

AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of STRATEGIC COMMISSIONING BOARD

Councillors : J Black, F Boyd, S Briggs, Dr D Cooke, J Daly, D C Fines, H Hughes, D Jones, G Little, D McCann, E O'Brien, T Pickstone, A Quinn, Dr J Schryer (Chair), A Simpson, 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, 3 February 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)*

Dr J Schryer Co-Chair of the SCB to report. Report attached.

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

4 PUBLIC QUESTIONS

5 CHIEF EXECUTIVE AND ACCOUNTABLE OFFICER UPDATE

Geoff Little, Chief Executive and Accountable Officer will provide a verbal update.

6 MENTAL HEALTH UPDATE *(Pages 27 - 34)*

Julie Gonda, Interim Executive Director for Communities and Wellbeing to report at the meeting. Report attached.

7 COMMISSIONING REVIEWS A) URGENT CARE UPDATE B) INTERMEDIATE TIER REVIEW UPDATE *(Pages 35 - 82)*

Nicky Parker, Programme Manager – Urgent Care and Julie Gonda, Interim Executive Director Communities & Wellbeing will update at the meeting. Reports attached.

8 CARERS TENDER AND WORK UPDATE *(Pages 83 - 88)*

Julie Gonda, Interim Executive Director Communities & Wellbeing to report at the meeting. Report attached.

9 FINANCE REPORT

Mike Woodhead to provide a verbal update at the meeting.

10 PERFORMANCE REPORT *(Pages 89 - 96)*

Lisa Featherstone, Deputy Director of Business Delivery to present. Report attached.

11 RISK REPORT *(Pages 97 - 110)*

Margaret O'Dwyer, Director of Commissioning and Business Delivery, Bury CCG and Lynne Ridsdale, Deputy Chief Executive, Bury Council to update at the meeting. Report attached.

12 OD PROGRAMME UPDATE *(Pages 111 - 118)*

Nicky O'Connor, Interim Director of Transformation to report at the

meeting. Report attached.

13 BURY STRATEGY *(Pages 119 - 142)*

Lynne Ridsdale, Deputy Chief Executive, Bury Council to report at the meeting. Report attached.

14 REVISED NEIGHBOURHOOD MODEL *(Pages 143 - 146)*

Lynne Ridsdale, Deputy Chief Executive, Bury Council to report at the meeting. Report attached.

15 MINUTES OF MEETINGS *(Pages 147 - 156)*

16 AOB AND CLOSING MATTERS

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Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Receive
Item No	2	Confidential / Freedom of Information Status	No
Title	Declarations of Interest Register		
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
<p>Introduction and background</p> <ul style="list-style-type: none"> 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.
<p>Recommendations</p> <p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> 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 3 February 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
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

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 / Civil 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.
		Community 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.
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 from Bury GP Federation to 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 advance and during the meeting.
		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 advance and during the meeting.
		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 advance and during the meeting.
		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 withheld 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 withheld 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.	
Association 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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Meeting: Strategic Commissioning Board			
Meeting Date	03 February 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
<p>Introduction and background</p> <p>The attached minutes reflect the discussion from the Strategic Commissioning Board held on 6 January 2020.</p>
<p>Recommendations</p> <p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Approve the Minutes of the Meeting held on 6 January 2020 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
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome



Title	Minutes of the Strategic Commissioning Board on 6 January 2020		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Version	0.1		
Target Audience	Strategic Commissioning Board Members / Members of the Public		
Date Created	January 2020		
Date of Issue	January 2020		
To be Agreed	3 rd February 2020		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Strategic Commissioning Board on 6 January 2020		
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, 6 January 2020 17.00 -18.00
Chair – Cllr David Jones

Voting Members

Cllr David Jones, Leader of the Council, (Chair)
Cllr Andrea Simpson, Deputy Leader, Cabinet Member Health & Wellbeing
Cllr Jane Black, Cabinet Member Corporate Affairs & HR
Cllr Sharon Briggs, Cabinet Member – Communities
Dr Daniel Cooke, Clinical Director, Bury CCG
Dr Cathy Fines, Clinical Director, Bury CCG
Mr Howard Hughes, Clinical Director, NHS CCG Bury
Mrs Catherine Jackson, Executive Nurse
Mr Geoff Little, Chief Executive, Bury Council / Accountable Officer, Bury CCG
Mr David McCann, Lay Member Patient & Public Involvement, NHS CCG Bury
Cllr Eamonn O'Brien, Cabinet Member Finance & Housing (for part)
Cllr Alan Quinn, Cabinet Member Environment
Dr Jeff Schryer, CCG Chair
Cllr Tamoor Tariq, Cabinet Member Children & Families
Mr Chris Wild, Lay Member, NHS CCG Bury
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
Ms Lesley Jones, Director of Public Health, Bury Council
Ms Nicky O'Connor, Director of Transformation
Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery, Bury CCG
Mrs Emma Kennett, Head of Corporate Affairs and Governance, Bury CCG/Business Support

Public Members

Mr Joseph Timan, Bury Times

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: -		
	<ul style="list-style-type: none"> • Mr Peter Thompson, Secondary Care Clinician, NHS CCG Bury 		
1.2	The Chair advised that the quoracy had been satisfied.		
ID	Type	The Strategic Commissioning Board:	Owner
D/01/01	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 (Strategic Commissioning Board).		
2.4	Declarations made by members of the Strategic Commissioning Board 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. <ul style="list-style-type: none"> • Declarations of interest from today's meeting 		
2.5	There were no declarations raised. <ul style="list-style-type: none"> • 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/01/02	Decision	Noted the published register of interests.	

3 Minutes of the last Meetings and Action Log			
	<ul style="list-style-type: none"> • Minutes 		
3.1	The minutes of the Strategic Commissioning Board meeting held on 2 December 2019 were agreed as an accurate record. <ul style="list-style-type: none"> • Action Log 		
3.2	The Action Log was not discussed in detail however updates on the various actions had been included on the log.		
ID	Type	The Strategic Commissioning Board:	Owner
D/01/03	Decision	Approved the minutes of the meeting held on the 2 December 2019.	

4 Public Questions			
4.1	No questions raised.		
ID	Type	The Strategic Commissioning Board:	Owner
D/01/04	Decision	Noted that there were no questions raised.	

