copies of a report in relation to the SCB Development Programme.		
ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/12/16	Decision	Noted the report	

13	**Minutes of Meetings**		
13.1	Members received copies of the minutes from the System Board meeting held on the 16th October 2019.		
ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/12/17	Decision	Noted the information.	

14	**Any Other Business and Closing Matters**		
14.1	The Chair reported that the CCG BAFTA and Council STAR Awards were scheduled to take place during the course of the week which would celebrate the hard work by members of staff and GP Practices.		
14.2	The Chair summarised the main discussion points from today's meeting and thanked members for their contributions.		
ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/12/18	Decision	Noted the information.	

Next Meeting	Monday, 6 January 2020, 4.30 p.m., Committee Room A and B, Bury Town Hall (Chair – Cllr D Jones)
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Strategic Commissioning Board Action Log – December 2019

Status Rating - In Progress - Completed - Not Yet Due - Overdue

A/10/02	Business Support Unit to produce a glossary of terminology to help explain some of the common abbreviations used in the NHS and Local Government.	Mrs Featherstone/ Mrs Hammond		December 2019	
A/10/03	An organogram of the existing CCG and Council structures.	Mrs Featherstone/ Mrs Hammond		January 2020	Governance report included on agenda
A/10/04	It was agreed that a proposal in relation to the Public Health Strategic priorities be developed for submission to the SCB meeting in December 2019.	Mrs Jones		January 2020	Included on January SCB agenda.
A/10/05	A thematic analysis of the Bury Strategy work to date linked to the SCB priority areas would be submitted to the SCB meeting in December 2019.	Mrs Ridsdale		December 2019	
A/11/01	SCB Development Sessions to be arranged during the next quarter.	Ms O'Connor		January 2020	
A/11/02	It was agreed that a further Governance report would be submitted to the SCB meeting in December 2019 setting out these timescales for implementation in the context of a full Project Plan.	Mrs Featherstone/ Mrs Hammond		January 2020	Included on agenda.
A/11/04	A focus on the 2030 Strategy to form part of a future SCB Development Session.	Mrs Ridsdale		TBC	

A/11/06	Mental Health Strategy to be submitted to the SCB in January 2020.	Mrs Gonda		January 2020	This has now been scheduled for the February 2020 meeting.
A/12/01	SCB finance workshop / business meeting to be arranged for the 6th January 2020.	Mrs Kennett / Ms O'Connor		6th January 2020	Workshop arranged 3-5pm on 6th January 2020
A/12/02	Update on Greater Manchester Health and Social Care partnership changes to form part of the chief Executive Bury Council and Accountable officer Bury CCG Update to SCB in January 2020.	Mr Little		January 2020	
A/12/03	A further report in relation to the SCB Governance Sub Structure and associated timescales would be brought back to the SCB meeting in January 2020.	Mr Little		January 2020	As per A/11/02
A/12/04	OD update to be provided to the SCB in February 2020.	Ms O'Connor		February 2020	
A/12/05	An update on the staff consultation process to be sent to SCB members via email in between meetings.	Mr Little		January 2020	Consultation is still open at time of papers being circulated.
A/12/06	Further detail in relation to the Bury Neighbourhood Model to be submitted to the SCB in February 2020.	Mrs Ridsdale		February 2020	
A/12/07	The Walking and cycling Fund work to form part of the Implementation Plan being developed as part of the Physical Activity Strategy.	Mrs Jones		January 2020	

A/12/08	It was agreed that the director of commissioning & Business Delivery would pick up with Cllr Quinn outside of the meeting in relation to the specific health requirements and discuss this further via the Governing Body as appropriate.	Ms O'Dwyer		January 2020	
A/12/09	Written Finance Report to be submitted to the next SCB meeting.	Mr Woodhead		6th January 2020	Included on agenda
A/12/10	Risk title GB 1920_PR_4.1 to be amended to reflect the above comments in relation to wording.	Ms O'Dwyer		6th January 2020	Comments fed back to Deputy Director of Business Delivery.
A/12/11	The presentation of trajectory information to be reviewed in relation to future reports.	Ms O'Dwyer		January 2020	Comments noted.

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Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Consider
Item No	6	**Confidential / Freedom of Information Status**	No
Title	Strategic Commissioning Board : Sub-Committee Structure Timeline		
Presented By	Geoff Little, Chief Executive and Accountable Officer		
Author	Lisa Featherstone, Deputy Director of Business Delivery		
Clinical Lead	-		
Council Lead	-		

Executive Summary

This paper builds on the two previous reports that have been considered at the meetings of the Strategic Commissioning Board in October and November 2019 and also reflects feedback from the CCG's Governing Body, specifically in respect to future arrangements for the discharge of duties with regard to involving the public in commissioning.

In summary, the paper sets out

- a high-level timeline for delivering an operation sub-governance structure by 1st April 2020 to support the Strategic Commissioning Board in receiving and providing onward assurance as necessary to the Governing Body and Cabinet respectively;
- additional assurance in respect to patient and public involvement for recommendation by the Strategic Commissioning Board to the Governing Body in respect to a final decision for the future of the Patient Cabinet, which currently is a sub-committee of the Governing Body; and
- high level support for a system-wide Professional Reference Board .

Recommendations

It is recommended that the Strategic Commissioning Board:

- note the high-level timeline proposed;
- support the proposal for a robust system wide Professional Reference Board to be established which spans the OCO, in its widest sense, and the LCO, including representation from each Partner within the alliance;
- note the approach in respect to patient and public involvement, including the principles and mechanisms set out in the paper which will be incorporated into the Communication and Engagement Strategy 2020-2023;
- note the update in respect to the Finance Committee;
- note the update in respect to the Quality and Performance Assurance Committee.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐

Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Strategic Commissioning Board
Governance Sub-structure High-Level Timeline

1.0 Introduction

1.1 This paper builds on the two previous reports that have been considered at the meetings of the Strategic Commissioning Board in October and November 2019 and also reflects feedback from the CCG's Governing Body, specifically in respect to future arrangements for the discharge of duties with regard to involving the public in commissioning.

1.2 In summary, the paper sets out

- a high-level timeline for delivering an operation sub-governance structure by 1st April 2020 to support the Strategic Commissioning Board in receiving and providing onward assurance as necessary to the Governing Body and Cabinet respectively;
- additional assurance in respect to patient and public involvement for recommendation by the Strategic Commissioning Board to the Governing Body in respect to a final decision for the future of the Patient Cabinet, which currently is a sub-committee of the Governing Body; and
- high level support for a system-wide Professional Reference Board.

2.0 Background

2.1 Over the last 6 months, significant work has been undertaken to enable the development of a single commissioning system for health and care, referred locally as a 'One Commissioning Organisation' through the appointment of a joint Chief Executive and Accountable Officer, emergence of a joint senior leadership team and operating structure and establishment of the Strategic Commissioning Board providing a single decision making structure which became effective from 1st October 2019 and is supported by appropriate pooled and aligned budgets.

2.2 NHS England confirmed its support for the revised constitution of the CCG on 3rd October, which enables the Strategic Commissioning Board to have delegated authority for the majority of commissioning decisions previously undertaken by the CCG's Governing Body.

2.3 Commissioning staff from across both the Local Authority and the CCG have been co-located for over 12 months and a programme of organisational development to co-design future structures, working arrangements and cultures has been progressed.

2.4 These developments demonstrate a strong commitment to change and through effective relationships and leadership, integration of health and care can be achieved to deliver better outcomes and experiences for the population of the Borough and provide a solid foundation for Strategic Commissioning.

2.5 These new arrangements require a different way of working. Clear, consistent and effective governance structures, alongside clinical and political leadership which is not only innovative, but also enables appropriate challenge of public service provision, are

what is required to join up public services as well as being a key vehicle in delivery of the emerging strategy for Bury 2030.

2.6 This paper sets out the timeframe for delivery of a sub-governance structure which will support the governance of the Strategic Commissioning Board.

3.0 Time Frame for Implementation of a Governance sub-structure for Strategic Commissioning

3.1 Moving to place based commissioning is a cultural journey as much as it is operational and requires a governance structure which is enabling of transformational health, care and place-based systems and is also reflective of the wider Public Service Reform agenda.

3.2 The Strategic Commissioning Board has previously received a pictorial representation of the Governance Structure that will support the One Commissioning Organisation, which is the integration of health and care functions in addition to all other core and statutory business of the Council and has been advised on the potential for this to include:

- Professional Congress – advice from a clinical and professional perspective
- Patient/Public/Stakeholder Congress – advice from a citizen and user perspective
- Finance/Contracting and Procurement Committee – detailed scrutiny of finances and commissioning contracts and to provide assurance (allowing the Board to maintain its strategic focus)
- Quality and Performance Committee – detailed scrutiny of compliance and performance and to provide assurance

3.3 Thinking in respect to these arrangements has continued to develop since the last (verbal) update to the Strategic Commissioning Board in December 2019 and a high-level timeline for translating the proposals into an operational sub-structure has now been determined:

Review of existing arrangements and development of draft Terms of Reference in respect to Finance, Performance and Professional Reference Board	2nd – 15th Jan 2020
Draft Terms of Reference reviewed through JET	20th Jan 2020
Draft Terms of Reference shared with proposed Committee members for feedback and input	20th Jan – 14th Feb 2020
Draft Terms of Reference for identified Committees to SCB for recommendation to Governing Body and Cabinet as the basis for consultation	3rd Feb 2020
Draft Terms of Reference presented to Governing Body (Development Session)	26th Feb 2020
Draft Terms of Reference presented to Cabinet	26th Feb 2020
Draft Terms of Reference shared with CCG Membership (note that GB approves ToRs for Sub-Structure of SCB for the CCG) (note that can circulate in advance of the GP engagement	11th March 2020 (GP Engagement Event)

event if required so not receiving update cold)	
Review of all feedback and collation of final points for inclusion and response as appropriate	13th March 2020
Draft Terms of Reference approved by Governing Body (and included in CCG Governance Handbook as required)	25 March 2020
Draft Terms of Reference approved by Cabinet (and included into the Council Constitution as required)	25 March 2020
Operationalisation	1st April 2020

3.4 In addition to the high-level timeline, the following updates reflect the current proposal:

- **Health and Care Professional Reference Board**

3.5 Clinical leadership has been widely recognised as one of the key strengths the establishment of CCGs has brought to commissioning. The CCG Governing Body, member practices and other stakeholders have also stated its importance in the development of these new arrangements.

3.6 As the scope of commissioning broadens the same principles should apply to professionals from social care and public health.

3.7 In addition, the establishment of the One Commissioning Organisation and tactical or operational commissioning to be progressed via the Locality Care Organisation, will change the role of clinical and professional leadership within Bury. It is now proposed that a robust system wide Professional Reference Board is established which spans the OCO, in its widest sense, and the LCO, including representation from each Partner within the alliance.

3.8 It is critical that:

- Clinical leadership remains a strong feature of any new commissioning arrangements;
- Clinical and professional leadership is not limited to GPs but also includes other health, social care and public health professionals;
- professional leadership continues to evolve and adapt as the relationships between Strategic and tactical commissioning mature; and
- transparency is paramount through clear lines of communication, influence and accountability with member practices and wider stakeholders in order to provide the assurance required that these changes continue to deliver the proposed benefits for the Borough.

3.9 The newly proposed Professional Reference Board will build on the work already in train through the CCG's Clinical Cabinet and LCO's Professional Congress with an aim to provide a system-wide forum for professional input into strategic and tactical commissioning decisions for the place of Bury.

3.10 Initial discussions suggests there is an appetite to establish a system-wide Professional Reference Board, however this does require further exploration in relation to remit, membership, responsibilities and reporting lines to ensure all partners are fully on-board. This will include a full review of exiting responsibilities and decision making to determine where these would be appropriately placed to ensure no adverse

operational impact.

3.11 It is therefore proposed that the Strategic Commissioning Board support the establishment of a Professional Reference Board, which is developed accordingly to take account of the changing commissioning landscape under an integrated agenda. Whilst these arrangements are worked up further, the Clinical Cabinet and Professional Congress will continue to operate as present.

- **Patient, Public and Stakeholder Involvement and Engagement**

3.12 Under s.14Z2(2)(b) and (c) of the National Health Service Act (NHSA), CCGs are required to make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) in:

- the planning of the commissioning arrangements;
- the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them;
- the decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decision would (if made) have such an impact.

3.13 Section 14Z2(5) of the NHSA also requires CCGs to have regard to the guidance published by NHS England for CCGs on the discharge of their functions under section 14Z2.

3.14 The relevant NHS England guidance '*Planning, assuring and delivering service change for patients'* sets out best practice with the intention that this will reduce the risk of service changes being referred to the Secretary of State, Independent Reconfiguration Panel or judicial review.

3.15 The Strategic Commissioning Board has previously been advised that the CCG has a Patient Cabinet, which when originally set up was intended to bring a patient voice into the commissioning arena, however over recent years the membership has reduced and therefore the Patient Cabinet has fulfilled a brief though it has been limited in what it could achieve. It should be noted however that where individual patient members have been involved in key workstreams, their input and support has been invaluable.

3.16 The Council have more extensive and robust arrangements for engaging with its citizens and the CCG have explored opportunities to work alongside and build on the strong arrangements in situ with neighbourhoods.

3.17 Engagement with the Borough is recognised as a key enabler to delivering the challenging agenda and will be led from the top. The joint post of CCG Accountable Officer and Council Chief Executive will be responsible for the Communications and Engagement Strategy and for ensuring that an annual report is published that demonstrates compliance with our legal duties and progress on the aims and objectives laid out in the strategy.

3.18 An engagement champion on the Governing Body will take responsibility for ensuring that communications and engagement is incorporated into all aspects of our work.

3.19 The joint Head of Communications, Engagement and Marketing will be the operational lead and will manage the day to day business. But the overall approach is a collaborative one, with the communications team from the CCG and Council (now combined) working closely with the Bury Local Care Organisation communications team and their respective partners.

3.20 This is supported by the Locality Plan Communications and Engagement workstream which supports, and co-ordinates engagement and communications plans across the Bury system. This is further embedded with the North East Sector (NES) Communications Forum which discuss and agree common communications work that spans across the organisations within the sector.

3.21 Ultimately, responsibility for engagement sits with all employees working across the system. Through the Locality Plan Communication and Engagement workstream we will support staff to develop the right skills, competencies and capacity to carry communications and engagement to the right standard.

3.22 The Communications and Engagement Strategy for 2020 – 2023 is set to be considered by the Governing Body at its meeting in January 2020 and will be underpinned by the following principles:

- the views of local people and communities' matter to us and we want to involve them and ensure they can influence the decisions we make;
- by working with local people, we are able to develop public services which meet the needs of our community; and
- by involving and listening to people who use public services, our teams can better understand their needs and respond to what matters most to them. Local people can often identify innovative, effective and efficient ways of designing, delivering and joining up services. This involvement is an essential component of our work to plan and purchase a range of quality public services that meet people's needs and offer good value for the Bury pound.

3.23 To enable delivery of these, Communication and Engagement activity will take the following form:

- We will reach out to people rather than expecting them to find us;
- We will listen and truly hear what is being said by all members of our community;
- We will proactively be seeking participation from communities who experience the greatest health inequalities and poorest health outcomes;
- Relationships will be conducted with equality and respect;
- We will value people's experiences and have productive two-way conversations;
- We will provide clear and easy to understand information, recognising different needs;
- We will take time to plan and start to involve people and communities at the earliest stage of any plans;
- We will be open, honest and transparent, and where information is restricted, we will say why;
- We will learn from feedback to continually improve;
- We will routinely let people know how their feedback has influenced our work - 'closing the loop'; and
- We will use the strengths and talents that people bring to the table.

3.24 The following mechanisms will include, but are not limited to:

Routine and existing mechanisms

- The use of the press and media, where possible securing feature columns on specific topics;
- The use of CCG and Council websites;
- Engagement via social media platforms;
- Information screens in GP surgeries and Council venues;
- The Bury Directory and One Community platforms;
- Reaching communities and groups through the excellent networks that exist via the VCFA and Healthwatch Bury;
- Promotion of meetings in public and the ability to pose a question; and
- Surveys to support engagement and consultation work.