5.	Chief Executive and Accountable Officer Update
5.1	<p>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:-</p> <ul style="list-style-type: none"> • Pressures were being experienced in A&E across Greater Manchester and from a local perspective pressures were being encountered at North Manchester and Fairfield General Hospital. The CCG Chair had visited A&E at Fairfield over the Christmas period and despite the pressures, Fairfield was one of the best performing A&E sites in Greater Manchester. • A number of NHS (Commissioner and Provider) and Council staff members had worked over Christmas and New Year and these staff members were commended for their efforts. • There had been some recent leadership changes at the Greater Manchester Health and Social Care Partnership. Mr J Rouse had taken up a position at Stoke Council and Ms S Price would be taking up the Chief Officer role on an interim basis. It had been acknowledged that the NHS landscape had changed since Mr Rouse had come into post at the Partnership; however there were not likely to be any major changes to the Chief Officer Role description at this time. • In terms of the latest OCO developments, the staff consultation had ended on the 31st December 2019. The final proposals following the consultation would be submitted via the respective governance processes at the Council and CCG for approval namely the HR Panel/Council Cabinet and the Remuneration Committee/Governing Body. It was anticipated that the changes resulting from the consultation would be much wider than structural changes and would need to be underpinned by an Organisational Development Programme. Cabinet and Governing Body members would be invited to provide feedback on these proposals as part of the meeting scheduled to take place in January 2020. • In relation to the Bury Strategy, next steps would include consulting partners on the narrative. It was noted that this strategy would be key in ensuring that the Bury priorities are delivered. The senior leaders within Bury would be convening on the 21st January 2020 to develop collective thoughts on the key themes of Bury 2030, develop the programme of activity for each of these and work through the details of the formal consultation. • Bury had been successful in a competitive process in relation to promoting talent and culture in the borough. • The LCO would be going through significant developments over the course of the next year. This would include Active Case Management being expanded to cover elements of mental health. • A Development Session for the Strategic Commissioning Board had been arranged for the 5th February 2020, 4.30pm which would be facilitated by Mike Farrar.
5.2	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • An enquiry was made as to whether the Greater Manchester Health and Social Care Partnership would be covering a more regional footprint as there had been suggestions that the Chief Officer role would not be filled. The Chief Executive, Bury Council / Accountable Officer, Bury CCG commented that he was not aware of any changes in geographical footprint and the role would be filled on an interim basis as outlined above and plans are being made to recruit substantively. • It was noted that there was a mobile phone application being used within Bury as a targeted approach to tackling loneliness.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/05	Decision	Noted the update.	

6.	Strategic Commissioning Board Sub Committee Structure Timescales for Implementation
6.1	The Chief Executive, Bury Council / Accountable Officer, Bury CCG presented a report that built on the two previous reports that had been considered at the meetings of the Strategic Commissioning Board in October and November 2019 and also reflected 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.
6.2	<p>In summary, the paper set out: -</p> <ul style="list-style-type: none"> • 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 to be made by the Strategic Commissioning Board to the Governing Body in respect of a final decision for the future of the Patient Cabinet, which currently was a sub-committee of the Governing Body; and high level support for a system-wide Professional Reference Board.
6.3	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • An enquiry made as to how the Strategic Commissioning Board could be assured that the Communication and Engagement activity described at 3.23 of the report would be carried out and how this would be measured going forward. The Chief Executive, Bury Council / Accountable Officer, Bury CCG commented that performance measures could be built into the Communications and Engagement approach and would also form part of the shift towards the new neighbourhood models/commissioning approach. It was noted that some of this work would be on a macro level. • The need to maintain collective accountability in relation to patient engagement as part of any new arrangements to ensure that accountability is not reduced within this area going forward. • It was important not to confuse the separate Communications and Engagement strands, for example, bus advertising had been included in the same category as Community Engagement within the report. • There were some good examples of where engagement had been undertaken successfully within the Local Authority and there were some areas where the CCG could learn from this. • It would be useful to include some more specific information on what communities would be engaged/consulted on going forward. • The development of a Quality and Performance Assurance Sub Committee was welcomed however there may be potential to review the Audit Committee functions of the CCG and Council. The Joint Chief Finance Officer reported that there was a statutory requirement for the CCG and Council to have two separate Audit Committees and therefore these two functions could not be combined. It was noted that there may be scope to hold a Joint meeting of the CCG and Council Audit Committee meetings by way of information sharing/discussion however the statutory Committees of each organisation would need to remain.

6.4	The Chief Executive, Bury Council / Accountable Officer, Bury CCG commented that communications and engagement would need to be built into operational practices across the CCG and Council with an annual plan developed setting out the planned communication and engagement activities.		
ID	Type	The Strategic Commissioning Board:	Owner
D/01/06	Decision	Noted the high-level timeline proposed;	
D/01/07	Decision	Supported 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;	
D/01/08	Decision	Noted 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;	
D/01/09	Decision	Noted the update in respect to the Finance Committee;	
D/01/10	Decision	Noted the update in respect to the Quality and Performance Assurance Committee.	

7.	Public Health Strategic Priorities
7.1	The Director of Public Health submitted a report in relation to the Public Health Strategic Priorities.
7.2	It was reported that the Strategic Commissioning Board were committed to improving health outcomes to be among the best of our statistical neighbours, increasing healthy life expectancy and reducing health inequalities between Bury and the England average and between the richest and poorest cohorts within Bury.
7.3	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.
7.4	This report set out the rationale for each of these priorities and summarised what 'good' would look like, the current position in Bury and provided a series of recommendations designed to help move us further faster.
7.5	It was reported that the main risk to delivery of our ambitions was 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.
7.6	Further information was described within the report in respect of the Bury position and the next steps in terms of: -

<p>7.7</p> <p>7.8</p>	<ul style="list-style-type: none"> • A good start in life • Adverse Childhood Experiences and Mental Wellbeing • Primary and secondary prevention of Long-Term Conditions (LTC's) (including Musculo-skeletal (MSK) conditions) • 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 <p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • In relation to 3.3.3 of the report in terms of school readiness, there was a question raised as to whether there was scope to offer more early years places for 1-3 year olds and whether there was an opportunity to do something differently in Bury in terms of incentivising. The Executive Director of Children and Young People, Bury Council commented that some of this work had commenced within Bury and this suggestion could form part of this. • The plans around Decent Affordable Housing and green spaces were welcomed. • The priorities needed to link in with the Bury 2030 Strategy. • The need to identify what actions were being taken in relation to Workplace Health and bring some examples back to a future meeting. The Director of Public Health reported that there was a programme in place however this had been scaled back in recent times. Examples of good practice to improve health and wellbeing in other work places were provided. • In terms of 3.4.4 of the report, there was a need to ensure that the Mental Health actions were not duplicating any of the existing work covered as part of the Mental Health Strategy. • The format and layout of the report was commended. • A question was raised as to how the actions within the report would be prioritised as there appeared to be a significant amount of work that needed to be undertaken. • The work of the Health and Wellbeing Board in reviewing the Health of Bury was outlined. • The need to take immediate action in order to realise health benefits in the medium and long term. • The need to ensure that this work links in with the commissioning reviews underway and the medium term financial plan. <p>The Director of Public Health commented that a further update would be provided back to the Strategic Commissioning Board in the coming months on the areas of the report where a commissioning review was required.</p>
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ID	Type	The Strategic Commissioning Board:	Owner
D/01/11	Decision	Agreed to place these strategic priorities at the heart of the Bury Strategy and OCO Commissioning Strategy;	
D/01/12	Decision	Considered the suggested 'Next Steps' and agreed how to take these forward.	
A/01/01	Action	An update to be provided back to the Strategic Commissioning Board in the coming months on further prioritisation, the next steps and setting out the	Mrs Jones

	commissioning implications.	
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8.	Commissioning Reviews
	<ul style="list-style-type: none"> • Urgent Care Update
8.1	The CCG Chair submitted a report to provide an update on the review of the Urgent Care System that was currently being undertaken.
8.2	The report set 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.
8.3	There were no comments/observations made in relation to this agenda item.
	<ul style="list-style-type: none"> • Intermediate Tier Review Update
8.4	The Interim Executive Director – Communities and Wellbeing, Bury Council presented an update report in relation to the Intermediate Tier Review.
8.5	It was noted that a savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019.
8.6	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.
8.7	In October the Strategic Commissioning Board accepted a scoping paper outlining the actions required to undertake a review of Bury's Intermediate Care Services.
8.8	This paper outlined the progress made to date, It was reported that the October 2019 paper gave approval to proceed to produce a business case for future consideration and this paper and accompanying presentation updates the Strategic Commissioning on progress against this aim.
8.9	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • Whether capacity could be increased without spending any additional funds. It was noted that this was one of the aims of the review in terms of reducing the length of bed stay down from 26 to 21 days. • The importance of benchmarking as part of this review and how this information can be best used given the differences in figures being seen in Bury versus the benchmarking data. It was highlighted that this would be picked up as part of the review. • The challenges with estate/facilities which could impact on the level of service being provided in some areas. • There was a need to understand the stretch capacity and how this linked to service demand. It was noted that Slide 13 of the report detailed the future projections of the service which included some flexibility to cover any increases. • It was noted that the final model, a full business case and consultation proposals would be coming back to the Strategic Commissioning Board in due course

8.10	<ul style="list-style-type: none"> Learning Disability and Respite Update <p>The Interim Executive Director – Communities and Wellbeing, Bury Council submitted a report in relation to the Learning Disability and Respite Update.</p> <p>The report provided the Strategic Commissioning Board with an update report from the project outline that was presented to the Board on 4th November 2019 and indicated 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.</p> <p>In terms of timescales for the review, it was reported that the review would run in parallel with the other two commissioning reviews.</p>
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ID	Type	The Strategic Commissioning Board:	Owner
D/01/13	Decision	Agreed 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;	
D/01/14	Decision	Noted that a public engagement exercise starts in January 2020 with a more formal public consultation to follow in March 2020; and	
D/01/15	Decision	Noted that further work is required on developing the model proposed, the Business Cases and Consultation proposals for Urgent care and Intermediate Care	
D/01/16	Decision	Noted the Learning Disability and Respite Update.	

9	Performance Report
9.1	<p>The Director of Commissioning and Business Delivery, Bury CCG presented a Performance Report that provided a summary of the information that would be presented to the Quality and Performance Committee in January 2020 concerning the performance position as at October 2019.</p>
9.2	<p>It was reported that: -</p> <ul style="list-style-type: none"> In terms of A&E 4 hour waits, Pennine Acute Hospitals NHS Trust (PAHT) performance was 81.7% in October and 80% at Fairfield General Hospital (FGH) specifically. 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). In relation to planned care, 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. In terms of Cancer Performance, Two Week Waits (2WW), 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. At an aggregate level, SRFT performance was 66.7% in October, dropping to

9.3	<p>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. Early data from the implementation of dermatoscopes in Bury is positive with 2WW demand significantly reduced in the 19 practices where this was implemented. 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. The CCG was 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.</p> <ul style="list-style-type: none"> In terms of diagnostic waits, 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%. 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%). <p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> A question was raised in relation to 3.33 of the report relating to the issues experienced in gynaecology in terms of sickness/absence and the associated issues around resilience. A query was raised as to whether similar issues were being experienced in dermatology. The Director of Commissioning and Business Delivery commented that Dermatoscopes were being rolled out to General Practices within Bury which was having a positive impact on demand. 		
ID	Type	The Strategic Commissioning Board	Owner
D/01/18	Decision	Received the Performance update and noted the areas of challenge and action being taken.	

10	Finance Report		
10.1	The Joint Chief Finance Officer provided a verbal update on the current financial position of the CCG and Council which were both projected to achieve break even positions at the end of the financial year. The CCG risks associated with achieving the required savings in year were outlined.		
ID	Type	The Strategic Commissioning Board:	Owner
D/01/19	Decision	Noted the report	

11	Minutes of Meetings		
11.1	Members received copies of the minutes from the Bury System Board meeting held on the 12 th November 2019.		
ID	Type	The Strategic Commissioning Board:	Owner
D/01/20	Decision	Noted the information.	

12	Any Other Business and Closing Matters		
12.1	There were no items raised.		
ID	Type	The Strategic Commissioning Board:	Owner
D/01/21	Decision	Noted the information.	

Next Meeting	Monday, 3 February 2020, 4.30 p.m., Committee Room A and B, Bury Town Hall (Chair – Dr J Schryer)
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Strategic Commissioning Board Action Log – January 2020

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	An initial draft has been produced and this will be circulated on Email in due course.
A/10/05	A thematic analysis of the Bury Strategy work to date linked to the Strategic Commissioning Board priority areas would be submitted to the Strategic Commissioning Board meeting in December 2019.	Mrs Ridsdale		December 2019	This work is ongoing and regular updates on the Bury Strategy have been factored into the Forward Plan for the Strategic Commissioning Board going forward.
A/11/01	Strategic Commissioning Board Development Sessions to be arranged during the next quarter.	Ms O'Connor		January 2020	The first session is scheduled for the 5 th February 2020 at 4.30pm.
A/11/04	A focus on the 2030 Strategy to form part of a future Strategic Commissioning Board Development Session.	Mrs Ridsdale		TBC	Added as pending item on Forward Plan.
A/11/06	Mental Health Strategy to be submitted to the Strategic Commissioning Board in January 2020.	Mrs Gonda		January 2020	Now scheduled for the February Strategic Commissioning Board and added to the Forward Plan.
A/12/04	OD update to be provided to the Strategic Commissioning Board in February 2020.	Ms O'Connor		February 2020	Update included on today's agenda (3 rd February 2020)
A/12/05	An update on the staff consultation process to be sent to Strategic Commissioning Board members via	Mr Little		Between Meetings	Update to be provided at the meeting.

	email in between meetings as appropriate .				
A/12/06	Further detail in relation to the Bury Neighbourhood Model to be submitted to the Strategic Commissioning Board in February 2020.	Mrs Ridsdale		February 2020	Update included on today's agenda (3 rd 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	Noted for inclusion as part of future strategy developments.
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	Meeting held on 20 th January 2020. Paper to be submitted to the next Public Governing Body In March 2020 to seek approval for the CCG to sign up to 'The Pledge'.
A/01/01	An update to be provided back to the Strategic Commissioning Board in the coming months on further Public Health prioritisation, the next steps and setting out the commissioning implications.	Mrs Jones		TBC	Added to SCB Forward Plan

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Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Receive
Item No	6	Confidential / Freedom of Information Status	No
Title	Mental Health Update		
Presented By	Julie Gonda, Interim Executive Director for Communities and Wellbeing		
Author	Julie Gonda, Kez Hayat, Jannine Robinson		
Clinical Lead	Dr Dan Cooke,		
Council Lead	Cllr Andrea Simpson, Portfolio Holder Health & Wellbeing		

Executive Summary
<p>This report highlights progress against the delivery of the Bury Mental Health Framework developed in October 2019, following a stakeholder engagement event.</p> <p>A community engagement project was commissioned from the VCF sector, to inform the priorities of the framework, a summary of the findings are included in the report.</p> <p>It also provides an update on existing pieces of work and key areas for development in 2020.</p> <p>The report outlines the next steps in the delivery of the framework.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Note progress against the delivery of the Mental Health Framework

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:	No
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The Mental Health framework is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Mental health is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Mental health is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The implementation of the Mental Health framework will reduce health inequalities and improve the mental, physical and wellbeing of the Bury population.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
Add details of previous meetings/Committees this report has been discussed.		