Specialist and additional mechanisms

- Community engagement with specific groups on specific topics, building on the good work undertaken to date in neighbourhoods;
- Public meetings and focus groups;
- Printed materials, infographics and short information videos (how to recycle, the importance of stopping smoking or losing weight before planned surgery, etc.);
- Paid for press coverage/advertorials;
- Radio air time;
- Social media campaigns which can be targeted to a specific audience on a specific topic;
- Outdoor media advertising; and
- Bus advertising.

3.25 We are working to add to our mechanisms with:

- a Lived Experience Panel;
- a strategic engagement alliance linked to the voluntary community and faith sector;
- To expand the use of social media platforms with polls and live Q&As on specific topics with clinicians and politicians;
- Develop mechanisms for neighbourhood engagement, considering the role that GP practice Patient Participation Groups could have in this;
- Promote the opportunity for local people to share their story with us;
- Promote the opportunity for community groups to request a guest speaker from the Council or the CCG (topic dependent) to attend their group meeting.

3.26 The Strategic Commissioning Board is required to consider the above arrangements and determine if the principles set out provide sufficient assurance that commissioning decisions can be suitably informed by the patient and public voice, so that compliance with statutory duties can be appropriately demonstrated.

3.27 The Strategic Commissioning Board is advised that the Governing Body will review these arrangements further, alongside the Communication and Engagement Strategy, to enable a decision to be reached on the future of the CCG's Patient Cabinet.

- **Finance Sub - Committee**

3.28 As referenced in the previous updates, the aspiration is to establish a joint Finance

Committee with delegated responsibility for strategic oversight and scrutiny of relevant budgets and financial operations.

3.29 Work has progressed, including the development of an initial draft Terms of Reference, which builds on the scoping already undertaken, and will be progressed in accordance with the timeframes set out in this report taking into account the accountability, responsibility, delegation and decision-making powers that needs to be adhered to.

3.30 In the interim, the Portfolio Holder for Finance and the interim Deputy Chief Finance Officer – Council will be invited to the CCG's Finance Committee meetings, and on-going arrangements for scrutiny of council finance will continue in accordance with existing governance arrangements.

- **Quality and Performance Assurance Sub - Committee**

3.31 Ensuring a system-wide grip on Quality and Performance will be key to delivering improvements in outcomes for the population.

3.32 A Quality and Performance Assurance Sub-Committee is therefore required to enable this through considering in detail performance and quality metrics, reporting by exception to the Strategic Commissioning Board on areas of under-performance or concern.

3.33 Feedback from the recent Performance Workshop will be integrated into the initial draft Terms of Reference that have been prepared to instigate further discussion with colleagues.

4.0 Recommendations

4.1 The Strategic Commissioning Board is invited to:

- note the high-level timeline proposed;
- support the proposal for a robust system wide Professional Reference Board to be established which spans the OCO, in its widest sense, and the LCO, including representation from each Partner within the alliance;
- note the approach in respect to patient and public involvement, including the principles and mechanisms set out in the paper which will be incorporated into the Communication and Engagement Strategy 2020-2023;
- note the update in respect to the Finance Committee;
- note the update in respect to the Quality and Performance Assurance Committee.

Lisa Featherstone
Deputy Director of Business Delivery
December 2019

Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Approve
Item No	7	**Confidential / Freedom of Information Status**	No
Title	Public Health Strategic Priorities		
Presented By	Lesley Jones, Director of Public Health		
Author	Lesley Jones, Director of Public Health		
Clinical Lead	N/A		
Council Lead	Councillor Andrea Simpson, Elected Member and Portfolio Holder - Communities and Wellbeing		

Executive Summary

As a Strategic Commissioning Board we are committed to improving health outcomes to be among the best of our statistical neighbours, increasing healthy expectancy and reducing health inequalities between Bury and the England average and between the richest and poorest cohorts within Bury.

The report 'Understanding Health Need in Bury' presented to the Strategic Commissioning Board in October 2019 recommended a focus on eight strategic priorities to realise this ambition.

This report sets out the rationale for each of these priorities and summarises what 'good' would look like, the current position in Bury and provides a series of recommendations designed to help move us further, faster.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Place these strategic priorities at the heart of the Bury Strategy and OCO Commissioning Strategy; and
- consider the suggested 'Next Steps' and agree how to take these forward.

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:	Yes

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	The proposals support delivery of the Health & Wellbeing Strategy					
How do proposals align with Locality Plan?	The proposals support delivery of the Locality Plan					
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☒	N/A	☐
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☐	N/A	☒

Register?						
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

Governance and Reporting		
	Date	**Outcome**

Moving forward on the strategic priorities for population health

1. Introduction

1.1. As a Strategic Commissioning Board we are committed to improving health outcomes to be among the best of our statistical neighbours, increasing healthy expectancy and reducing health inequalities between Bury and the England average and between the richest and poorest cohorts within Bury.

1.2. The report 'Understanding Health Need in Bury' presented to the Strategic Commissioning Board in October 2019 (appendix A) recommended a focus on eight strategic priorities to realise this ambition, namely:

- A good start in life
- Adverse Childhood Experiences & Mental Wellbeing
- Primary and secondary prevention of Long-Term Conditions (including MSK)
- Comprehensive behaviour change strategy which emphasises making healthy options the default options.
- Income & wealth equality
- Supportive relationships & social connections & community empowerment
- Decent Affordable Housing
- Ensuring all residents benefit from clean & green environments

1.3. This report sets out the rationale for each of these priorities and summarises what 'good' would look like, the current position in Bury and provides a series of recommendations designed to help move us further, faster.

2. Background

2.1. The report 'Understanding Heath Need in Bury' outlined the drivers of life expectancy and healthy life-expectancy and highlighted the following key messages:

- Historic increases in life expectancy are stalling
- People are generally living for more years in poor health
- The poorer people are, the shorter their lives and the more of those years are spent in ill health. There is a 15-year gap in healthy life-expectancy between the most and least deprived areas of Bury
- Bury's rates of preventable mortality are significantly worse than England as a whole and among the worst compared to our statistical neighbours.
- Musculoskeletal conditions are the prime driver of poor health followed by depression and anxiety. These conditions often go hand in hand.
- Around 50% of the burden of disease is associated with smoking, excess alcohol consumption, poor diet and low levels of physical activity.
- We are failing to gain traction on meaningfully reducing the prevalence of the prime risk factors for both morbidity and mortality. The majority of our population are likely to experience at least one risk factor.

- Inequalities of health outcome are intergenerational and require action across the life-course. Adverse childhood experiences are a significant factor in poor outcomes and intergenerational inequality.
- Until we address income and wealth inequality, we will only mitigate rather than address health inequalities.

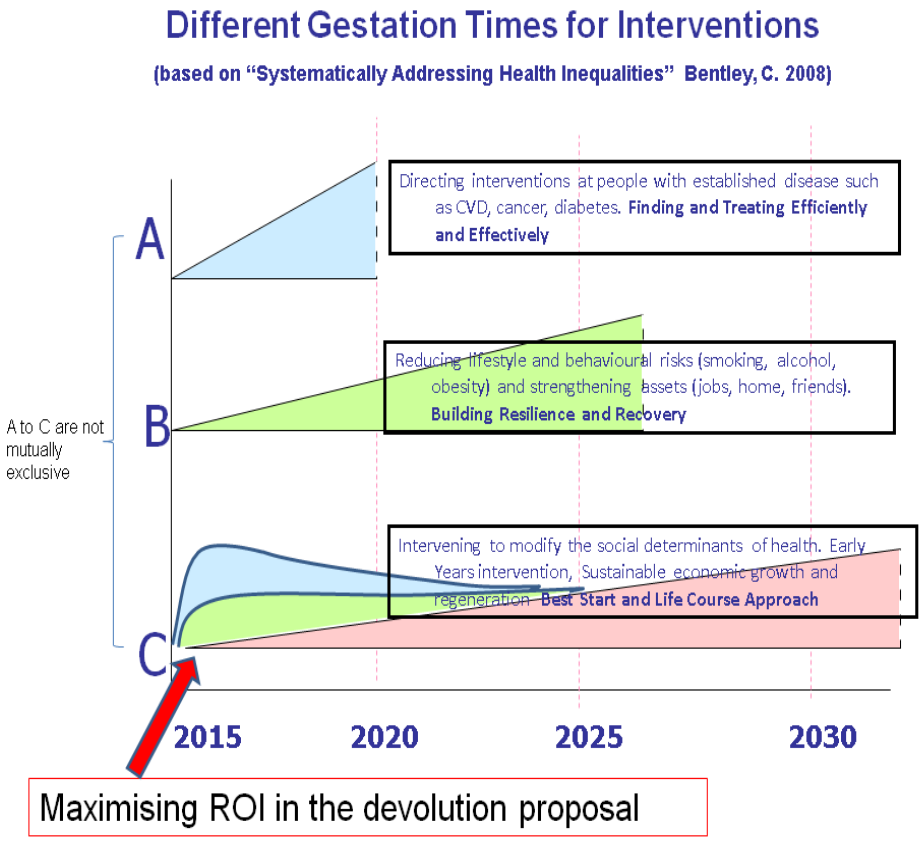
2.2. We are currently in the process of developing our Bury 2030 strategy together with our partners. Through this strategy and the supporting delivery plans we have a significant opportunity to 'think & do' differently in order to buck recent trends and really turn the curve on health outcomes and inequalities.

3. Moving forward on the strategic priorities for population health

3.1 The section below sets out for each of the identified priorities; why it is important, a summary of what good would look like, an overview of the current position in Bury and a recommendations for the progressing at scale. It is important to note that these priorities are not mutually exclusive from each other.

3.2 Action or in-action against one priority will have a consequential impact on one or more other strategic priorities. They should therefore be considered as a package of measures that are required to deliver improvements to health and heath inequalities.

3.3 In 2014, the New Economy and Public Health England developed a framework for Greater Manchester that groups interventions by their gestation and notional rate of return in order to recognise that the benefits of different interventions are likely to be realised over different time periods.



The most immediate benefits in terms of preventable premature mortality and health inequalities can be achieved by focusing on those already in, or close to the NHS system. Medium term benefits will be realised through a focus working age adults to reduce lifestyle risk factors and strengthen assets which support good health. The largest and most sustainable benefits will be realised over the longer term by improving outcomes and experience in the early years by ensuring every child has the best start in life.

3.3 A good start in life

3.3.1 Why this is important?

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being–
from obesity, heart disease and mental health, to educational achievement and economic status. Later interventions for children who do not get the best start in life are much less effective and often more costly.

3.3.2 What good would look like?

The Greater Manchester Early years Delivery Model is an evidenced based model underpinned by the principles of public service reform and the national 'Healthy Child Programme'. It aims to increase the effectiveness of universal early years services in supporting all families based on proportionate universalism to improve outcomes and reduce inequalities. The model comprises the following core components:

- A whole-family, eight-stage common assessment pathway (from pre-birth to the last term before the child's fifth birthday).
- Evidence-based assessment tools to identify families requiring additional support
- Evidence-based interventions – interventions with the strongest evidence base to improve school readiness have been identified.
- A series of 'best practice pathways' with service specifications/frameworks which detail common standards across GM including Speech, Language & Communication; Parent Infant Mental Health; Complex needs; Physical Development; Social, emotional & behavioural needs; Prevention (Including Smoking in pregnancy, oral health, Foetal Alcohol Spectrum Disorder)
- Better use of day care – and support to drive parent engagement in education, employment, training and volunteering.
- A new workforce approach enabling frontline professionals to work in a more integrated way.
- Better data systems to allow professionals access to the relevant data.

3.3.3 The Bury Position

School readiness is the proxy measure used to gauge outcomes for children at age 5. Levels of school readiness have been steadily increasing in Bury and are on a par with the national average and among the best of our statistical neighbours. Good progress has also been made improving levels of school readiness among those eligible for free school meals with a closing of the inequalities gap. The latest figures

show a decline in performance for those eligible for free school meals, but this is not statistically significant and remains similar to the England average. Despite improvements, around 30% of Bury children are still not achieving a good level of development by age 5 and so this remains a significant priority that requires addressing.

The work to ensure a good level of development in Bury is led through the 'Starting Well Partnership'. This partnership has overseen the development of a new neighborhood health visiting model with a view to further development of an integrated model for early years. The eight stage common assessment pathway has become embedded on the whole, although there remains work to do at sages 1 & 8. Bury is an early adopter for digitisation of the eight stage model which will be in place by April 2020. We are active partners in the development of the eight best practice pathways working with colleagues across Greater Manchester and have made significant progress in implementing the parent infant mental health pathway. Speech language and Communication tends to be the domain within the school readiness assessment framework which most impacts on children's level of development and so priority is currently being given to implementation of this pathway. In addition we have identified that children from families where English is a second language tend to do less well and interventions are being targeted to address this.

Overall the quality of early years day care provision is high in Bury with 96% achieving good or outstanding ratings. There has been a recent decline in the uptake of the 2 year old early learning funding offer both locally and nationally. This is thought to be linked to the introduction of the free childcare offer for 3-4 year olds which is more financially attractive to providers and has limited the number of places available to younger children.

3.3.4 What we need to do next

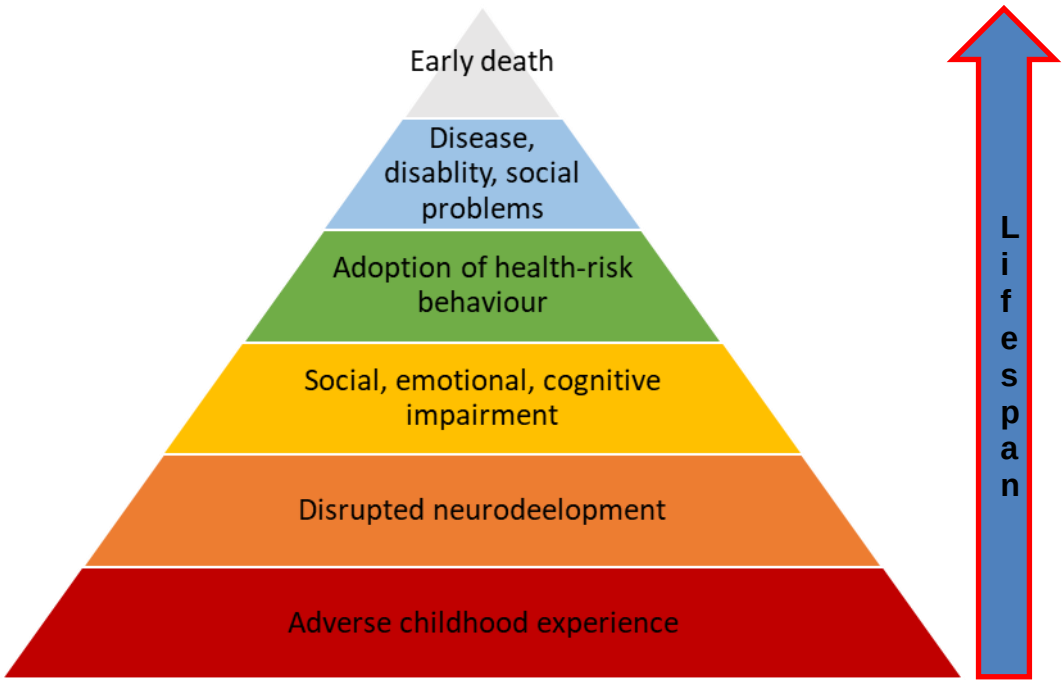
i) Commission and invest in delivery of the eight best practice pathways
ii) Further develop the integrated neighbourhood model for early years.
iii) Invest in the peer led parenting programme
iv) Review provision of 'English as a second language (ESOL)' provision in Bury and take up by parents of young children.

3.4 Adverse Childhood Experiences & Mental Wellbeing

3.4.1 Why this is important?

Adverse Childhood Experiences (ACES) are traumatic events which can have a negative and lasting effect on our health & wellbeing. Such events can include abuse, neglect and household challenges such as domestic violence, substance misuse, mental illness, parental separation or divorce and incarcerated parent. Research has demonstrated that those who experience 4 or more ACES are for example 3 times more likely to smoke as adults and develop lung disease, 14 times more likely to attempt suicide; 4.5 times more likely to develop depression. Those who have had 6 or more ACES are likely to die 20 years earlier than those who have none. The harm

done by ACES can have a long lasting and severe impact on mental health and wellbeing and is the prime cause of severe & multiple disadvantage. The impact therefore can also become intergenerational as those effected become parents.