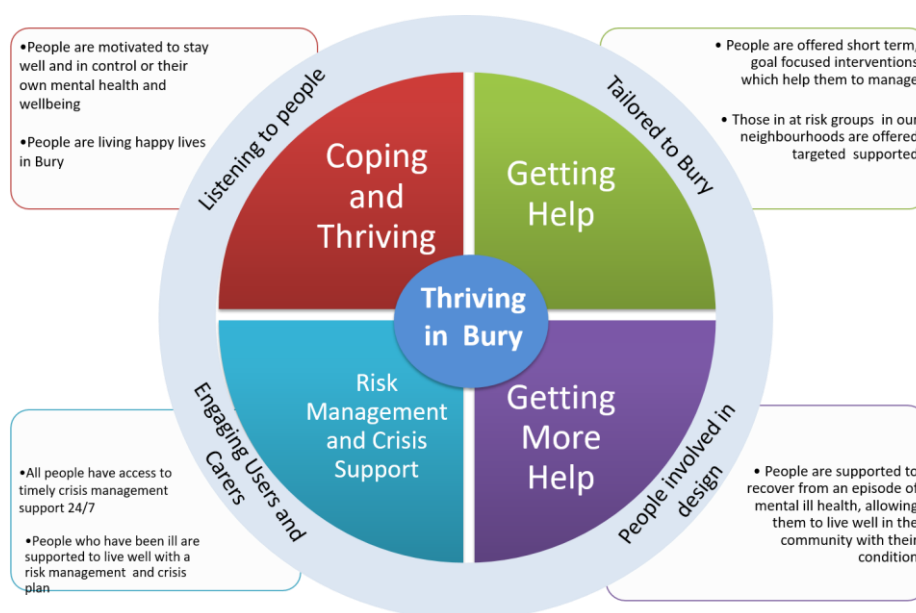
Mental Health Update

1. Introduction

1.1. This paper provides an update on the development of the Bury Mental Health framework, it summarises the outcomes from the engagement work that has been undertaken and highlights the next steps, with timelines until the end of March 2020.

2. Background

2.1 Developing integrated approaches to mental health is a key priority for Bury. Historically, mental health care has been disconnected from the wider health and care system, and as a result, people have not always receive coordinated support for their physical health, mental health and wider social needs. In October 2019, following a stakeholder engagement event, the new Thriving in Bury mental health framework was adopted for developing this integrated approach to mental health in Bury. The event included commissioners and providers from both adult and children’s & young people’s services.



2.2 The outputs from the event in October were summarised into priority actions for each of the 4 needs-led groupings displayed above. To ensure the priorities align to the needs of Bury people, the Bury Mental Health Delivery Group agreed that an extensive piece of community engagement work was needed. At this point, the Children & Young People’s iThrive offer for Bury, had already progressed and

gathered engagement intelligence, therefore the community engagement work focused on adults.

3. COMMUNITY ENGAGEMENT

- 3.1 In December 2019, Bury CCG and Bury Council commissioned, Bury Involvement Group (BIG) to lead a community engagement project to inform the priorities of the Thriving in Bury mental health framework. BIG worked in collaboration with the Asian Development Association of Bury (ADAB), the Creative Living Centre (CLC) and EarlyBreak (EB).
- 3.2 Each organisation undertook specific work to build a picture of the mental health pathway as it is experienced by people within our community. ADAB led the work regarding the experiences of the BAME community; BIG the experiences of present mental health service users and people affected by homelessness through IT'S TIME4CHANGE (a VCF sector club supporting people with homelessness and other related issues); CLC focused on the wider views of people within Bury; and EB the views of young people in the area.
- 3.3 The report was presented on 8 January 2020 to the Bury Mental Health Delivery Group. It is thorough and details the engagement work undertaken, in terms of focus groups and wider online survey, it breaks down the issues experienced, the areas of value, and the identified areas of improvement.
- 3.4 Each group had particular issues and areas of development which were specific to them; however, broadly the issues of accessibility to services was a consistent theme across all groups, with people noting the Healthy Minds service as a hotspot for issues faced when seeking mental health support. It should be acknowledged that some of the pressure on this service are as a result of the identified gaps in the Coping & Thriving and Getting Help offers currently available in Bury. The framework priorities will work to address this.
- 3.5 The high level themes raised by each group can be summarised as follows:
- 3.6 **Mental Health Service Users:** Need to increase the accessibility and availability of robust community based mental health services, ranging from options targeted at preventative level to crisis level; a reduction in the waiting times for services, particularly Healthy Minds; and improved support for people discharged from the inpatient unit.
- 3.7 **Wider Public:** Improve the availability of information both within communities and across mental health services, making people more aware of what support is available when needed; a need for flexible services, individual choice and more non-medical options.
- 3.8 **People affected by homelessness:** Expand and improve the Bed For A Night service offer to include an outreach mental health model focused on delivering whole person support to this group, within spaces they are accessing in the community; and develop a more flexible and accessible Healthy Minds pathway for this group to reduce barriers they experience when seeking talking therapies.

- 3.9 **Young People:** Increase the provision of services designed to meet the needs of young people experiencing mental and emotional distress, with a particular emphasis on increasing the provision of support aimed at providing social support towards isolated young people; develop more support aimed at young people on the autistic spectrum; develop a focused transition offer for young people moving from children's services to adults age services; decrease the barriers which young people face when seeking mental health support, particularly for those presently using substances.
- 3.10 **BAME:** Develop more cultural awareness around mental health within the community through events to decrease stigma associated with mental health in BAME community; increase the availability of culturally sensitive mental health services, with an increased focus on staff training; make the mental health pathway clearer to those within the BAME community experiencing mental and emotional distress, through greater signposting, accessible information which accounts for language and terminology barriers
- 3.11 The report indicates that the people experiencing mental and emotional distress within our community have a clear understanding of what is presently working and what needs improving. It is the intention of Bury mental health partners; Bury CCG, Bury Council, Pennine Care Foundation Trust and the Voluntary Community and Faith Alliance, to continue to build relationships within the community, and with people who use mental health services, to ensure their voice is integral within the conversation around how the Thriving in Bury model develops using a co-production approach.
- 3.12 Bury CCG and Bury Council are already in the process of progressing pieces of work, prioritised at part of the NHS 10 Year Plan and GM Mental Health Strategy, and the Bury Locality Plan that will address some of the gaps identified from the Engagement Report.
- 3.13 NEXT STEPS**
- 3.14 PROJECT GROUPS**
- 3.15 In the first quarter of 2020, four project groups will be established, with a Lead and Supporting Officer for each area of the framework. The group members will be key stakeholders linked to the actions already outlined in the framework. The groups will review the Community Engagement findings and agree from the list of actions which are priority to develop.
- 3.16 The group membership will include people with lived experience, co-production will be a golden thread throughout the review of services and development of new actions.
- 3.17 The role of the group Leads and Supporting Officer are outlined below.
- 3.18 Thrive delivery Leads will:
- Be responsible for defining the programme of work against the objectives outlined in the Thriving in Bury plan.
 - Ensure there is a clear plan for delivering the projects in the assigned 'Thriving in

- Bury' need group, including timescales, managing risks and issues.
- Accurate and timely reporting to the Mental Health Delivery Group.

3.19 Thrive Supporting Officers, will work closely with the delivery Leads to:

- Ensure the projects are in line with and informed by / inform the Thrive direction and strategic commissioning.
- Support the Leads to progress workstreams / projects with Project Plans.
- Ensure all appropriate stakeholders are mapped and are appropriately involved in each project (including people with lived experience and other system partners)

	ACTION	TIMESCALES
1	Establish the Project Groups, with clear Terms of Reference and membership.	End of January 2020
2	Each Group to review all intelligence, including the Engagement Report to agree short and long term priorities.	Mid February 2020
3	Each Group to develop a detailed 12 month Action Plan with timelines and finance plan.	End of February 2020
4	Sign off overarching Action & Finance Plan.	Mid March 2020

3.20 MENTAL HEALTH DELIVERY PLAN

3.21 The focus of the framework is a whole system approach to mental health, working with service users and wider partners, with a clear focus on early intervention and prevention.

3.22 An overarching Communications Strategy will be developed to inform the public, and health and social care partners of the new framework. As work develops in each of the Project Groups, progress will be communicated both internally and externally.

3.23 The outcomes of the mental health framework will align to the objectives of the Bury 2030 Plan.

3.24 The focus will be to enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life, by enabling happy people, a thriving place, creative ideas, advanced infrastructure and enterprising business.

3.25 The following is progress on existing and key areas of work that have already been identified following the initial scoping exercise.

3.26 Coping and Thriving

- Develop targeted on and off line information and resources for those seeking mental health and wellbeing support, with details of the local offer, targeted for carers / schools / care leavers / SEND families and workplaces.

- Develop a communications campaign with messages about resilience and promoting wellbeing, and reducing the stigma. Building on national and GM plans to deliver local messages across a range of platforms.
- Promote the principles of Connect 5 to Bury communities, to empower people to take proactive steps to build resilience as individuals and within their communities and to look after themselves.
- Targeted work for suicide prevention and bereavement support; the Bury Suicide Prevention Group has refreshed the Action Plan for 20/21 and in December 2019 a new peer support group for those bereaved by suicide started in Tottington and Prestwich.

3.27 Getting Help

- Working with LCO partners to develop an integrated neighbourhood mental health support offer, and an MDT offer for those with complex needs. Feedback from the engagement has highlighted that this a gap and needs to be prioritised for development at the next phase, moving away from a solely clinical offer and working closely with VFCA organisations.
- Review the current IAPT service model to improve performance, improve the experience of those on waiting lists, reach out to underrepresented cohorts and introduce a digital therapy offer. An IAPT working group has already been formed to take this piece of work forward.
- Development of an Early Attachment Service as part of specialist community perinatal mental health. This new service will go live in 2020.
- Develop, in-line with GM plans, a mental health support offer for problem gambling and rough sleepers. Linked in with work undertaken at GM, workshop scheduled for the end of January, local priorities and plans will be developed following this.

3.28 Getting More Help

- Redesign the Community Mental Health provision to meet the needs of Bury patients, initial scoping work has been undertaken for the Bury CMHT, a PCFT footprint wide workshop is scheduled for the end of January to discuss the remodelling of this service with commissioners.
- Review of inpatient flow, including the inpatient DTOC and Out of Area escalation procedure, this has been included in 2020/21 commissioning intentions.
- Review the Early Intervention in Psychosis service to achieve access and waiting times targets, the EIP service is working towards achieving level 2 NICE Concordance by 20/21 and level 3 by 21/22.
- Implement a dedicated Transition Service to enhance the core Children and Young Peoples Mental Health service to ensure safe and supported transition of 16 to 18 year olds to adult services. This service will go live from March 2020.
- Development of the Bury iThrive model, at part of the Children and Young Peoples programme of work.

3.29 Risk Management and Crisis

- Develop the Home Treatment Team core fidelity to the national model, additional investment has been made into this service with an improve offer which includes a Primary Care GP Connect, additional Therapists to expand the team, and a dedicated consultant. A detailed review of this service will be conducted in 2020.

- An Options paper to develop CORE 24 all age Mental Health Liaison service standards in partnership with HMR CCG, has been prepared and is going through the governance process. Further conversations are taking place with colleagues to make sure the project is aligned with the Bury Urgent Care Programme.
- Development of an out of hour's community crisis support service, with daytime aftercare support, this project will be a 12 month pilot and is currently at the procurement phase and expected to go live in May 2020.
- Conduct qualitative interviews with service users presenting in crisis leading to an admission to establish what could have made a difference. Discussions are taking place with main provider PCFT, to establish how this can be built into the discharge process.

4 Associated Risks

4.1 There are several risks identified at this stage to meet the outcomes of the delivery of the framework. The main risks are highlighted as:

- Staff capacity to meet the needs of the framework
- Maintaining wider stakeholder engagement
- Deliver change at pace
- Potential financial challenges

5 Recommendations

5.1 The Strategic Commissioning Board is asked to note progress against the mental health framework.

6 Actions Required

6.1 The Strategic Commissioning Board is required to:

- Note the progress made against the mental health framework;
- Receive further updates as required.

Julie Gonda

Interim Executive Director for Communities and Wellbeing

J.gonda@bury.gov.uk

January 2020

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Approve
Item No	7a	Confidential / Freedom of Information Status	No
Title	Urgent Care Review; public consultation.		
Presented By	Nicky Parker, Programme Manager, Urgent Care Review		
Author	Nicky Parker, Programme Manager, Urgent Care Review		
Clinical Lead	Dr J Schryer, CCG Chair, NHS CCG Bury		
Council Lead	Geoff Little, Chief Executive Bury Council & Accountable Officer NHS CCG Bury		

Executive Summary
<p>The CCG Governing Body requested a strategic review of the Urgent Care system in Bury. This report sets out the proposed Public Consultation exercise for the Urgent Care Review and includes the draft Urgent Care Business Case, the draft Consultation Plan and the draft Consultation document for approval.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Approve the commencement of the Urgent Care public consultation exercise to run for 4 weeks in February • Sign off the public facing consultation document and survey • Approve the Urgent Care Business Case

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.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?	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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the OCO /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	A draft Risk Register is available. Any high risks will be considered as part of the					

Implications	
	OCO/Council/SCB Risk Register

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>		UC Review discussed at the Jan meeting of this Board

Urgent Care Public Consultation exercise

1. Introduction

- 1.1. The Governing Body requested a strategic review of the Urgent Care system. The January meeting of the Strategic Commissioning Board received an update on progress. This report sets out the next steps regarding the proposed public consultation.
- 1.2. The following documents are available for approval by the Strategic Commissioning Board in February – Urgent Care Business Case and Urgent Care public facing consultation document and survey
- 1.3. The consultation period will last for 4 weeks in February. The Chair of Health Overview and Scrutiny Committee has been consulted on the consultation period and process.

2. Background

- 2.1. The Strategic Commissioning Board received a presentation at its January meeting setting out progress with the strategic Urgent Care Review. The objectives of the Urgent Care Review are:
 - Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund.
 - Mitigate growth and reduce the percentage of the budget spent on Urgent Care.
 - Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”.
 - Redesign to simplify access points to improve patient experience.
 - Work towards achievement of the GM UEC Improvement and Transformation Plan.
- 2.2 The following services are in scope for the Urgent Care Review in Bury:
 - Urgent Care Treatment Centre.
 - ED at Fairfield General Hospital.

- 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 Urgent and Emergency Care Improvement and Transformation Delivery Plan including the roll out of GM Clinical Assessment Service.