Mental health is a big part of our identity and it affects many of the aspects of our day to day lives: our relationships, our work, our education. Mental health is more than the absence of mental illness. It is a state of wellbeing in which an individual realises their own assets, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community. Mental health is therefore of universal benefit to all, underpinning our health and functioning throughout life and as our circumstances change so does our mental health. We know that children with mental health problems have worse educational outcomes, adults with high levels of stress are less productive at work and people who are experiencing a mental health problem are more likely to feel or be lonely and isolated. Evidence now suggests almost two in three people will experience a mental health problem in the course of their lives and one in six people are managing fluctuating levels of distress each week. Poor mental health is strongly associated with low income/income insecurity, low levels of education, poor housing , lack of social support and ACES as described above.

3.4.2 What good would look like?

- ***Prevention of ACES***

Evidence tells us that ACES can be prevented by:

- Strengthening economic supports to families
- Promoting social norms that protect against violence and adversity
- Ensuring a strong start for children and paving the way for them to reach their full potential
- Developing the ability to handle stress, manage emotions and tackle every day issues
- Connecting children and young people to accessible accepting and caring adults and activities

- **Reducing the impact of ACES**

'Trauma Informed Communities' is an approach which has been shown to reduce the impact of ACES. A trauma-informed community is an area where knowledge of how adverse childhood experiences (ACEs) can affect the brain – and how best to respond to this impact – is commonplace. All key local services integrate this knowledge into the way they interact with people every day. Residents across communities work together to not only help mitigate and resolve the effects of trauma for the current generation, but to also prevent it, insofar as they can for future generations.

- **Mental Health Promotion**

Delivery of action across all the other strategic priorities within this report are part of the solution to improving mental wellbeing of the population. In addition more specific approaches include:

- Building the capacity and capability across our workforces to prevent mental health problems and promote good mental health within their everyday practice.
- Continuing to normalise and lessen the stigma associated with mental health problems.
- Developing the ability of individuals to deal with the social world through skills like participating, tolerating diversity and mutual responsibility.
- Developing the ability of Individuals to deal with thoughts and feelings, the management of lie and emotional resilience.
- Developing the ability of individuals to recognise and support others experience distress.

3.4.3 The Bury Position

In Bury, an estimated 9% of 5-16 year olds have Mental Health Disorders. This equates to an estimated 4,073 children and young people in Bury with mental health and wellbeing needs. There are an estimated 3.5% 5-16 year olds in Bury with an emotional disorder. Bury has the third lowest prevalence of Mental Health and Emotional health disorders in Greater Manchester, after Trafford and Stockport, (PHOF, 2019).

1.98% Primary school-age pupils in Bury are identified as having social, emotional and Mental Health needs, which is similar to the North West and England averages. However, among secondary school-age pupils, this rises to 2.88% pupils with social, emotional and Mental Health needs, placing Bury significantly higher than the North West and England averages. Crucially, the proportion of secondary school-age children with social, emotional and Mental Health needs has been rising steadily in Bury, from 2.06% in 2016. 22.7% of adults report having high anxiety scores and 8.1% report low happiness scores.

There is no ACES data available for Bury, however nationally it is estimated that 1 in 8 of the population have more than 4 ACES and 67% of the population have at least one.

Bury is part of a pilot to roll out mentally healthy schools across four of our schools, this is a programme which brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health

and wellbeing. With the aim being to increase staff awareness, knowledge and confidence to help support pupils to have good mental health and wellbeing. There is also an identified school leader whose role it is to be the lead on mental health promotion and awareness in schools. In addition, grants have been provided to 3rd sector organisations to provide holistic, mindfulness, parenting courses and peer support to support families and young people to achieve and maintain positive social, emotional and mental health.

We commission, coordinate and promote a range of activities to support people to achieve good mental health this includes delivery of living life to the full programme to the public which supports individuals in learning techniques of how they can best look after themselves. In addition there are a range of organisations which bring people together to provide peer support in a range of formats. One of which is the award winning 'Rammy Men' - an organisation in Ramsbottom which organise social events and activities for men to get them talking and support each other around mental health. Mental Health is also promoted through the workplace health programme, working with businesses within Bury to support them to be healthy employers and providing working conditions and policies which support workers within their organisations.

There is some best practice in place in relation to ACES within Bury, a notable example being Butterstiles School, however there is no current formal strategy or plan in place.

3.4.4 What we need to do next

Action on all the strategic priorities outlined in this report will have a positive impact on mental health & wellbeing and help prevent ACES. In addition, we need to:

i) Embed 'Trauma Informed Communities' alongside ethnographic approaches at the heart of our neighbourhood model

ii) Rebalance mental health investment towards mental health promotion rather than just treatment services.

3.5 Primary and secondary prevention of Long-Term Conditions (LTC's) (including Musculo-skeletal (MSK) conditions)

3.5.1 Why this is important

In common with England, the main causes of death in Bury are circulatory diseases, cancers, respiratory conditions and digestive disorders. When looking at preventable mortality, whilst overall trend in Bury is improving, it has been consistently and significantly worse than England as a whole. Bury also has significantly worse rates of preventable and premature mortality across all major cause of mortality compared to our statistical neighbours. A disproportionate number of preventable premature deaths occur in areas of higher deprivation, those with severe mental illness and those of South Asian origin. There is therefore the potential within Bury to make a significant impact on health outcomes and health inequalities within the relative short term.

3.5.2 What good would look like

In short, there would be proactive, systematic and routine systems and processes in place to identify all those with long term conditions and those at risk of developing long term conditions. All those identified would be optimally managed through self-care, behavioural change support and appropriate medical interventions. There would need to be a proportionate universal approach to achieve equality of outcome across Bury, recognising that there are greater barriers to engagement for those living in more deprived areas and a greater workload for primary care providers serving those populations.

3.5.3 The Bury Position

Although in comparison to other areas, Bury performs well on a number of indicators; the GP Quality and Outcome Framework (QOF) register data from September 2019 shows the following discrepancies between our known prevalence vs expected prevalence for the following LTCs, suggesting a large number of undiagnosed and therefore untreated patients;

Disease	**Missing thousands**
Coronary Heart Disease	2515
Chronic Kidney Disease	1872
Hypertension	18021
Type 2 Diabetes	1857
Chronic Pulmonary Disease	2793
Atrial Fibrillation	785

The main vehicles for delivery of primary and secondary prevention of long-term conditions are currently the NHS Health Check, the National Diabetes Prevention programme, the Quality in Primary Care Contract, and until recently the Keeping Bury Well (Programme 3) Find and Treat Transformation project all underpinned by the Live Well Service.

Bury has among the best uptake rates of the NHS Health Check in the country at 73.5% although there are still over 25% of the eligible population who have not had a health check. A scheme is currently in place to encourage those who have not attended for a health check in the previous 10 years. The National Diabetes Prevention programme is being delivered in Bury 10 out of 26 practices have been mobilised so far with a total of 676 patient choosing to engage in the programme so far. This total sees Bury achieve 152% against GM target as at the end of November.

The Quality in primary care contract is currently under review with an ambition to move to a more outcomes focused contract. The Keeping Bury Well Find and Treat programme was designed originally to deliver a radical upscaling of primary and secondary prevention in primary care but was initially scaled back and then ceased due to lack of funding. During the time of operation, a feasibility programme to test the role of pharmacy in ‘finding and treating’ patients was undertaken as a means of building delivery capacity in the system.

Consequently there has been only marginal progress in reducing the missing

thousands in the past year and there no systematic mechanisms in place to ensure optimal management. The role of the Live Well service is to support those requiring help with health related behavior change following identification through referral from practices. Recent local research suggests that this pathway is not yet systematically embedded across all practices and many opportunities are being missed.

3.5.4 What we need to do next

- Commission a whole system review of primary and secondary prevention in Bury based on the Health Inequalities National Support Team diagnostic toolkit.

3.6 Comprehensive behaviour change strategy which emphasises making healthy options the default options.

3.6.1 Why this is important?

Close to half of the burden of disease is associated with the four main unhealthy behaviours:

- smoking,
- excessive consumption of alcohol,
- poor diet and
- low levels of physical activity.

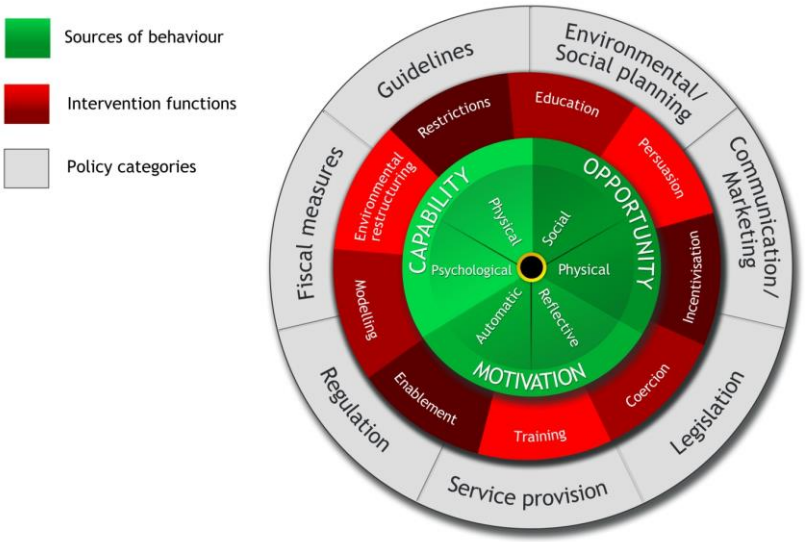
Many of these risk factors are interdependent with one impacting on another. The greater the number of risk factors the greater the chance of morbidity or premature mortality. It is estimated that experiencing 4 behavioural risk factors reduces life expectancy by 14 years compared to no risk factors.

Smoking remains the biggest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities, but quitting can allow people to cross the health divide with the poorest non-smokers having better life expectancy than the richest smokers.

It is estimated that around a quarter of the population have 3-4 of the main behavioural risk factors whilst around two thirds will have 2-3. Overall over 90% of the population are estimated to have at least one. The clustering of multiple-risk factors is associated with deprivation with greater clustering occurring in more deprived areas.

3.6.2 What good would look like

The COM-B model of behavior change offers a useful framework for development of a comprehensive approach to behavior change:



Evidence shows that such a strategy would need to include the following:

- *Stopping promotion and restricting availability of health damaging products (tobacco, alcohol, high fat, high sugar foods)*
- *Making health damaging products less affordable (e.g. car travel vs public transport)*
- *Ensuring effective enforcement of regulations on health damaging products*
- *Comprehensive implementation of a settings-based approach to health improvement (e.g. Healthy Nurseries, Schools & Colleges, Healthy Workplaces, Health Promoting Hospitals, Healthy Living Pharmacy, Dentist. Optomtomertists and General practice, Care Homes…)*
- *Supporting people to make health related behavior change*
- *Whole workforce adopting a 'Making Every Contact Counts' approach within their role.*
- *Comprehensive and sustained programme of social marketing targeting based on behavioral science and segmentation*

3.6.3 The Bury Position

In Bury, 16% of adults smoke. Smoking rates are highest among routine and manual workers and people with mental health problems. Around 2/3 of adults are overweight or obese and just under a quarter of the adult population are physically inactive.

There are currently up to date strategies in place for Tobacco Control, substance misuse (including alcohol) and physical activity. Plans are in place to develop a food and health strategy. There is a workplace health programme in place, a healthy living pharmacy programme and aspects of a healthy schools programme. The 'Live well' Service provides support for health related behavior change with good outcomes. Implementation of these strategies & programmes in Bury have previously been

hampered by a lack of capacity to undertake the necessary level of stakeholder engagement, competing priorities and reliance on short term non recurrent funding.

3.6.4 What we need to do next

- Commission a review of current approaches to health-related behavior change in Bury against the COM-B behavior change model.

3.7 Income & wealth equality

3.7.1 Why this is important

Having sufficient money to lead a healthy life is a highly significant cause of health inequalities. Evidence shows that insufficient income is associated with worse outcomes across virtually all domains including healthy life expectancy and life expectancy. Living on a low income is associated with a greater risk of limiting illness and poor mental health including maternal depression. Children who live in poverty are more likely to be born early and small, suffer chronic diseases and face greater risk of mortality in early and later life. As a society overall becomes wealthier, the level of basic income and resources that a deemed adequate also rise. There has been a widening of inequalities over the last ten years.

3.7.2 What good would look like

Paid employment and welfare benefits are the main sources of income.

- **Inclusive economy**

We currently have an economy which polarizes income. An inclusive economy is one which functions to produce social and economic justice in a manner that is environmentally sustainable rather than one which simply pursues growth as an end point. It is where there is widespread participation in wealth creation and where wealth is created and recirculated within local communities rather than being extracted. The Centre for Local Economic Strategies (CLES) offer a framework for building inclusive economies which includes: Advancing community power including supporting community & social enterprises; Commissioning and procuring for social value; Building local community wealth including harnessing the role of anchor institutions; developing finance to support local economies.

A Living Wage. Many of those living on the lowest incomes are in work. Adopting the Living Wage has been shown to improve psychological wellbeing with studies also suggesting the introduction of the Living wage to be associated with improvements in life expectancy, depression, alcohol consumption, life limiting conditions and mortality.

The statutory minimum wage is currently £7.70/hour and is paid to those under 25 years of age. The national living wage is the statutory minimum pay for over 25 years and is calculated as a percentage of median earnings. This is currently £8.21/hour. The real living wage is calculated by the Resolution Foundation based on the cost of living. This is currently £9.30/hour (outside London) and is voluntary for employers.

It should be noted that paying the Living Wage will not protect everyone against unhealthy levels of low income. The Living Wage is calculated on an individual basis whereas the Joseph Rowntree foundation calculate a minimum income standard which is considered to be enough to live on for different household types. It includes sufficient resources to participate in society and maintain human dignity, consuming those goods and service that are regarded as essential in Britain today. An individual earning the living wage does not therefore guarantee an adequate household income.

- **Income maximisation**

The Benefits system is intended to provide practical help and financial support for those who are unemployed, looking for work, on low earnings, have a disability, are bringing up children, are retired or care for someone who is ill. However, some people do not claim all they are entitled and some groups such as out of work single parents and adults without children may not benefit as much from the system as others. Those on low incomes are more susceptible to financial difficulties through cost of living rises, lack of access to affordable credit, gambling or financial mis-management.

Services to support people maximize their incomes and manage financial difficulties have proven effective in raising income levels and improving health outcomes, with particularly mental health problems in the short term

- **The Bury Position**

Around 15% of dependent children (under the age of 20) in Bury live in low income households. The proportion of households in poverty after housing costs rises to almost a third in the more deprived parts of the borough.

Bury has a proactive programme of engagement and support to assist indigenous Bury businesses and inward investors to be good employers. This includes access to finance for example to implement the real living wage; skills for the workplace, apprenticeship support and grant funding, the good employment charter, healthy workplaces, leadership and management etc. The support is designed to help employers grow their businesses and create wealth in their communities.

The Business Leadership group provides an effective forum for business engagement in in the wider place based agenda and in the development of the Bury 2030 strategy. There are over 40 programmes to help Bury residents into work

A refresh of Bury's Economic Development Strategy is underway and will be informed by a commissioned economic analysis of Bury's economy

There is an Anti-poverty strategy but it is difficult to assess impact. Bury Citizen Advice Bureau (CAB) has recently merged with Bolton CAB with a view to creating a strengthened support offer including for income maximization although this has not been commissioned against any form of needs assessment and it is likely that demand outstrips capacity.

3.7.3 What we need to do next

- Ensure the refresh of the Bury economic development strategy is focused on the creation of an inclusive economy for Bury
- Strengthen the relationship between economic development and Bury's neighbourhood model particularly with respect to building community and social enterprise and supporting people back to work.
- Commission a review of provision for income maximization including debt and financial management in the context of Bury's Neighbourhood model to include a needs assessment and equity audit.

3.8 Supportive relationships & social connections & community empowerment

3.8.1 Why this is important

Social capital describes the links between individuals; that bind and connect people within communities and between communities. It provides a source of resilience, a buffer against poor health and social support critical to daily living and realsing aspirations. Community participation and a sense of control also directly and indirectly contribute to health & wellbeing.

3.8.2 What good would look like

Strong communities are characterised by a feeling of belonging, a feeling that members matter to one another and to the group and a shared faith that members needs will be met through their commitment to be together. Community members feel they have influence over the community and the community has influence over members. Furthermore that the community can influence outwards. They is usually a shared history or experience including common causes or challenges. There is also a need for connections between communities and strong community cohesion where people from different backgrounds get on well with each other.

Strong communities also benefit from a strong community and social infrastructure including a thriving community, voluntary & faith sector

Asset based approaches to community development builds on the assets which are found in the community and mobilises individuals, associations and institutions to recognise and connect people to assets, to develop and build on assets

3.8.3 The Bury Position

Through the big Bury conversation, it was clear that many people have a strong sense of identity with their local area and feel good about where they live. However there were some areas where people expressed dissatisfaction with the loss of local provision.

The 2017 State of the VCSE Sector report commissioned by 10GM and GMCVO estimated that there were 1,135 organisations working in the VCSE (Voluntary,

Community & Social Enterprise) Sector in Bury who were involved in many areas of activity. The main areas of work being health & wellbeing, community development and sports and leisure. Unfortunately, at the time of the research, there was no infrastructure organisation in Bury so response were low but trends from across Greater Manchester suggested a high degree of fragility within the sector with 46% having less than three months running costs in reserves and around 23% had expenditure greater than their income. Overall the majority of VCSE organisations had regular contact with the Council and other VCSE organizations but only a small minority had significant contact with private businesses.

Since the 2017 survey, Bury VCFA has come into existence as an infrastructure body to support development of the sector and has been successful in drawing in some funding to support the sector. A new State of the VCSE sector survey has been commissioned which with the aid of Bury VCFA should provide a much robust and up to date picture of the sector within Bury.

Bury has a strong focus on community safety and cohesion through the Community Safety Partnership and Bury Faith Forum which builds relationship and cohesion between faith groups.

The People Powered Bury Steering group is working to realise new power relationships between people in communities and public sector bodies as part of our Public Service Reform programme. The steering group has developed an evidence based framework to guide the work based on the principles of asset based community development.

3.8.4 What we need to do next

- Maximise the community development and engagement opportunity of becoming the first GM Town of Culture emphasing engagement with those living in areas of higher deprivation or experiencing social exclusion
- Consider the forthcoming State of the VCSE sector report for Bury and implications for developing a thriving sector.
- Ensure sufficient capacity and capability to support effective community development working collectively across partners.
- Prioritise areas of higher deprivation for development and regeneration of community and social infrastructure ensuring any developments are community led.
- Build on the success of 'The Pitch' participatory budgeting events to embed participatory budgeting approaches into mainstream resource allocation decision making.

3.9 Decent Affordable Housing

3.9.1 Why this is important

A safe and settled home provides the cornerstone for a good quality of life and fulfills the basic human need for shelter. It is a basic pre-requisite for good health and wellbeing.

More specifically illness and loss of life years are strongly correlated with poor and overcrowded housing conditions and homelessness. Housing an expose people to a number of health risks. Structurally deficient housing increases the likelihood of accidents and injury, Poor accessibility can put disabled and elderly people at risk of injury, mental health problems and isolation. Housing that is insecure due to affordability or insecure tenure is stressful. Housing that is difficult or expensive to heat contributes to poor respiratory and cardiovascular outcomes, while high indoor temperatures can also increase ill health and mortality. Indoor air pollution including for example carbon monoxide, are linked to cardiac and respiratory problems and can be triggers for asthma and allergies. Crowded housing can increase exposure to infectious diseases. Those living in more deprived areas or on low income are hit disproportionately by poor housing conditions and cannot afford necessary repairs and changes.

3.9.2 What good would look like

People want and need different things from housing throughout their lives but in general they need a house which is in the right place to enable them to connect to employment, recreational activity and social support. A house which is the right size and shape for the household at a price which is affordable. A house which is energy efficient and safe.

Bury's current housing strategy sets out the need for:

- Encouraging house building – to help meet the demand for accommodation whilst
- protecting the features that make Bury a great place to live.
- Promoting a balance between different tenure types (owner occupied, private rented,
- social housing) to maximise residents' choice in where and how they live.
- Promoting affordable housing.
- Working to reduce the number of empty homes in the Borough.
- Working with others to invest in housing, build decent neighbourhoods and improve the
- quality and sustainability of the housing stock.
- Influencing the market to recognise and support the specific housing needs of older
- people, people with disabilities and other groups within our communities.
- Supporting the 'Green Agenda' to maximise the energy efficiency of housing.
- Supporting individuals to access housing by providing good quality information, advice and guidance.

- **The Bury Position**

The 2011 Census recorded 81,423 residential dwellings in the Borough of which 78,113 were occupied by one or more resident. Of the total housing stock, 8,188 of these were Council-owned, social rented housing and 4,225 belonged to housing associations. 69,907 dwellings or 85.8% of the total housing stock are houses or bungalows, with most occupied properties being either 2-bedroom (23,682) or 3-bedroom (34,249) in size. Given that there is an estimated 25,000 single person households in the Borough, under occupancy could soon become an issue as housing costs and the impact of welfare reform increases demand for smaller properties. With only 7,042 (9.0%) 1-

bedroom, occupied dwellings identified, of which 3,257 are Council-owned rented dwellings, major pressures on the market are anticipated unless a greater number of smaller units – at affordable cost – become available. At the other end of the spectrum, the demand for larger dwellings from the BME and Jewish communities is likely to put pressure on the 13,140 (16.8%) 4- bedroom plus dwellings; a problem further highlighted by the fact there are only 98 Council-owned dwellings of this size in the Borough.

Around 5750 properties a year would need to be insulated if all homes were to be energy efficient by 2030

In addition to under-occupation, under use is an issue. The Census records 3,310 vacant dwellings at the time of the survey and, whilst it is a snapshot, we need to get a better understanding of these properties and the circumstances behind why they are vacant.

As regards stock condition, the local authority and housing association accommodation is of a high quality, with all dwellings meeting the decent homes standard. Conditions in the private sector are more varied as the LAHS (Local Authority Housing Statistics) return 2012/13 indicates that there are 14,526 dwellings with Category 1 hazards as measured by the Housing, Health & Safety Rating System (HHSRS). Poor housing conditions are particularly concentrated in the private rented sector, where tenancies are often less secure and where some landlords fail to ensure maintenance and repairs.

3.9.3 What we need to do next

- Ensure the refreshed housing strategy and associated policies and plans are consistently formulated and targeted to address inequalities.
- All powers and levers at the disposal of agencies are utilised to ensure all landlords meet their obligations.
- Optimise and target funding for energy efficiency measures towards those at greatest risk of fuel poverty.

3.10 Ensuring all residents benefit from clean & green environments

3.10.1 Why this is important

Our health and the quality of the environment are inextricably linked. What is good for our health is also good for our environment and what is good for our environment is also good for our health.

Climate change is the biggest environmental threat to health and the planet. Rising temperatures exacerbated by feedback cycles and polar amplification are driven largely by the combustion of fossil fuels. A child born today will experience a world that is more than 4 degrees warmer than the pre-industrial average, with climate change impacting human health from infancy and adolescence to adult and old age. Climate change threatens food production and food security, the spread of communicable diseases, the burning of fossil fuel also creates air pollution which damages all vital organs including the heart and lungs. Poor air quality leads to the premature deaths of around 80 people

a year in Bury. It exacerbates long term health conditions such as asthma, cardiovascular conditions and COPD and there is emerging evidence that poor air quality can contribute to wider health issues such as diabetes, dementia and poor mental health. Climate change also brings with it the impact of extreme weather conditions such as heat waves, flooding and wild fires which can cause death, injury, disease exacerbation and mental health issues. Climate change impacts locally have so far included flooding of homes and businesses causing distress and financial hardship leading to mental health problems.

The presence of green spaces can enhance health and wellbeing of people by encouraging physical activity, improving air quality and promoting psychological wellbeing. Green spaces include gardens, parks, sports fields and public realm as well as countryside.

The negative impacts of climate change and poor quality environments are disproportionality felt by vulnerable people such as young children and the elderly and those on low income.

3.10.2 What good would look like?

Reducing carbon emissions is the main way in which we can address climate change. At a local level this would include:

- Ensuring all new builds and developments are net zero carbon by design
- A programme of retrofitting of energy efficiency and low carbon measures to existing buildings
- A fundamental modal transport shift from cars to low carbon public transport, walking and cycling
- Reduction of single use consumables and a norm of recycling.
- Sustainable food provision and a shift to plant based diets.
- Universal access to green space

3.10.3 *The Bury Position*

Bury Council has passed a motion to become carbon neutral by 2030. This is a huge challenge and success will be determined by global and national action as well as local. Within the Council, progress has been made on reducing carbon emissions mainly through energy efficiency measures in buildings and Bury are collaborating with the other Greater Manchester authorities in the development of a Clean Air Plan which is designed to contribute to improving air pollution but also climate change targets by incentivising a switch from using cars to public transport, walking and cycling and a switch to less polluting vehicles.

Bury is comparatively rich in terms of green space compared to other urban boroughs benefitting from 12 green flag parks and a being surrounded by countryside. The quality of the environment has been identified as one of Bury's key assets and one of the things local people value most about the borough. However the challenge is to ensure all our residents are able to benefit from access to good quality green space.

To date, Bury has lacked a comprehensive, partnership strategy for the environment which will need to be addressed in the development of the Bury 2030 strategy.

3.10.4 What we need to do next

- To review the Governance for Carbon Management/Climate Change within the Council and across the Bury Partnership.
- Develop a comprehensive Environmental quality strategy and delivery plan
- Identify areas & communities within Bury with a deficit of accessible green space and target resources to enhance access.
- Review relevant contracts and specifications to ensure they support Climate Change emergency

4 Associated Risks

4.1 Effecting population level outcomes requires achieving multiple, often small, changes systematically across whole cohorts and across whole systems. This type of change is best served by large scale change methodologies focused on changing structures, processes and patterns of behavior & mind-sets. It involves engagement of a wide range of stakeholders, distributed leadership, emergent planning and design, adapting as we go and maintenance of focus, resources and energy over the long haul.

4.2 The main risk to delivery of our ambitions is the requirement to manage the short term financial position and the continuing impact of austerity on communities. The current financial climate limits our organisational capacity to drive the required changes and there is a risk of a negative impact due to cuts in services. Even beyond the austerity period it is likely that longer term impacts will continue to materialise in communities. It is therefore essential to consolidate and hone the resources that are available across the organisation, wider public and private sector and within our communities around these strategic priorities to optimise potential impact.

5 Recommendations

5.1 The Strategic Commissioning Board is required to

- Place these strategic priorities at the heart of the Bury Strategy and OCO Commissioning Strategy; and
- consider the suggested ‘Next Steps’ and agree how to take these forward.

Lesley Jones
Director of Public Health
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December 2019

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Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	**Consider**
Item No	08a	**Confidential / Freedom of Information Status**	No
Title	Urgent Care Update		
Presented By	Nicky Parker, Programme Manager, Urgent Care		
Author	Nicky Parker, Programme Manager, Urgent Care		
Clinical Lead	Dr Jeff Schryer, CCG Chair		
Council Lead	Geoff Little, Chief Executive Bury Council / Accountable Officer CCG		

Executive Summary

The CCG Governing Body requested a review of the Urgent Care system.

This presentation sets out progress with the Urgent Care Review including scope, services being reviewed, emerging themes, high level principles and model emerging from the review and approach to public engagement.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Agree that any high-level risks that have been identified as part of the Urgent Care Review are considered as part of the CCG/Council's Risk Register;
- Note that a public engagement exercise starts in January with a more formal public consultation to follow in March; and
- Note that further work is required on developing the model proposed.

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:	Yes

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in	Yes	☒	No	☐	N/A	☐

relation to this report?						
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☒	No	☐	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?	A local health and social care system that provides high quality services which are financially sustainable and clinically safe.					
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	yes					
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?	Yes. Sharing of data across the Urgent Care system will be critical to the success of the Review. IG arrangements are being put in place for the UMT Review of the Urgent Treatment Centre and Steaming from ED.					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☒	N/A	☐
Additional details	A draft Risk Register is available to be considered at a Health and Care Recovery Board					

	in January. Any high risks will be considered as part of the CCG/Council/SCB Risk Register

Governance and Reporting		
Meeting	**Date**	**Outcome**

Strategic Commissioning Board
Bury Urgent Care Review
January 2020

For discussion:

- Emerging high level principles and high level model
- A public engagement exercise in late January and a formal public consultation in March with options
- Timescales

Transformation journey over the last 3 years:

- Establishment of a Local Care Organisation (LCO)
- Development of Integrated Neighbourhood Teams
- Establishment of four Primary Care Networks in Bury, all providing extra
- appointments via extended hours
- Urgent Care Transformation:
  - Redesign of Primary Care Extended Working Hours
  - Development of GP Quality Scheme which increased access to GPs
  - Community Wound Care Services
  - Commissioning of NHS111
  - Launch of NHS111 Online
  - Enhancement of Ambulatory Care on acute sites
  - Scaling down of Walk-In Centre Service due to capacity and attendances levels
  - Expansion of the North West Ambulance Service (NWAS) Green Car Scheme
  - Development of Local Integrated Clinical Hub
  - Urgent Treatment Centre at Fairfield General Hospital

Bury Urgent Care Review

We've made a good start to transform the urgent care system in Bury but we have not yet managed to integrate service delivery into a single, seamless, easy to navigate system able to cope with the rising demands on urgent care. The Urgent Care Review will:

- Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at Fairfield General Hospital (FGH) by March 2020
- Reduce Non-Elective Admissions at FGH
- Deliver £2.6m savings from current spend from Urgent Care Services "in scope" by April 2020
- Redesign to simplify access points to improve patient experience
- Work towards achievement of the GM Urgent and Emergency Care (UEC) Improvement and Transformation Plan

Bury Urgent Care Review

What are the consistent messages from the previous reviews of Urgent Care?

- The Urgent Care system in Bury has evolved piecemeal into the fragmented collection of services we have today.
- The system today is too complicated for Bury people, providers and stakeholders to navigate.
- This complicated system means that some Bury people either get bounced around the system or just default to attending the Emergency Department at FGH
- There are too many access points across Bury.
- People like to have a walk in option.
- There is a perception that GP appointments are not available, either same day or future non urgent appointments
- There are multiple times across the week when similar services are operational at the same time.
- There is an inequity of access to services, depending on where services are located.
- People defer to ED as they don't know what else is available.
- Not all services are able to access a full patient record.
- Open access services in Bury are often heavily used by patients from other places.

Bury Urgent Care Review, what's in scope

- ED at Fairfield General Hospital
- Urgent Care Treatment Centre
- Walk in Centres at Moorgate and Prestwich
- GP Out of Hours Service (BARDOC)
- GP Extended Access
- GP Extended Working Hours
- Green Car Service
- Same Day Emergency Care
- GM UEC Improvement and Transformation Delivery Plan including the roll out of GM CAS

Bury Urgent Care Review

Work completed across the system

- A review of all previous Urgent Care activity.
- The development of a governance and decision making model.
- Development of an Urgent Care Programme timeline.
- An interrogation of financial costs.
- Work to understand recent demand and capacity in Urgent Care
- Stakeholder engagement across the system.
- A consolidation of key messages arising from previous reviews.
- Best practice visits to hospitals in Bradford and Rochdale.
- Development of a public information campaign in December

Bury Urgent Care Review

Work completed

- Engagement with the GM Urgent Care, Primary Care and Health Innovation Manchester Teams.
- Development of a case for change using two real life examples
- The development of a programme of work and identification of workstream leads.
- An audit of availability of GP Practice appointments.
- Go live of the GM CAS (Clinical Assessment Service) with some encouraging early outcomes following the 90 day pilot.
- Development of a joint Risk Register with the Intermediate Tier Review.
- A briefing note for Primary Care on alternatives to admission.