2.3 The Review of Urgent Care in Bury commenced in the middle of September. Since then there has been an analysis of previous reviews and the key messages from those reviews. We have analysed the financial costs and demand and capacity. Best practice visits to Bradford and Rochdale Hospitals have taken place and discussions with the GM Urgent Care and Primary Care Teams as well as Health Innovation Manchester to inform thinking. The combination of data analysis and stakeholder engagement has led to the development of a case for change, a programme of work, the identification of workstream leads and a programme timeline.

There has been an audit of the availability of GP practice appointments and a briefing note to practices on alternatives to hospital admission. The GM Clinical Assessment telephone service has gone live which redirects calls from 999 and 111 to a local primary care clinician where appropriate and the mobile phone based Greater Manchester Service Finder App was launched just before Christmas which will help people choose the right service to meet their needs.

The next phase of work has begun which includes benchmarking urgent care activity and costs across Greater Manchester. We have begun to scope out the potential new model for Urgent Care at a high level and have started planning for a public consultation.

2.4 The key principles of a future model for urgent care in Bury are around simplifying the system for people and improving access to it. The model we will consult on has three main elements:

- Simplifying and joining up access to urgent care in the neighbourhoods. This includes developing the Clinical Assessment Service (CAS), a telephone assessment service for people who have rung 999 or NHS111 and have been assessed as not requiring A&E. CAS will complete a local assessment over the phone and directly book appointments for people in a range of services including their GP practice, a pharmacy, the Urgent Treatment Centre, Prestwich Walk in Centre or the Out of Hours Service. Over time, we will expand the range of services we can refer you to including mental health services and social care. We will also develop a range of technology solutions including online appointment bookings, online consultations and telephone consultations.
- We would like to develop a new walk in facility at Fairfield General Hospital called an Urgent Treatment Centre (UTC). We are proposing to relocate the current Walk-in Centre located at Moorgate Primary Care Centre in Bury, and

integrate it into the existing Urgent Treatment Centre located at Fairfield General Hospital, along with mental health services, the GP out of hours service and the 'minors' part of the hospital. (Minors is when a patient has attended A&E but their situation is not an emergency or is less serious) This would create a new facility, providing an enhanced service that is open 24 hours a day, including at weekends. We would need to design and build this once we have seen the feedback from this consultation and get ourselves ready before next winter.

This means that when you arrive at Fairfield you will receive a primary care or mental health led assessment unless a suitably qualified professional thinks that you need to go straight to the A&E department or the same day emergency care service (Same day emergency care services help us to support a significant proportion of patients attending A&E on the same day, ensuring they have access to the necessary diagnostics such as X-ray and blood tests, but without the need to admit them to a hospital bed.)

- The third principle is around supporting people to make the best choice for their care. We know that people find it difficult to navigate the current system and often don't go to the most appropriate service to access their care. We have started to address this through a new public information campaign promoting the Directory of Services and GM Service Finder App. We will continue to keep people up to date as we start to roll out the new services.

2.5 Public engagement is the policy of both Bury Council and the Bury One Commissioning Organisation and we would now like to carry out a public consultation exercise before any decisions are taken about the way forward.

2.6 We also have a legal duty to involve patients and the public in our work in a meaningful way to improve health and care services. This legal duty is highlighted in the National Health Service Act 2006 and amended in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 (section 14Z2). The legal duty is relevant to designing and planning services, decision making and proposals for changes that will impact on individuals or groups and how health services are provided to them.

Legislation requires consultation with the Local Authority when planning to make changes to health services that are considered to be a substantial. The Chair of the Health, Overview and Scrutiny Committee has been engaged in this respect.

2.7 The aim of the consultation will be to capture views on the proposals and any other information to assist the Strategic Commissioning Board in coming to a final decision. This will be set in the context of the proposals detailed here and used to inform the final model.

3. Methodology

3.1 The methodology has been designed to ensure that we meet the public's right to be involved in development and consideration of proposals for change to services. A multi-modal approach will be delivered comprising of:

- A survey of patients, general public and interested parties including staff, available online and in hard copy in key locations including GP practices, Walk-in Centres, CCG and Council main reception areas. The survey will be promoted via the press, social media, on GP practice information screens and through relevant partner networks;
- Stakeholder presentations and discussion groups;
- Presentations and discussion groups with voluntary and community groups with interest / receiving requests for presentations to specific groups and meetings;
- A meeting in public to take place in the evening at an accessible location;
- Views can be sent by letter or e-mail;
- E-mail / letter requesting views from directly affected organisations including the Northern Care Alliance; GP practices, the GP Federation, Pennine Care, wider Primary Care, Bury Local Care Organisation, Bardoc.
- These will also actively engage those from protected characteristic or other seldom heard groups that are identified through the equality impact assessment, to ensure they are able to participate; we will ensure printed copies are available as well as online versions of the survey and will provide a telephone help line.
- Queries and questions from the public and stakeholders will be actively sought and logged as part of the consultation. This could include Freedom of Information requests, petitions and other written correspondence.
- A telephone helpline available 9am to 5pm Monday to Friday.

This suite of documentation will also be presented to the Health and Wellbeing Board on 20th February and the Clinical Cabinet meeting on 5th February.

4. Documents for approval

4.1 Business Case

The business case is attached for approval. It sets out the key pieces of work required and a financial plan for a period of three years and shows the delivery of urgent care within a reduced financial envelope to contribute to the achievement of the Bury OCO medium term financial plan.

4.2 Public facing consultation document and survey

The public facing consultation document and survey is attached for approval. It is intended that the document will inform people who are responding to the consultation about the proposed key changes to the Urgent Care system in Bury. The survey will ask about the proposed improvements to urgent care and set out five options for consideration.

5. Responding to the public consultation

The consultation period will run for 4 weeks in February. Following the consultation period, there will be a short period of time to analyse the findings of the public consultation and a final report will be prepared for the Strategic Commissioning Board. HealthWatch may be able to support the analysis of findings.

The final report will include feedback from the consultation and a proposed model which takes the feedback from the public consultation into account. We will also publish the outcome of the consultation on the OCO website and share with HealthWatch. It will be in the style of a 'you said, we did' report, capturing the main outcomes of the consultation and the proposed actions.

Subject to approval by the Strategic Commissioning Board, implementation of the Urgent Care Review will begin in April by the Local Care Organisation. It is intended that more detailed planning activity will take place across the Summer in order to be ready to meet the demands of winter pressures in 2020.

6 Associated Risks

- 6.1 The key risk for consideration is to ensure that the demands of the local government Purdah period at the end of March do not unduly affect the Urgent Care Review public consultation period. We must ensure that sufficient time is given to complete a public consultation that meets the needs of the legal duty highlighted in the National Health Service Act 2006 and amended in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 (section 14Z2)

7. Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the commencement of the Urgent Care public consultation exercise to run for 4 weeks in February
- Sign off the public facing consultation document and survey
- Approve the Urgent Care Business Case
- Note that the results of the consultation together with any changes to the business case and the preferred model will be brought back to the Strategic Commissioning Board for a final decision.