Bury Urgent Care Review

Work underway

- Benchmarking activity and costs across Greater Manchester.
- Scoping out of the potential new model for Urgent Care at a high level, pending public engagement in January and formal consultation in March
- Scoping out the deliverables for the 4 key pieces of work – The UC model at Fairfield General Hospital,(FGH) the UC model in neighbourhoods, the enabling workstreams and an engagement and consultation workstream.
- A newly commissioned review by the Utilisation Management Team of the Urgent Treatment Centre and ED Streaming Pathways at FGH.
- The development of an Urgent Care performance dashboard
- Developing some winter pressure activity at FGH following the award of additional funding.

Proposed Public engagement

- Engagement late January 2020 via Healthwatch

- Test out high level emerging principles to inform more detailed modelling in Feb/March
  - Making it easier to book a same day appointment at your GP practic
  - Upgrading and enhancing some of our facilities so that they are open longer and have access to diagnostic tests you might need such as X rays and blood tests.
  - Making the service offer streamlined, simplified and standardised with consistent opening hours, a Bury wide triage system and a number of options to refer you to once you have been assessed either in the Community or at FGH
  - Making it easier to speak to a local clinician in Bury if you have rung 111
  - Making sure you get the right advice and are booked into somewhere to be seen to reduce the time you would have to wait if you had just walked in somewhere

- Formal public consultation in March with options

Emerging model

Calls

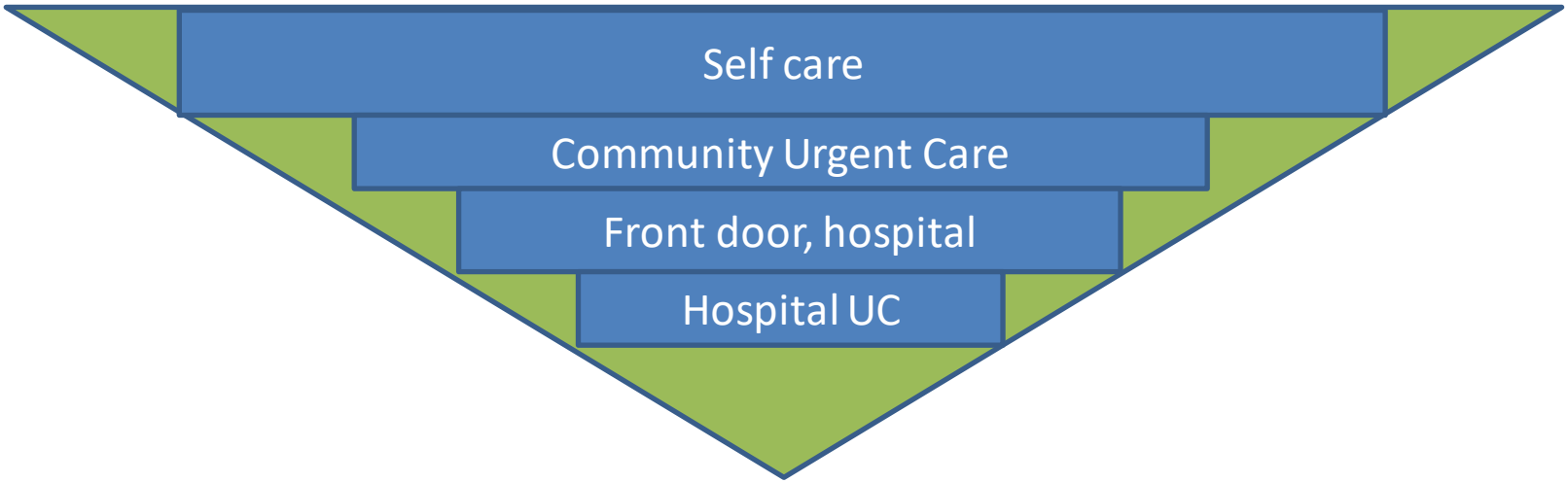
- 999
- 111
- GP OOH
- Explore 8 am GP practice triage – online and phone

Level 3 and 4 calls from the GM stack

Triage using Adastra across tel and f2f

Bury Triage (CAS)
Multidisciplinary Team 24/7
Same model for telephony and face to face WiC /UTC

Streaming



Key milestones

Task / action	RAG	Target Completion Date
Project Team Established		08-Oct-19
Programme Plan Developed (inc Governance)		25-Oct-19
NP to meet with all key stakeholders		31-Oct-19
Map "as is"		31-Oct-19
SCB to sign off Programme Plan		04-Nov-19
H&WB Board briefed on scope, plan and findings so far		07-Nov-19
Complete Best Practice visits		30-Nov-19
Work with stakeholders to define "to be"		30-Nov-19
Update to Clinical Cabinet on latest vision & high level model to go to SCB		04-Dec-19
Develop Report to SCB		20-Dec-19
Decision made re continuation of Programme Manager secondment		20-Dec-19
Public engagement plan completed		06-Jan-20
SCB update		06-Jan-20
Public engagement		Late Jan
Latest position to Health Scrutiny Committee		05-Feb-20
Update to Clinical Cabinet on emerging model post SCB and engagement to date		05-Feb-20
Update to Health & Well-Being Board		06-Feb-20
Public consultation plan to be approved by SCB		02-Mar-20
Public Consultation plan approved by Health Scrutiny Committee		03-Mar-20
Public Consultation with options		March

Next steps

- Public engagement exercise
- Complete pieces of work that are currently underway
- Mobilise the project teams
- Develop the emerging high level model post-engagement to a more detailed model with options for formal public consultation in March
- Financial modelling
- Workforce development
- Develop IMT Strategy for online appointments, online consultation, digital triage, development of the electronic patient record, development of Graphnet.

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Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Receive
Item No	08b	**Confidential / Freedom of Information Status**	No
Title	Intermediate Tier Review Update		
Presented By	Julie Gonda, Interim Executive Director for Communities & Wellbeing		
Author	Julie Gonda, Interim Executive Director for Communities & Wellbeing		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	Adrian Crook, Assistant director Adult Social Care		

Executive Summary

A savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019.

The report proposed a number of schemes and service reviews for prioritisation and development in 2020-21 which was based on the work undertaken to date and discussions at the Clinical Cabinet and Professional Congress. It can be noted that savings targets have been attributed to these reviews in line with service redesign and delivery of value for money principles.

In October Strategic Commissioning Board accepted a scoping paper outlining the actions required to undertake a review of Bury's Intermediate Care Services.

This paper detailed the

- Review objectives;
- Services in scope;
- Proposed project teams;
- Project sub structure;
- Required outputs;
- Key local reviews to be considered;
- Governance;
  - Key Inter-relationships
  - Risks
- Engagement.

The October paper gave approval to proceed to produce a business case for future consideration and this paper and accompanying presentation updates Strategic Commissioning on progress against this aim.

As part of this review the following elements have been completed and are illustrated in the presentation that accompanies this item.

- Objectives of Review set
- Bury's existing Intermediate Care strategy revisited
- Services in Scope identified
- Episode Data Collected and Analysed
- Cost Comparisons Collected and Analysed
- Areas for Improvement Identified
- Principles for Redesign Set
- New capacity and activity model calculated
- First Risk Review completed and ongoing
- Engagement started

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note this report and accompanying presentation

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:	No
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☒	No	☐	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	See attached brief					

How do proposals align with Locality Plan?	See attached brief					
How do proposals align with the Commissioning Strategy?	See attached brief					
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	See attached brief					
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☒	N/A	☐
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Bury System Intermediate Care Review and Rebalance

January 2020 update for Strategic Commissioning Board

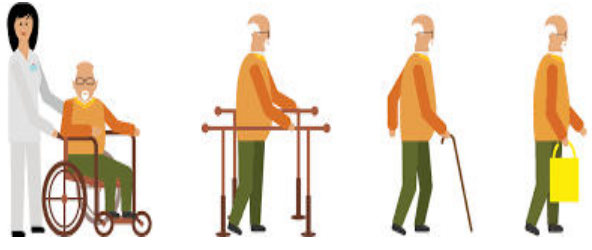
CONFIDENTIAL

BURY LOCAL CARE ORGANISATION

Improving lives in Bury

Improving

- Outcomes
- Activity
- Experience
- Effectiveness and Efficiency



BURY LOCAL CARE ORGANISATION
Improving lives in Bury

Intermediate care services provide support for a short time to help recover and increase independence

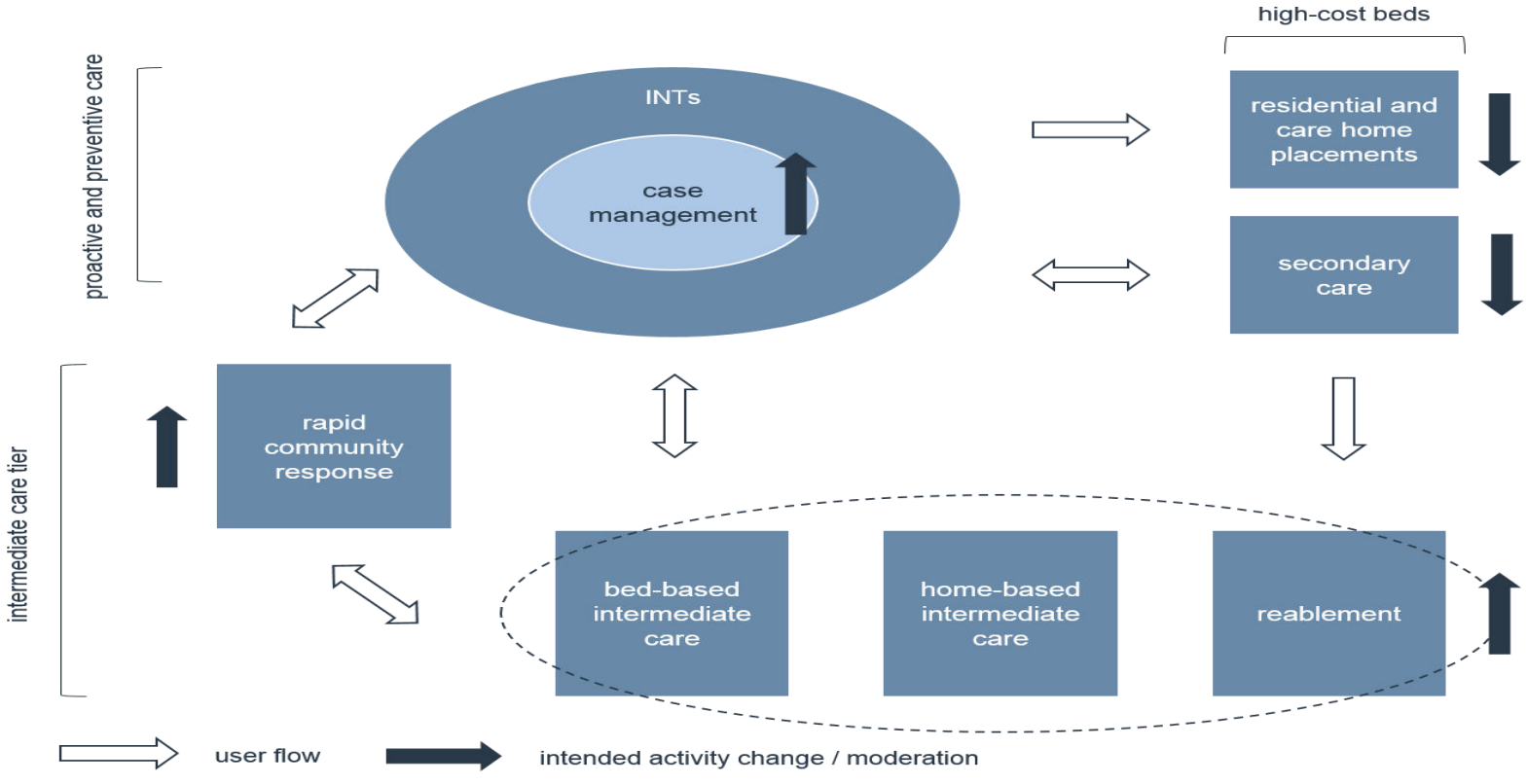
Teams work with individuals to achieve the support they want help with:

- **Remaining** at home when things become difficult,
- **Recovering** after a fall, an acute illness or an operation
- **Avoiding** going into hospital unnecessarily
- **Returning** home more quickly after a hospital stay

BURY LOCAL CARE ORGANISATION

Improving lives in Bury

Burys neighbourhood approach working with Intermediate Care



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BURY LOCAL CARE ORGANISATION

Improving lives in Bury

WHAT BURY'S CARE PROFESSIONALS AND MANAGERS HAVE SAID ABOUT LOCAL INTERMEDIATE CARE AND RAPID RESPONSE SERVICES

Our current capacity is too focused on step-down provision rather than preventing admissions through step-up care

Our intermediate care model is too focussed on care delivered in beds and must be shifted dramatically towards more home care

Eligibility criteria too often hamper flow through the system and the use of capacity to best effect

We need to increase the complexity of care and level of clinical risk that we can hold within the intermediate care tier

We can't meet the demand coming through the doors

Because the rapid response service cannot meet demand, many care professionals have stopped referring to it and instead default to 999 or A&E

There isn't enough discrete medical cover and therapy provision

Greater acute in reach to intermediate care could improve flow and share skills

We still work in silos without a common culture and the sharing of skills and information that would deliver better care we need to become a single service

BURY LOCAL CARE ORGANISATION
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Our System

Bealey Intermediate Care Unit	19 beds
Killelea Intermediate Care Unit	36 beds
Discharge to Assess Beds	19 beds
Reablement	60 places at home
Intermediate Care at Home	0 places
Rapid Response Service	45 people per month

BURY LOCAL CARE ORGANISATION
Improving lives in Bury

Episodes and Occupancy 2018/19

Data from April 2018	Killelea	Bealey	D2a Beds	Reablement		Total IMC
Average No of Admissions each month	38	14.5	13	60		126
Total No of admissions each year	456	174	158	725		**1513**
Occupancy		71%		78%		

Target - Maintain or improve

126 admissions per month
1513 episodes of care per year

BURY LOCAL CARE ORGANISATION
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Benchmarking

	Benchmark	Episode Cost
Bealey	£5,780.00	£7,461.50
Killelea	£5,408.00	£3,460.00
Reablement	£1,560.00	£2,787.00*
D2a	£750 (not benchmarked)	£1000

*Potential to reduce to £2,213 by efficiency alone.
21 day length of stay delivers unit cost of £1,660

https://www.nhsbenchmarking.nhs.uk/naic

https://www.nhsbenchmarking.nhs.uk/news/2018-community-hospitals-project-results-published

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Our Symptoms

- **Over** reliance on beds
- **Wasted** capacity – average 29% of beds not used
- **Inefficiency –** 22% improvement possible in Reablement
- Some building assets of **poor quality**
- Some services **expensive** when compared to others
- Provision of services **not aligned** to Best Practice
- **No** Intermediate Care at Home Service and Very **small** Rapid Response Service

BURY LOCAL CARE ORGANISATION
Improving lives in Bury

Our Principles for Redesign

We will

- **Align** our services to Best Practice and Evidence
- Deliver services **efficiently** and **remove all waste**
- Deliver **Value for Money**
- Protect **high quality** estate
- **Improve** experience
- **Increase** the activity delivered
- **Extend** the reach of our services

BURY LOCAL CARE ORGANISATION
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Intermediate Care Episodes Target

Data from April 2018	Killelea	Bealey	D2a Beds	Reablement		Total IMC
Average No of Admissions each month	38	14.5	13	60		126
Total No of admissions each year	456	174	158	725		**1513**

Target – Must Maintain or Improve

126 admissions per month
1513 episodes of care per year

BURY LOCAL CARE ORGANISATION
Improving lives in Bury

Future Delivery Model

	Bed Based	Reablement	Total
Admissions per month	54	82	136
No of Episodes	653	983	**1636**
Number of Beds/Places	49	70	119

	Intermediate Care at Home	Total
Admissions per month	100	236
No of Episodes	1200	**2836**
Number of Beds/Places	85	204

BURY LOCAL CARE ORGANISATION
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Future Projection

	National Benchmark		New model	Difference from Benchmark	% Difference
Rapid Response	882		2500	1618	183%
Bed Based	436		653	217	50%
Intermediate Care at Home	811		1200	389	48%
Reablement	829		983	154	19%

This demonstrates that our new model will deliver more activity than the UK average

Weighted Population 213,190

BURY LOCAL CARE ORGANISATION

Improving lives in Bury

Change Required

Changes required

Reduce beds from 74 to 49 whilst delivering 658 admissions per year and a average length of stay of 26 days

Increase capacity of reablement to 70 and delivering 983 admissions per year whilst delivering an average length of stay of 26 days

BURY LOCAL CARE ORGANISATION
Improving lives in Bury

Risks

- A reduction of 25 beds means that some beds will close and locations may move.
- A reduction of 25 beds may be perceived as a large reduction in service provision despite the new model delivering 123 more episodes of care per year.
- Just under 3 people per week will have to be supported in home based services rather than bed based services, however our new Intermediate Care at Home service will support an additional 1200 people per year
- To achieve an average length of stay of 26 days may be considered to be ambitious despite the service currently achieving 28 days and the national average being 26 days

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Next Steps

More Engagement - to inform the future delivery model that will be proposed

- Stakeholder Workshop
- Public Survey
- Workforce and Stakeholder Survey
- Briefings across the Borough with Older Adults who are users or may be users in the future

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Consider
Item No	08c	**Confidential / Freedom of Information Status**	No
Title	Learning Disability and Respite Update		
Presented By	Julie Gonda, Interim Executive Director for Communities and Wellbeing		
Author	Kez Hayat, Commissioning Programme Manager, Bury CCG Nasima Begum, Commissioning Manager, Bury CCG		
Clinical Lead	Dr Cathy Fines, Clinical Director Nigget Saleem, Clinical Lead – Learning Disabilities		
Council Lead	Julie Gonda, Interim Executive Director of Community and Wellbeing		

Executive Summary

This report provides the Strategic Commissioning Board with an update report from the project outline that was presented to the Board on 4th November 2019 and indicates progress made so far, as well as next steps in respect to the Service Review of Learning Disability and Respite/Short breaks provision. These are services which are commissioned by both Bury CCG and the Local Authority.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the update provided, including the next steps for progression.

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:	Yes

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations that	Yes	☐	No	☒	N/A	☐

will be affected been consulted?						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☒	No	☐	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
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	☒	No	☒	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☐
Additional details	*The equality impact assessment will be developed as part of the project – this will be an iterative document*					

Governance and Reporting		
Meeting	**Date**	**Outcome**

Review of LD Respite/Short Breaks

1. Introduction

1.1 This report provides the Strategic Commissioning Board with information regarding the progress of the Service Review of Learning Disability Respite/Short breaks provision. These are services which are commissioned by both Bury CCG and the Local Authority.

1.2 This is an update report from the project outline that was presented to the Board on 4th November 2019 and indicates progress made so far, as well as next steps.

1.3 The review initially focused on respite services based at Cambeck Close for people with learning disabilities and complex needs but has been widened to ensure that services provided in the borough are fit for purpose and will appropriately meet the needs of the population now and into the future.

1.4 The project therefore includes a review of both CCG and Local Authority information about cost of respite/short breaks for children and adults and the number of clients accessing Local Authority commissioned provision.

2 Background

2.1 Commissioning of LD respite/short breaks are undertaken separately by LA and CCG. As a result, there is a lack of shared detailed knowledge across the LA and CCG of the needs of the Learning Disability cohort.

2.2 This review focusses on respite services across health and social care for both children and adults with learning disabilities. Short breaks are designed for people with a learning disability and their families, to give them a change from their daily routine and to give parents and carers a break from the demands of their role.

2.3 As outlined in the previous report presented to the Strategic Commissioning Board, the review aims to:

- ensure that it meets the needs of service users in terms of capacity, performance and quality.
- identify areas for development and improvements to benefit service users and enhance their experiences and inform future commissioning.
- commission an equitable and sustainable service.
- improve outcomes for Service Users and their family where possible
- achieve financial savings.

3 Update on progress

3.1 Information available at this time indicates that people's needs may not being met appropriately by the current service offer. There are people whose needs are not appropriate for the bed based and day service facilities currently available under NHS commissioned services in Bury, which are based at Cambeck Close.

3.2 There are others who access respite at Cambeck Close, for example, in addition to traditional day service opportunities, where it could be considered that provision is being duplicated through access to a number of day-based as well as bed-based services. The needs of these

individuals may be able to be met better, in a different way.

3.3 Work is therefore underway to understand the actual needs of individuals accessing Bury services, for both adults and children.

3.4 The service review of Cambeck Close therefore includes reviews of its existing clients. These are being undertaken by Children and Adult Social Workers, GPs and continuing Health Care representatives, to understand the needs of its customers. From the 40 customers accessing services there, it is envisaged that all reviews will be completed during the first 2 weeks of January.

3.5 A mapping of services commissioned by the Local Authority for respite breaks is underway, for both adults and children; further details are awaited in respect of services for children and respite commissioned through the Continuing Health Care team within the CCG and it expected that this work will be fully completed early in 2020. Early indications include:

- Low level usage of Shared Lives for adults – this is where vulnerable people have the opportunity to share the daily life of a carer and to have an ordinary domestic life in the same kind of home as others in the local community;
- A small number of care organisations (6) provide respite care for a relatively small number of adults with a learning disability (37);
- Average cost of a respite placement commissioned by the Local Authority for an adult is between £11,000 and £17,000.

3.6 It is important to ensure that the total extent of respite provision is taken into account as part of this review, so that the working group and finance colleagues can clearly demonstrate implications of any changes, both in terms of service delivery and financial.

3.7 In addition, the team is also reviewing other models of respite across GM to ensure that opportunities regarding efficiency, good practice and innovation are taken into account. This work will inform any future proposals to be brought back to the Strategic Commissioning Board.

4 Associated Risks

4.1 Consideration of risks are managed through a risk log, maintained by the project group. Key risks identified to date include:

- It is likely that any changes in service provision commissioned by the CCG will impact on LA provided services (and vice versa) and therefore a full understanding of all services and their inter-dependencies is recommended before significant changes are implemented.

- It is possible that potential inequity of access may be highlighted through this service review or the potential of insufficient services to meet new demand.

- In addition, any savings to be realized through de-commissioning or re-designing of services may be delayed due to the notice period within the current contract arrangements.

5 Engagement

5.1 Engagement is being progressed with Communication team. Work will be required to ensure

that patients and carers understand, and are engaged with, the options for developing respite/short breaks services in Bury. There are a range of innovative and specialist services available within the market place. There is also option for people to purchase with personal health budgets.

5.2 A detailed engagement plan is currently being developed in respect of customers and other key stakeholders, with timelines still to be finalized. This will be completed by 3rd week in January 2020.

6 Next steps

6.1 The review is making steady progress but has fallen slightly behind the original schedule. To ensure that the overall time line remains achievable, next steps are identified as follows:

- Complete review of the remaining clients in Cambeck Close;
- Finalise the work regarding LA costs and number of clients receiving respite/shorts breaks;
- Define a menu of options for respite care, with financial implications for the Strategic Commissioning Board at a future meeting.

7 Recommendations

7.1 The Strategic Commissioning Board is asked to:

- Note the update provided, including the next steps for progression.

Nasima Begum
Commissioning Manager
Nasimabegum@nhs.net
December 2019

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Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Receive
Item No	9	**Confidential / Freedom of Information Status**	No
Title	Performance Report		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
Author	Susan Sawbridge, Performance Manager		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The CCG alongside other CCGs in Greater Manchester has challenges in achieving the national Constitutional Standards in a number of key areas. This report sets out the current position, and actions being taken.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives this performance update – note the areas of challenges and action being taken.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being	Yes	☐	No	☒	N/A	☐

requested?						
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☐
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	☒	No	☒	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☒	No	☐	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

Performance Review

1. Introduction

1.1. The purpose of this report is to provide an overview of performance in October 2019 for Urgent Care, Elective Care, Diagnostics and Cancer.

2. Background

2.1. This paper is a summary of the information that will be presented to the Quality & Performance Committee in January and relates to the position as at October 2019.

3. Performance Review

Urgent Care

A&E 4 hour waits

3.1 Pennine Acute Hospitals NHS Trust (PAHT) performance was 81.7% in October and 80% at Fairfield General Hospital (FGH) specifically.

3.2 For Type 1 attendances for adults (standard A&E unit), FGH is the best performing in GM in Q3 (77% seen in 4 hours against a target of 95% to 22nd Dec).

3.3 At PAHT, Type 1 attendances were 8.1% higher between April and November 2019 when compared to same period last year. Similar increase of 7.4% seen at FGH in same period. A demand and capacity review commissioned by GMHSCP confirmed the increase in attendances is predominantly 'walk in' rather than ambulance conveyance. If admitted, these patients tend to stay for just 24-48 hours. Despite the increase in attendances, the conversion rate between A&E attendance and admission has remained stable.

3.4 A subsequent Utilisation Management Unit (UM) audit found that most patients reviewed did not require care or treatment in A&E and could have been deflected at an earlier stage, eg triage. The Bury Urgent Care Partnership Group will review the recommendations with a view to agreeing an action plan.

3.5 Improvement schemes in place include extended participation in the GM Clinical Assessment Service, continued development of Urgent Treatment Centre (UTC) at FGH, expansion of Green Car scheme, multi-disciplinary team approach via Integrated Neighbourhood Teams for high intensity service users and recruitment of additional staff to Crisis response and Re-enablement teams.

3.6 There are also two major service reviews taking place in Bury during 2019-20; one for urgent care and one for intermediate care. The main focus of the urgent care review is to redesign the urgent care system in Bury to ensure that we appropriately maximise the use of services, including the Urgent Treatment Centre and Same Day Emergency Care (SDEC).

3.7 PAHT has remained second best performing GM trust for both “stranded” (admissions >7 days) and “super-stranded” (>21 days) patients across Q2 and Q3.

Delayed Transfers of Care (DToC)

3.8 Increase in DToC for Bury patients has been noted since about July though some improvement is evident in October. The biggest single reason for delays across all hospital sites remains ‘completion of assessment’ which accounts for 32% of delay days in October, though this is reduced when compared to September. The most significant in-month increase, however, relates to ‘housing’ at Pennine Care FT (PCFT) which increased from 81 days in September to 200 days in October.

3.9 The main issue in acute services in recent months has been at the North Manchester (NMGH) site linked to workforce gaps in the Social Work team alongside the withdrawal of management support provided by Manchester City Council to the Integrated Discharge Service. These issues have since been resolved.

3.10 Following several months where there were no Bury patient DToC at the FGH site, an increase is noted in September and October, with 19 individual Bury patients affected at FGH in October.

3.11 Below is a breakdown of delays for October at PAHT, broken down by reason:

	Total	NHS / SC	NHS Total	SC Total		A	B	C	Di	Dii	E	F	G	H	I	O
PAHT	**289**	NHS	199			109		20		13	5	3	23		26	
		Soc Care		90		53					28		9			
		Both	0													

Reason Codes: A: Completion of assessment; B: Public funding; C: Waiting further NHS non-acute care; Di: Awaiting residential home placement or availability; Dii: Awaiting nursing home placement or availability; E: Awaiting care package in own home; F: Awaiting community equipment and adaptations; G: Patient or family choice; H: Disputes; I: Housing; O: Other.

3.12 The locality’s winter plan has been mobilized. As part of this, elective activity has been stepped down across December and January with the exception of urgent or suspected cancer cases and those waiting >40 weeks.

3.13 To support the winter pressures, providers were invited submit proposals for additional monies. Through this, FGH has received monies to open 22 extra beds. PCFT has also received additional monies.

Planned Care

3.14 Waiting lists reduced in October with 606 fewer waiting than in September. This means there were 21.1%, or 2755, more patients waiting in October 2019 than in March 2018. Reductions were noted in October for general surgery, urology, Trauma & Orthopaedics (T&O), Ear, Nose & Throat (ENT), gastroenterology and dermatology. Ophthalmology and Dermatology remain the two specialties where highest increases have been seen across the year.

3.15 Schemes for ophthalmology include implementation of Enhanced Cataract Referral Service and plans for a Glaucoma Virtual Clinic.

3.16 Schemes for dermatology include use of dermatascopes for people referred for an urgent opinion within 2 weeks which will in turn start to free up some elective capacity. Tele-derm is also on schedule to be implemented in early 2020.

3.17 Other specialties where most significant increases have been seen include T&O, ENT, Cardiology and Gynaecology.

3.18 In terms of hospitals, 88% of the variance relates to increases at PAHT, Salford Royal FT (SRFT), Manchester FT (MFT) and Oaklands. Decreases were seen at PAHT, SRFT and Oaklands in October with a further increase at MFT.

3.19 PAHT has now implemented an Elective Access Transformation (EAT) programme to enhance digital technology to better manage patient pathways. This includes enhancement to the Patient Administration System and implementation of Pathway Plus which will support the internal validation of waiting lists throughout Q4. The trust has also received NHSE/I investment for this purpose. The trust has also received monies (£650k) to out-source some elective activity.

3.20 PAHT has provided a trajectory that shows the waiting list size reducing to 41,500 by March 2020 along with a proposal of how this can be achieved. This would result in a variance of 8.3% when compared back to the March 2018 position. Further detail has been requested from the trust around the plans and trajectory provided.

3.21 Advice & Guidance (A&G) has been implemented across a number of specialties: gastroenterology, gynaecology, paediatrics, cardiology, endocrinology, haematology, general surgery and trauma and orthopaedics.

3.22 The CCG is engaged with GM Elective Care Reform Board which will focus initially on dermatology, ophthalmology and gastroenterology pressures across the whole of GM.

3.23 The CCG is also engaged in joint work with Northern Care Alliance (NCA), NES CCGs and Mcr & Salford CCGs with consultancy from Four Eyes Insight to look into outpatient management. Six week diagnostic phase of this work is underway as part of a system wide outpatient transformation programme.

Diagnostic Waits

3.24 Against a target of fewer than 1% of patients waiting longer than six weeks for a diagnostic test, the CCG saw significant improvement in October with performance of 1.8%.

3.25 Bury patients have been impacted by poor performance at PAHT and SRFT in recent months though both improved in October (PAHT: 1.2%; SRFT: 4.1%).

3.26 Most PAHT breaches in October were for echocardiography (echo). The trust is currently implementing a technician-led service due to the difficulties in recruitment.

3.27 Most SRFT breaches have been Magnetic Resonance Imaging (MRI) and NOUS though a reduction in breaches is noted in October. MRI issues have been due to a

mixture of capacity and increased demand whilst NOUS is reported to be a pure demand increase.

3.28 Both hospitals have been significantly impacted by pensions tax issue and both have mitigating actions underway. PAHT has also increased the outsourcing of diagnostic reporting with new contracts having commenced in early December.

Cancer

Two Week Waits (2WW)

3.29 CCG performance of 82.2% against 93% target in October for patients referred by their GP with a suspicion of cancer. Almost 60% of October breaches were dermatology at SRFT with gynaecology at PAHT accounting for the next largest proportion.

3.30 At an aggregate level, SRFT performance was 66.7% in October, dropping to 44.4% for skin. Increased demand over last two years is reported as the main driver. SRFT has used waiting list initiatives (WLI) to create capacity though this is no longer sustainable due to (a) knock-on to elective performance, (b) lack of clinic space and (c) pensions tax issue.

3.31 Early data from the implementation of dermatascopes in Bury is positive with 2WW demand significantly reduced in the 19 practices where this is implemented.

3.32 PAHT achieved the standard in October with 93.2% noted against the 93% standard. With haematology performance having recovered in October, gynaecology remains the main under-performing specialty.

3.33 Gynaecology has been impacted by increasing demand coupled with sickness absence and vacant posts. Recruitment is underway to four vacant Consultant posts with two expected to commence during Q4. A new 2WW post-menopausal bleed clinic commenced in mid-November and will provided a ‘one-stop’ clinic approach thus reducing the number of follow-up attendances. A GP master class is also scheduled for February with a focus on gynaecology.

3.34 PAHT has provided a tumour-group level action plan which was discussed during a conference call in mid-December and further detail is awaited following this, particularly around a recovery trajectory.

Two Week Waits (2WW): Breast Symptomatic

3.35 Continued under-performance in October of 49% for CCG. PAHT performance has continued to improve (91.4% in October).

3.36 The main issue remains with Bolton FT where aggregated performance was 7.6% in October. NHS Bolton CCG has provided assurance that actions have been agreed with the trust. This includes demand management via referrals review along with the development of a breast pain pathway.