8. Actions Required

The Strategic Commissioning Board is required to approve the recommendations in this report and sign off the business plan and public facing document and survey

Nicky Parker
Programme Manager, Urgent Care Review
Nicky.parker1@nhs.net
February 2020

Business Case

Bury Clinical Commissioning Group

Project Information

Title of Review	Urgent Care Review		
Responsible Director	Margaret O'Dwyer	Author	Simon O'Hare
Responsible Lead	Nicky Parker	Date	03/02/20
Responsible Manager	Nicky Parker	Status	

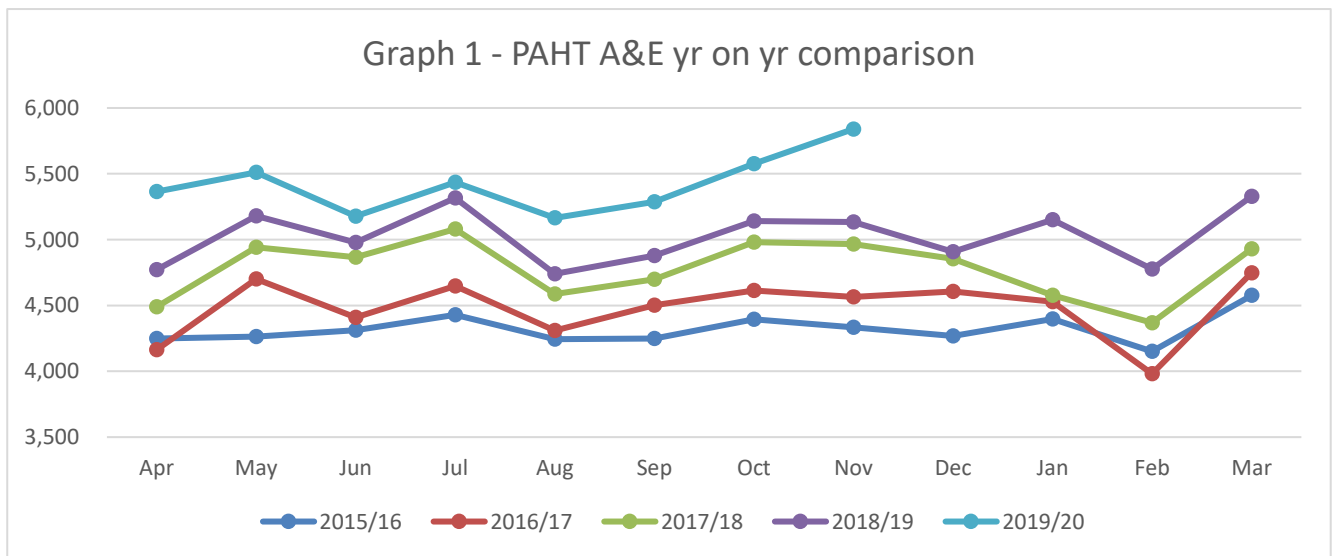
Executive Summary

Provide a short summary of the Business case.

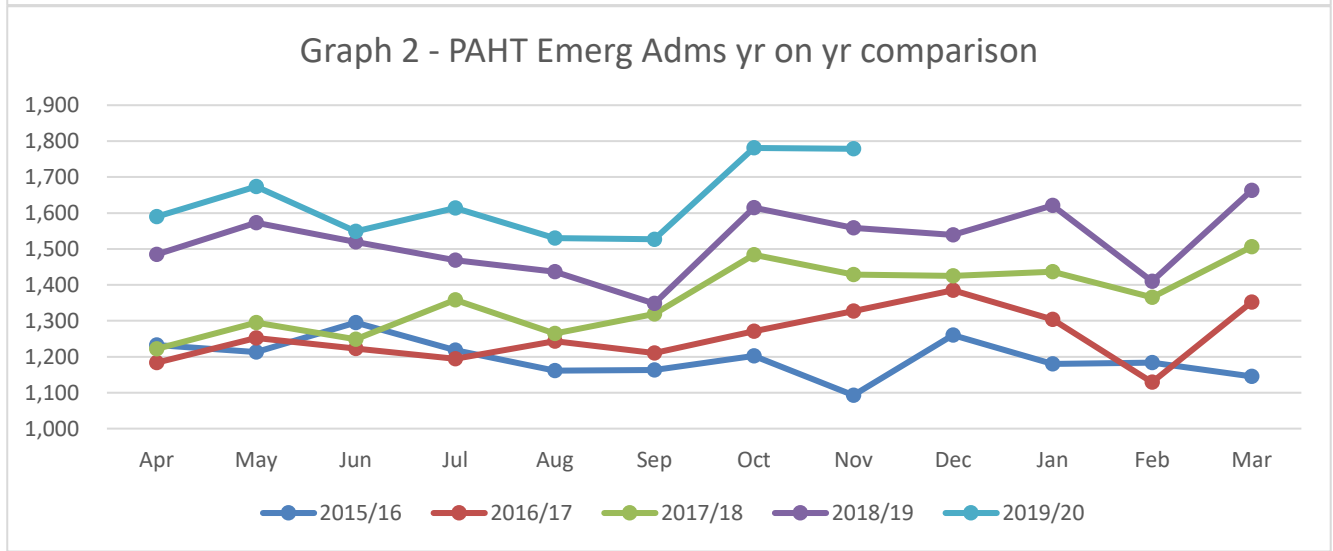
This business case seeks to secure support for a revised Urgent Care offer in the Bury Locality. The OCO is forecast to spend £61m or 20% of its budget on Urgent Care in 2019/20 and it is area that has seen cost and activity growth since the inception of the OCO, with these being particularly acute in 2019/20. Of this £61m, £31m is spent within the Bury Locality, £21m at other Pennine Acute sites (primarily) North Manchester General Hospital and £9m at other Greater Manchester Hospitals (please see appendix 1). It is the expenditure for patients aged under 65 within this £31m that is within the scope of this phase of the urgent care review, along with a proportion of the £7m the OCO spends on emergency ambulances each year.

The level of growth in A&E attendances and emergency admissions for Bury residents has grown by 8% and 8.7% respectively when comparing 2019/20 to 2018/19. This growth is unprecedented and has caused significant financial pressures in 2019/20 of over £3.1m. This is shown in graphs 1 and 2 below:

Graph 1 - PAHT A&E yr on yr comparison



Graph 2 - PAHT Emerg Adms yr on yr comparison



Business Case

This increased activity has taken bed occupancy to such levels, that without an increase in bed numbers, there is only minimal opportunity for growth in admissions next year. This is because length of stay is in the lowest quartile nationally and therefore there is little that can be done to increase admissions without increasing the number of beds. This therefore leaves 2 main options, with 4 variations to the 2nd option:

a) Do not increase beds numbers, emergency admissions cannot grow and therefore the only financial impact is on growth in A&E attendances BUT this will lead to more pressure within the A&E department and consequently A&E performance would suffer and the trust would not achieve the required improvement trajectories

b) Attempt to mitigate growth by having a more comprehensive streaming and triage offer across the whole of the urgent care system, bringing services together, supporting best use of primary care appointments and a new model for the A&E department. This is anticipated to manage and mitigate the growth and support the A&E performance trajectory without the need for an increase in emergency beds.

This growth in activity, as well as putting pressure on the acute system, also impacts upon primary and community care, intermediate care, adult social care, continuing health care and residential care. Therefore arresting this growth and having a more cohesive system will be to the benefit of significant elements of the Health and Social Care system, only a discrete element has been identified as attributable savings and the actual impact is believed to have potential to be far higher.