62 day waits following GP Referral

3.37 CCG performance remains below standard in October (75.4% against 85% standard). This is a similar level to the previous month.

3.38 Fourteen breaches noted in October, mainly at PAHT with smaller numbers at other trusts. Breaches spread across seven different tumour groups, with most relating to delay in the pathway, eg diagnostics delay or outpatient capacity resulting in late transfer from one provider to another.

3.39 As referenced above, a tumour-group level action plan has been provided by PAHT though the accompanying recovery trajectory is awaited.

3.40 A North East Sector and GM Health and Care Partnership Task and Finish Group has been established and will meet for the first time on 8th January. The aim is to identify and scrutinise improvement trajectories in planned care, cancer and diagnostics with PAHT.

3.41 The CCG is fully engaged in the GM Best Timed Pathways for lung, colorectal and prostate and the Rapid Diagnostic Centre (RDC) developments, all of which will ultimately have a positive impact on cancer performance.

3.42 The CCG remains fully committed to making efforts to improve performance against this crucial standard and is engaging the support of the GM Cancer team to better understand the likely impact of new schemes for the people of Bury.

4 Recommendations

4.1 For the Strategic Commissioning Board to accept this report, note the challenges and actions being taken.

5 Actions Required

5.1 The Strategic Commissioning Board is required to:

- Receive this report.

Susan Sawbridge
Performance Manager
susansawbridge@nhs.net
December 2019

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Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Information
Item No	11	**Confidential / Freedom of Information Status**	No
Title	Bury System Board Meeting – 12 November 2019		
Presented By	Dr Jeff Schryer, CCG Chair		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary
The paper includes the minutes of the Bury System Board Meeting held on 12 November 2019 for information.
Recommendations
It is recommended that the Strategic Commissioning Board: • Notes the Minutes of the Bury System Board Meeting held on 12 November 2019.

Links to Strategic Objectives/Corporate Plan	Choose an item.
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	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☐	No	☒	N/A	☐

Implications						
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
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	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	The Bury locality is represented at this meeting and the Greater Manchester work is aligned with local strategy / priorities					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	None – thee minutes are publicly available via https://democracy.greatermanchester-ca.gov.uk/ieListMeetings.aspx?CommitteeId=140					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details	*N/A*					

Governance and Reporting		
Meeting	**Date**	**Outcome**
Bury System Board	12/11/2019	Minutes being submitted for ratification

Title	**Minutes of the Bury System Board** **12 November 2019**
Author	Alex Cutler, Executive Assistant, Bury CCG
Version	2.0
Target Audience	Members of the Bury Health and Social Care Transformation Programme Board
Date Created	November 2019
Date of Issue	12 December 2019
To be Agreed	November 2019
Document Status (Draft/Final)	Final

Document History:

Date	Version	Author	Notes
15th November 2019	1.0	AC	Draft Minutes submitted to MO'D for checking
19th November 2019	1.1	AC	Amendments made
12th December 2019	2.0		Approved by System Board
Approved:			
Signature:			.....

Bury System Board

MINUTES OF MEETING
Tuesday 12th November 2019, 1.00pm to 3.00pm
Townside Primary Care Centre
Chair – Cllr D Jones

Members Present:

Dr Jeff Schryer, Chair Bury CCG (Chair) (JS)
Mr Geoff Little, Chief Officer, Bury CCG/Bury Council (GL)
Dr Cathy Fines, Clinical Director, NHS Bury CCG (CF)
Mrs Kath Wynne-Jones, Programme Director, Bury LCO (KWJ)
Ms Julie Gonda , Interim Executive Director - Communities & Wellbeing, Bury Council (JG)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
Ms Catherine Jackson, Executive Nurse, Bury CCG (CJ)
Dr Kiran Patel, Medical Director, GP Federation (KP)
Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer, NHS Bury CCG (MO'D)
Mr Chris O'Gorman, Chair, LCO (CO'G)
Ms Mui Wan, Associate Director of Finance, Bury LCO (MWa) for Mr Craig Carter
Mr Sajid Hashmi, Independent Chair, Bury LCO Representative, (SH)
Mr Simon O'Hare, Associate Chief Finance Officer, Bury CCG, (SO'H) for Mr Mike Woodhead

Others in attendance:

Ms Alex Cutler, Executive Assistant, Bury CCG (AC)
Ms Nicky O'Connor, Interim Director of Transformation, Bury Council (NO'C)
Ms Helen Smith, Head of Assurance, Bury LCO, for Item 5 only (HS)

Apologies

Apologies for absence were received from:

- Mr Keith Walker, Executive Director of Operations, Bury LCO Representative
- Ms Lesley Jones, Director of Public Health, Bury Council
- Dr Daniel Cooke, Clinical Director, Bury CCG
- Cllr A Simspon, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
- Ms Karen Dolton, Executive Director of Children and Young People, Bury Council (KD)

MEETING NARRATIVE & OUTCOMES

1.	WELCOME AND APOLOGIES
1.1	DJ welcomed those present to the Bury System Board and introductions took place. Apologies were noted as outlined above. The meeting was declared quorate in line with the ToR.

2.	DECLARATIONS OF INTEREST
2.1	Members were reminded of their obligation 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.
2.2	Members were asked to review the Declaration of Interests Register for the Bury System Board and inform AC of any changes.

ID	Type	The Programme Board:	Owner
D/11/01	Noted	No changes received for the latest version of the DoI Register.	Cllr Jones
A11/01	Action	Board to review the DoI Register and inform AC of any changes.	All members

3.	MINUTES OF LAST MEETING/ACTION LOG
3.1	The minutes of the previous meeting held on the 16th October 2019 were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.

ID	Type	The Programme Board:	Owner
D/11/02	Noted	Approved the minutes and noted the associated updates on the actions of the previous meeting.	Cllr Jones

4.	Development of LCO
4.1	MO'D advised the board the title should state Development of the LCO and not OCO as listed within the agenda.
4.2	An extract on LCO development from the latest draft of the GM Response to the NHS 10 Year Plan was shared. A related paper was designed to highlight particular statements in the GM Response to enable the Board to consider the degree to which these align with Bury's aspirations for LCO development. The Bury System Board need to start considering some practical questions around extending the scope of services within the LCO, the size of management structure required to fulfil its function from April 2020. These would then inform responses to requests from the LCO for staffing secondments to be extended and to clarify the role and the PMO.
4.3	DJ felt the 10-year plan and the local comparative was helpful. Discussions are still ongoing and an away day is taking place on 13th November which may result in some answers to these questions.
4.4	GL apologised as he will not be able to attend the away day and has shared his views with the facilitator that the refresh of the Mutually Binding Agreement (MBA) required

	for 20/21 needs to reflect the work the NCA need to do to give them mechanisms to assure safety and quality of community health services delivered through the LCO; as well as consideration about including community mental health and aspects of children's services in scope for next year.
4.5	It was suggested that the LCO also develop their relationships with other public sector partnerships, drive population health improvement at a level which would then be enshrined within the Agreement moving forward.
4.6	MOD acknowledged comments and is keen that a joint conversation takes place post the LCO workshop to collectively agree on what is added to services in scope, consideration of operational commissioning etc.
4.7	It was agreed that the LCO board undertake the workshop and the output from this be brought back to Bury System Board in December for further discussion.
4.8	JS added from a commissioning perspective, we need to agree how we bring the PSR agenda with the population health and with individual health and social care agenda that has been running. GL suggested that at the next Bury System Board, we have a presentation and discussion about the development of neighbourhood working in Bury from a whole public service and community perspective rather than just a health and care perspective.
4.9	MOD agreed discussions in terms of secondments, be continued offline as this has an impact on staff currently around this table and will be informed by the agreed function of the LCO post April 2020.
4.10	KWJ added that these are areas that will be discussed during the workshop relating to the broader neighbourhood agenda and how we expand the scope of the LCO such as the need to understand the operational aspect of the LCO, what does single line management mean, what does it meant to be part of the LCO. This will be brought back to Bury System Board.

ID	Type	The Programme Board:	Owner
D/11/03	Noted	Noted the report and comments made.	Cllr Jones
D/11/04	Agreed	Answers to questions within GM 10 Year Plan report be brought back to Bury System Board in December following LCO workshop.	Ms Wynne-Jones
D/11/05	Agreed	Presentation at next Bury System Board about the development of neighbourhood working in Bury from a whole public service and community perspective rather than just a health and care perspective.	Ms Wynne-Jones

5.	LCO Short- and Medium-Term Priorities
5.1	CO'G introduced the document and provided additional information to the board advising that the paper was described as quite conservative in its recommendations albeit now changed following previous discussions. The board were advised to consider that at the stage when it was written, it was quite limited in its scope and at that time, the LCO were in the midst of the realignment of its work to focus on three

	transformation priorities; integrated neighbourhood teams, intermediate care and rapid response and palliative care.
5.2	The realignment of these areas followed a period where the LCO had focused on a broad range of services associated with community health services transferred from Pennine Care to NCA and adult social care, looking at the existing the mutually binding agreement to create the assurance and oversight structure to deliver services effectively.
5.3	Following months of work, it was identified that the focus would be best placed looking at several specific areas for both the LCO and stakeholders. The paper therefore is to reaffirm the reasons for the areas currently focused on such as mental health and children's services.
5.4	It is agreed that the expectation that the LCO will embrace a wider range of services as mentioned above, along with the question around the host organisation. The NCA have expressed concerns around quality and safety of some community health services within the in-scope services of the LCO transferred from Pennine Care in July. The LCO have made a temporary adjustment to the single line management arrangements. The director of nursing for NCA, Bury and Rochdale Care Organisation through to clinical leadership arrangements within the community will take a more prominent role in leadership until quality issues are addressed.
5.5	It could be said that this is a compromise of the principle of single line management but one that has been made in order to sustain and develop quality and safety. This will need to be agreed collectively as to the degree we want to reaffirm single line management as a core issue for the future or whether the immediate developments are drawing us in a different direction to a different model for the LCO closer to the lead provider.
5.6	The workshop tomorrow is to try and formulate a more comprehensive and workable proposal for the next year and the year after addressing the issues raised today and the need for this to be completed, so that discussions around the infrastructure and staffing issues can be resolved for future arrangements this year, next and four to five years' time.
5.7	It was agreed that the outcomes of the LCO thinking be shared and discussed at the next Bury System Board.
5.8	JS acknowledged that there will always be continuous change as we move forward however, we need to understand the different parts of the system; • JS asked for clarification about the links between the LCO leading on 3 or 4 major transformation programmes and a LCO management team which is broader in its membership and remit.
5.9	CO'G confirmed there is a definite distinction, but also connection between two different things the LCO does. The management part of the management team is delivery of transformation associated with a defined set of services. There is also a wider group of stakeholders who are fully part of the LCO who do not currently have any services in play. These services are very closely connected however the relationship in the second group is slightly looser and more about the LCO role as a system integrator, as a group trying to develop a single voice on key issues. The LCO wants to try to focus on key areas and overcome organizational barriers to articulate

	a provider wide voice.
5.10	That distinction is reflected within the management team and to some degree reflected on the board however the board operates on one organisation, one vote, which is deliberate, to try to close the gap between services. Urgent Care is a good example.
5.11	CJ queried the comment regarding the quality and safety assurance functions. The CCG have processes in place for such assurances within the health service. The question is whether there is any duplication and are the LCO not mapping out and updating any concerns.
5.12	KW-J added in terms of management teams functioning, the LCO is looking to separate transformation from the broader businesses as well as trying to distinguish agendas. With regards to assurance, it was identified that the LCO attempted to go too far too soon. The LCO did not have the infrastructure beneath to support collecting data together in a holistic way. Moving forward, we need to focus on this piece of work on how we as a system develop a single BI assurance performance function to gather and report once only.
5.13	In addition, regarding quality and safety and not wishing to duplicate assurances, the NCA had expected this to be in place upon transition and are looking into rectifying this as part of their governance and a due diligence process around accepting services they have gained through the transaction.
5.14	JS sought assurance that the new arrangements for assurance of community service delivery was being addressed via the new Outcomes and Performance Group.
5.15	MO'D confirmed that seven meetings have been rolled into one, and the reporting is still going to its original place however there is still working to be done to pull the data together, in to one coherent report.
5.16	KW-J advised following the outcomes from the Strategic Oversight Group, several areas have been slimmed down. The monitoring and evaluation processes have aligned to this and tracking of the transformation schemes is continuing.
5.17	GL added with regards to the role of the LCO, there is a management function to collectively, as one team, manage those services which have been integrated into the LCO and then there is a separate transformation function to transform the system. There are several levels currently:
5.18	• The LCO must take responsibility for the transformation of those services which are going into the LCO, the three priorities agreed to be funded, the development of the LCO in terms of mental health and children's which is a task for the LCO management team as a team. • The wider transformation is a shared responsibility, certainly between the OCO and LCO working together and indeed through our arrangements with other public services and should not rest solely with the LCO. • The need to review the project management office, having an project management office that sits between the LCO and OCO in order to mainstream the transformation role. • When we think about the role of the LCO moving forward, it would be helpful to think back in terms of the population and not just services. It is felt that
5.19	

currently the LCO is not dealing with the most complex cases and dealing with cases lower level cases, or those at risk becoming more complicated. Moving forward, we need to grow the volume of people the LCO are supporting, to have an impact on shifting demand and resources from acute into the community.

- Finally, GL sought confirmation about the NCA taking direct control for the time being of quality of assurance for community services. The understanding following a meeting with Steve Taylor, was that this was a temporary arrangement whereby there would be an increase into direct control of the community services by NCA whilst the basic problems are sorted out and whilst they put in place the quality assurance processes for professional standards and safeguarding as we have for adult social care. At that point, we would return to full direct line management within the LCO with the benefit of those assurance processes and we did not see this as potentially leading to a position where we would stop the single line management process, longer term.

5.20

5.21 CO'G confirmed he had indicated the more direct control by the NCA to be temporary only.

5.22 CO'G aspired to the 7 Partners within the Alliance "developing a single voice" around system wide developments. Urgent Care proposals may well test this if they potentially have a negative impact on one or more of the Organisations within the Alliance.

5.23 The challenge for an LCO with seven partners with different degrees and types of relationships to Urgent Care and develop a single voice is in part to set aside organizational preferences and priorities in place of the best interest of Bury people and secondly, to develop a relationship of confidence and trust in each other, putting aside organizational interests is not then going to result in exploited behavior from another party.

5.24 KW-J added following 6 months of learning, organisations have been differentially impacted around the arrangements and how much learning and experience exposure of what a single line management arrangement means. We are in a position where some people feel we are revisiting what the initial ambition of the LCO however, from the learning gained and not everyone has been exposed to that level of learning due to the impact of their services. For these reasons, it is essential that we get all partners on the same page, accept the need to revisit and understand what single voice means.

5.25 DJ accepted the reasoning but was concerned that if we sit back and wait, this often leads to things not being dealt with, hence the need for the continuous communication between organisations so that we all understand and learn the bigger need for the borough.

GL acknowledged and agreed with CO'G wholeheartedly with the need for providers being closer together as part of the LCO and being able to put their organizational self- interests secondary to the interests of Bury people and Bury, the place. The caveat is for areas such as Urgent Care and intermediate tier reviews along with other major changes, these must include the OCO as this is a Bury wide change. Once we start putting transformation into silos i.e. the LCO or the Commissioners, we lose our collective ability to drive change forward.

	Type	The Programme Board:	Owner
D/11/06	Decision	Noted the report and comments made.	Cllr Jones
D/11/07	Agreed	Outcomes following the workshop of the LCO thinking be shared and discussed at the next Bury System Board	All

6	Alignment of LCO/OCO Roadmaps
6.1	CO'G introduced the paper which flows from today's previous discussions. The idea of the roadmap is to make real the journey of transformation and not something one part of the system owns and is responsible for, it is the responsibility of system wide.
6.2	The issue is that the roadmap is currently not very long, and it may be that this is all that is achievable and with the step by step process will begin to shape what the LCO will look like four to five years later. However, there are some practical issues identified which impact on the roadmap; procurement of community health services has always been an issue and not something anybody wishes to implement but nevertheless, remains an obligation. Infrastructure is also a short-term issue from 1st April 2020 resulting in the need to collectively know what the LCO is doing then and identify resources required so that we achieve a workable infrastructure.
6.3	Discussions about organizational form is one we continue to commit to not having short to medium term and some parties reminding us that this is needed in the longer term for the roadmap to be complete and therefore continued conversations across the system is needed to move forward.
6.4	GL added in terms of the OCO and the overall roadmap, it was agreed during conversations last summer that we would concentrate on the LCO, then the OCO followed by bringing health and social care reform and that we are on track with this plan.
6.5	The roadmap needed now, following the information gained from tomorrow's LCO workshop, is to then bring these together to identify key arrangements over the next 3 years. The work from the Bury Strategy and Refresh Locality Plan, what are the key requirements over the next three years in terms of transforming both health and care in the context of wider public services. These discussions would need to take place between now and early next year to get the plan in place.
6.6	Immediate issues such as procurement of community health is on the agenda and will be addressed at the Strategic Oversight Group, a smaller group which reports to this group and an update will return here next month. JS added that he can visualize the information so far and how this brings us together but also acknowledged how we work differently, where we can create that middle structure, collapse joint services within that, which will also build trust. These issues need to be mapped out during the workshop.

	Type	The Programme Board:	Owner

D/11/08	Decision	Noted the report and comments made.	Cllr Jones

7	Locality Plan Refresh
7.1	Ms O'Dwyer provided the Board with an update following the focused session during last month's Bury System Board meeting. She reminded the Board of the requirement to submit our refreshed plan by the end of this month.
7.2	Themes echoed were: • How do we develop our embryonic health and care integration and take this to the next level and align this with reformed public services. The need for further discussions with LCO during workshop as well as other meetings over the next few weeks. • The need to be brave and focusing on prevention, maintaining the balance between the reactive that we must do and the proactive that will deliver longer term. • How do we focus and target our resources and the wealth of data we have both here and with our partners. This then to be available at neighbourhood level and supplemented with intelligence available at grass roots level so we can target resources where they are most needed.
7.3	Full clarity on system wide agreements on the development of the LCO will still be being worked up by the time we have to submit, so a direction of travel will be indicated. The hope is to have a first draft of the Locality Plan made available to members of the board by the end of this week for comments.

ID	Type	The Programme Board:	Owner
D/11/09	Decision	Noted the report and comments made.	Cllr Jones
A/11/02	Action	The first draft of the Refresh of the Locality Plan to be shared with members of the board by the end of this week for comments.	MO'D

8	Implementation of Strategic Oversight Group – Transformation Fund decisions
8.1	KW-J presented a paper on behalf of LD highlighting closure dates and handover issues. She referred to two current issues around the Falls Prevention and Palliative Care Service and the work the NCA are undertaking with those staff and looking at alternative points for deployment. Other services were more under the OCO and managed by SROs within the OCO.
8.2	GL made a general point around some of the issues identified following decisions on funding have been around workforce and the need to make sure we are sending the right people to the Workforce Engagement Forum to have open discussions with trade unions before getting to more formal processes. He has a meeting coming up with Bury Hospice and requested a briefing on the answers to the inevitable questions he may face.

8.3	In terms of programme closures, MO'D queried: • Can we get assurance from a financial point of view, that the programmes that have money available to keep them going until the end their end date, was this factored in to the savings that were identified as part of the overarching discussion on Strategic Oversight Group. • Also, Healthy Care Homes, has been identified as ceasing at the end of January 2020, however there has been an approach to the CCG for bridging funding for February and March because the Primary Care Networks will have resources and go live 1 April 2020 for similar projects.
8.4	HS added as her role in Head of Assurance, each project would have received a letter advising them that funding would be available up until the end date or whether funding had been reduced along with a cease by date telling them that as of that date there would be no more money. There was no mandate within the letter of when the project should end resulting in variations of end dates when projects cease.
8.5	Some projects have monies remaining and not occurring additional costs as the money had already been profiled. No projects within the paper have reported slippage or savings in terms of how they are closing.
8.6	MWa confirmed the savings were attributable to intermediate care, integrated neighbourhood teams and rapid response and predicated on deflection figures. The actual funding itself assumed that there would be a period to wind down which was incorporated within the figures.
8.7	MO'D sought clarification to understand whether this was purely down to finance which stopped Healthy Care Homes or whether they were not delivering as anticipated. As commissioners, we need to take an informed view as to whether we keep some resource going and avoid losing staff to the Bury System if similar services are to be established from April 2020.
8.8	KP added, there is a contract with Practices requiring 3 months' notice resulting in the closure date of January 2020. As the SRO, he was given a budget to manage the closure of this programme. Figures would not be available until end of January 2020 however they are well within the allocated funding for this programme.
8.9	KP added that the request for an extension has not come from him however, he is aware that there have been open conversations around closing a programme which would be put back in place in April 2020 and whether this is a sensible thing to do.
8.10	JS also added that of the PCN Healthy Care Homes, the provider would also be different. It is not the practices, but the PCNs providing it under a nationally mandated contract.
8.11	JS suggested this would be an opportunity to do some naval gazing, in terms of did we get the process right, what were the lessons we learned, how can we ensure we

8.12	do things better in the future. It was agreed that KW-J bring back some of the learning to the next Strategic Oversight Group.

ID	Type	The Programme Board:	Owner
D/11/10	Decision	Noted the report and comments made.	Cllr Jones
A/11/03	Action	To bring back learning as to how we can do things better during programme closures at the next Strategic Oversight Group and Bury System Board meeting.	Ms Wynne-Jones

9	Clinical Cabinet/Professional Congress – Future Working arrangements
9.1	HH provided a brief update. The CCG since its inception, had a Clinical Cabinet at the heart of its decision making and moving through to the new Strategic Commissioning Board, a recognition of having leadership from people who worked on the ground.
9.2	The LCO has had a professional congress with a mixture of clinicians and social workers however, it seems illogical to set up two different bodies advising the LCO and OCO and that a system body would be more beneficial.
9.3	GL commented instinctively the more clinical and wider professional input into one place feels better however, if we have a collaborative approach in Bury, we need to get the colleagues right. The critical issue is how we manage the decision making at clinical and professional level and the flow of business through the Strategic Commissioning Board needing to be expertly managed to achieve the right flow of conversation.
9.4	HH agreed that the proposed group needs to be responsible to both the Strategic Commissioning Board but also the LCO Board.
9.5	The board agreed for discussions to take place within the Strategic Commissioning Board, separately with LCO board and once outcomes available, to be brought back to Bury System Board.

ID	Type	The Programme Board:	Owner
D/11/08	Decision	Noted the report and comments made.	Cllr Jones
A/11/04	Action	To update the board of the outcomes following discussions at the Strategic Commissioning Board and LCO Board on the proposed development of a Professional Reference Group	Mr Hughes

10	Service Reviews Update
10.1	MO'D shared review papers with the board to ensure the system board is sighted on the latest position in terms of what the reviews encompass and the detailed scrutiny of the plans falls to The Health and Care Recovery Board which HH chairs. The Governing Body asked for detailed implementation plans to enable us to be fully assured of all elements that are required in a worked-up plan.

10.2	Within Urgent Care and Intermediate Care there are crossovers and as models are being developed, there is a need to be in sight of both emerging models to see how they work.
10.3	JG acknowledged the interdependencies between Intermediate Care and Urgent Care review and recognised by SRO's and project leads. Conversations are taking place to ensure timings and consultation / engagement happen simultaneously. Learning Disability Respite Services is a review across both Council and CCG for and adults children and is focused on an individual customer needs approach.
10.4	KW-J added on behalf of LD regarding Integrated Neighbourhood Teams, as part of the LCO, the revised governance in place around delivery of transformation programmes not where it wants to be in terms of systems of measurement through the active case management process. The LCO is working with neighbourhoods to increase referrals. As part of the first stage review looking at processes with neighbourhoods, quality frameworks with outcomes is in progress. Discussions are taking place with team leaders who are helping to drive this forward. The management team huddle is now in place with the Neighbourhood team leaders to work together with this piece of work for the next few months.
10.5	KP added neighbourhood teams aware of the challenges ahead to work on the refresh model. A much clearer understanding of what the next cycle aims to achieve.
10.6	It was agreed that as each cycle takes 90 days, LD bring the operational model for Integrated Neighbourhood Teams in preparation for the 1st April 2020 back to Bury System Board in January 2020.
10.7	GL also referred to reporting back of the other 3 reviews are partly finance as well as performance driven. In terms of setting up budgets next year, the need for a high level update to the December meeting would be essential. If no update from the IM&T review, then at least some metrics on current impact would help with thinking about the budget process. MWa added those discussions are already underway to bring something back and in terms of Urgent Care Review and key interrelations, the key relationship is to include Intermediate Care Transform Review as it is not currently included and the need to avoid duplication of savings.
10.8	MO'D stated that it was the understanding that it was a key relationship in Intermediate Care and included. MWa noted that the report just states Intermediate Tier Review but there is also the Intermediate Care Transformation scheme predicated on deflections and savings within Urgent Care, and we need to ensure savings are not counted twice.

ID	Type	The Programme Board:	Owner
D/11/09	Decision	Noted the update within the report.	Cllr Jones
A/11/05	Action	To bring the operational model for Integrated Neightbourhood Teams in preparation for the 1st April 2020 back to Bury System Board in January 2020	L Darley
A/11/06	Action	To ensure that there is no duplication of savings across the IMC review and the IM	Ms Wan

		Transformation funded scheme.	

11	Finance Report
11.1	MWa summarised the month 6 report with a revised £7.6m gap. Agreed with GM a cash drawdown of £7m. Within the plan a contingency of £456K and currently, the transformation plan for next year of assumed recruitment of 70% up until September 2020. Currently we are ahead of the schedule and assume all staff will be in post before September.
11.2	The trajectories, the savings agreed at Strategic Oversight Group highlights what the transformation fund would be funding, potential savings from schemes and when schemes would pay for themselves. The report highlights planned savings and planned assumptions agreed at Strategic Oversight Group.
11.3	JS asked at what point savings will be seen to enable transition into core funding and whether a timetable has been constructed around this.
11.4	KW-J stated that the end point of evaluation would be September 2021 however the LCO would constantly be re-evaluating the impact against each plan from now. JS suggested that as a group we agree some form of timetable around evaluation and decision making.
11.5	A plan to be brought back to Bury System Board along with timescales for achieving the long-term plan within Bury prior to project closure and investments going forward so that decisions can be agreed within 6 months. HS added the monthly assurance report should support as part of information.

ID	Type	The Programme Board:	Owner
D/11/10	Decision	Noted the update.	Cllr Jones
A/11/07	Action	A plan to be brought back to Bury System Board along with timescales for achieving the long-term plan within Bury prior to project closure and investments going forward so that decisions can be agreed within 6 months	KW-J

12	Assurance
12.1	HS asked the Board to note the contents of the report, in particular those listed within section 5.
12.2	The Board advised that we need a system wide approach to assurance.
12.3	KW-J stated at previous meetings it was agreed to continue with current methodology. She suggested there is a question about the reviews and what is the totality of our transformation resource and how do we assure and utilize this across the economy. HS agreed and added that her understanding from Strategic Oversight Group was that there are three LCO programmes however there are parts of the locality plan remaining which also need to be monitored.

12.4	GL added that we need strong assurance as to whether all of our Health and Social Care Transformation as a whole is adding up to and achieving deflections from the acute sector but also from expensive residential care. We need to agree that we want a central Bury Wide central resource rather than spread out throughout different areas.
12.5	HS added the need for key system leads for each neighbourhood programme that are not governed or reporting to a central system function. GL confirmed that we are in the process of reinstating the System Estates Group and to be lead by Paul Lakin, IM&T would be lead by Kate Waterhouse and Workforce would need a wider conversation. GL and HS to have a further discussion outside of this meeting to decide key system leads for estates, comms and workforce.
12.6	Evaluation; HS briefed the board of the contents within the paper around Evaluation Update which requires sign off from the board if in agreement. KW-J agreed the areas are the priority areas and noted a couple of areas did not have an evaluation in place although others did and requested a discussion outside of this meeting to go through all areas.
12.7	MO'D asked what might be within the content in the interim report in March 2020 as this might be useful information moving forward. HS advised there would be an update of the baseline report and the work completed so far along with interim results. MO'D advised that data on the impact early on would be helpful to support future decision making. HS advised that she suspects this may not be available but will ask the question.
12.8	The board to share comments for the 3rd report to be shared outside of the meeting.

ID	Type	The Programme Board:	Owner
D/11/11	Decision	Noted the information.	Cllr Jones
A/11/08	Action	To share comments with HS relating to 3rd paper not discussed today.	All

13	OCO/LCO Outcomes and Performance Terms of Reference for sign off
13.1	MO'D shared the final draft of the OCO/LCO Outcomes and Performance Group Terms of Reference as it reports to the System Board.
13.2	KW-J commented on the 2nd bullet point within appendix 1 whereas following conversation held at board last week, all district services will remain within LCO, and child services would fall under the NCA for temporary control and assurance until 1st April 2020. MO'D agreed to amend this particular point in light of this very recent change.
13.3	JS questioned where the assurance of those services would sit. MO'D advised it sits in the Outcomes and Performance Group and any significant risks or issues must be brought to the System Board. KW-J added that effectively somebody from the NCA needs to sit on the Outcomes and Performance Group as well as somebody from the LCO who manage specific services that assures the community services out of scope from the LCO.
13.4	JS added the need for this to be reflected within ToR document. MO'D will seek a formal statement which will be added within the ToR, shared with the group for sign off.

ID	Type	The Programme Board:	Owner
D/11/	Decision	Noted the paper and agreed actions.	Cllr Jones
A/11/09	Action	To include comments/suggestions agreed today within the ToR paper and share with all members.	M O'Dwyer

14	Closing Matters
14.1	Nothing raised.

ID	Type	The Programme Board:	Owner
D/11/11	Decision	Noted the information.	Cllr Jones

Next Meeting	Date: 12 December 2019, 10.30am – 12.30pm at Townside
Enquiries	e-mail : alex.cutler@nhs.net Tel: 0161 253 7865

Transformation Programme Board Action Log – November 2019

Status Rating - In Progress - Completed - Not Yet Due - Overdue

Meeting Date	Action	Lead	Status	Due Date	Update
15th August 2019	A/08/05 - Discussions around the components needed in order to move forward. 10/09 requested that this be changed to Communications about involving patients and self-care as well as the LCO agenda.	Ms Darley		September 2019	Engagement with the public, comms meeting taken place but will update at next meeting. Change the subject for the action. 10/09 – agreed to change the action subject. Update to be shared at next Bury System Board meeting in October. 16/10 commenced a small group to take discussions forward and manage this piece of work relating to best practice moving forward. To remain on action log until work completed and Board updated.
16th October 2019	A/10/07 - Vacancies should be separated from the figures within the table of the Finance Report	Ms Wan			
16th October 2019	A/10/08 - To identify the most appropriate team to discuss the approach to procuring community services	Ms O'Dwyer			
12th November 2019	A/11/02 first draft of the Refresh of the Locality Plan to be shared with members of the board by the end of this week for comments.	Ms O'Dwyer			Issued to Board members and Final draft submitted 27th November 2019

Meeting Date	Action	Lead	Status	Due Date	Update
12th November 2019	A/11/03 - To bring back learning/naval gazing as to how we can do things better during programme closures at the next Strategic Oversight Group and Bury System Board meeting.	Ms Wynne-Jones			
12th November 2019	A/11/04 - To update the board of the outcomes following discussions at the Strategic Commissioning Board and LCO Board on the proposed development of a Professional Reference Group	Mr Hughes			
12th November 2019	A/11/05 - To bring the operational model for Integrated Neightbourhood Teams in preparation for the 1st April 2020 back to Bury System Board in January 2020	Ms Darley			
12th November 2019	A/11/06 - To ensure that there is no duplication of savings across the IMC review and the IM Transformation funded scheme.	Ms Wan			
12th November 2019	A/11/07 - A 6 month timetable so that we can achieve savings within Bury's long-term plan be brought back for discussion and agreement in order to receive national funding.	Ms Wynne-Jones			
12th November 2019	A/11/08- To share comments with HS relating to 3rd paper not discussed today.	All			

Meeting Date	Action	Lead	Status	Due Date	Update
12th November 2019	A/11/09 - To incorporate last minute changes within the ToR paper and share with all members by the end of this week.	Ms O'Dwyer