This revised offer will be built upon the following workstreams (please see appendix 2):

1. Hospital Urgent Care
2. Improving Access to Community Urgent Care
3. Community Engagement
4. Enablers

One of the most significant differences to the system and to patients will be the building of a modular unit at FGH that will act as a triage point for patients who self-present to A&E. This will encompass the current Urgent Treatment Centre, the relocation of the Walk In Centre from Moorgate Primary Care Centre and the first port of call for those who attend A&E with a non-urgent issue (also known as minors). The improved management access to community urgent care will also be of significance to the public.

The initial savings target for this project was £2.6m, upon investigation a total of £4.7m have been identified as the recurrent target for this piece of work and these are anticipated to be delivered across the next 3 financial years to 2022/23 and it is hoped that further savings can be realised. This will provide mitigation against an unexpected growth in costs. Savings are anticipated to be delivered in the following areas:

- a) Mitigation of growth in emergency admissions.
- b) Rationalisation of costs across the urgent care footprint
- c) Appropriate re-charging for services used by patients from other localities
- d) Reduction in ambulance activity and costs

The Strategic Commissioning Board is asked to approve the preferred option within this paper and is all asked to note that it has not been possible to present a fully costed proposal for the modular unit at FGH at this stage and that this will be brought at the earliest opportunity alongside regular updates on progress.

Reasons

Define the reasons for undertaking the project and explain how the project will enable the achievement of the Bury OCO strategies and objectives.

Business Case

Bury Clinical Commissioning Group

This project is being undertaken for the following reasons:

- Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund.
- Mitigate growth and reduce the percentage of the budget spent on Urgent Care.
- Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”.
- Redesign to simplify access points to improve patient experience.
- Work towards achievement of the GM UEC Improvement and Transformation Plan.

This review will deliver the following against the following OCO strategic objectives

- To encourage people so that they want to, and do, take responsibility for their own health and well-being
- To drive and support system wide transformation
- To achieve financial sustainability for the Bury health and social care economy.
- To support the Local Care Organisation to deliver high quality services in line with commissioner intentions.

Business Options

Provide a brief description of the different options considered and option recommended.

Option 1

Do nothing and note the significant risk to the A&E performance target. The advantages of this are few, but it would mean the least amount of change for people.

Option 2

Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit. Embark on a patient education / information campaign.

Option 3

Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit. Embark on a patient education / information campaign. Simplify In and Out of Hours Primary Care access through community triage across the locality.

Option 4

Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit. Embark on a patient education / information campaign. Simplify In and Out of Hours Primary Care access through community triage across the locality. Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

Option 5

Redesign urgent care at Fairfield General Hospital including building a new modular, front end unit. Embark on a patient education / information campaign. Simplify In and Out of Hours Primary Care access through community triage across the locality. Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

The preferred option is option 5. This would enable the relocation of the Urgent Treatment Centre and Bury Walk in Centre and the Minors, non-urgent part of A&E, to be located in front of the existing A&E department, providing triage and ensuring those patients who require an A&E intervention receive this in a timely manner and those that require a different intervention can receive this in the most appropriate setting. The co-location of the Walk in Centre and the UTC will support enhancements of both services alongside a rationalisation of any duplication between these services and other services.

Business Case

Bury Clinical Commissioning Group

This will be supported by the same triage offer at all stages of the pathway to ensure that the most appropriate service is accessed. Technology will play a key part in this both patient facing and in the background to support direct booking of appointments with GPs to reduce the number of people who attend A&E. This will be part of a patient information and engagement campaign which will be designed to educate patients to use the correct services at the correct time, ranging from self-care to A&E attendance.

Expected Benefits

The benefits that the project will deliver expressed in measurable terms against the situation as it exists prior to the project. Benefits should be both qualitative and quantitative. Tolerances should be set for each benefit and for the aggregated benefit. Any benefits realisation requirements should be stated.

Finance Benefits

The savings for 2020/21 are forecast at £1m, with a further £1.95m to be delivered in 2021/22 and the £1.75m in 2022/23.

Total Finance envelope

With the £31m that is spent in the Bury locality, a proportion of this is spent upon patients aged 65 and over. To prevent there being any risk of double counting savings, all hospital savings relating to urgent care for patients aged over 65 is to attributed to the Programme 6 schemes of Integrated Neighbourhood Teams, Rapid Response and Intermediate Tier in the Transformation Fund and savings for patients who are under 65 to the urgent care review.

Whilst it is true that schemes and system do not operate in isolation and there will be cross over into the different cohorts, to support a clear review process, this is the approach that will be taken.

Therefore the costs for Bury patients aged under 65 are as follows:

- £4.4m = A&E at FGH, of which £1.8m is minor activity (the OCO receives a rebate of £0.4m to do with UTC stranded costs and this has been reduced from these values, so the actual activity value if £0.4m higher)
- £2.6m = 0 & 1 day LoS Emergency Admissions at FGH
- £6.5m = Greater than 1 day LoS Emergency Admissions at FGH
- £1.3m = Urgent Treatment Centre at FGH (unit cost, not possible to split)
- £3m = Extended Hours and Primary Care Out of Hours (unit cost, not possible to split)
- £0.4m = Moorgate Walk in Centre (unit cost, not possible to split). The Prestwich WiC is not included within Phase 1 of the review
- £6m = Emergency Ambulance Costs (total cost, not possible to split)

Giving a total of £24.2m

Contribution of other CCGs

Bury residents are not the sole users of A&E and emergency beds at FGH, with residents from Heywood, Middleton and Rochdale CCG being over 30% of the A&E activity on site. This equates to 26,000 A&E attendances at a cost of £3.7m, of these £1.4m are minor activity and therefore would use the proposed new front end triage. This would reduce the cost envelope to the OCO as HMR residents would be charged at the correct A&E tariff and this would bring in around £1.4m of income to the trust.

The same is true of the Walk in Centre attendances and by appropriately recharging non Bury residents for their use of the Bury Walk in Centre service this would contribute £0.35m to the Trust, again reducing the income needed from the OCO.

Business Case

Where savings will occur

Remodelled services at Fairfield General Hospital

The proposed new triage front end model, encompassing UTC and the Walk in Centre, would therefore have the existing investments in the UTC, Moorgate Walk in Centre and A&E minor activity to fund it, this gives a total of £3.5m. Added to this there is the non-Bury residents' income that the trust receives of £1.75m. This gives a total of £5.25m and the OCO would look to reduce it's funding by £0.5m to release a saving, £0.25m would be in 2020/21 and the rest in 2021/22

Out of Hours and Extended hours

Appendix 3 shows the number of services offers available 24 hours a day Monday to Friday and at the weekends. Between 6.30 and 8pm Monday to Friday and at the weekend there are a range of options available to patients that offer a very similar service. The rationalisation of these into a single cohesive model is anticipated to release savings of £0.5m, though this will not be released until 2021/22 and 2022/23.

Implement the triage and streaming model

Implementing the triage and streaming model throughout urgent care system to will serve to streamline, simplify and standardise the triage model. This will enable people to speak to someone face to face, online or by phone and should reduce the number of people who present at FGH. If this is applied at every access point, whether it's a level 1 or 2 NHS 111 call that is triaged by NHS 111 or a level 3 or 4 NHS 111 call that is triaged by GM CAS. OOH calls could be triaged by adopting a GP first approach with auto connect OOH to the OOH provider for triage and streaming. Triage face to face using Adastra at the new front end and make it easier to get a GP appointment by rolling out the GM funded Ask my GP service www.askmygp.uk (subject to GM successful NHS Digital grant).

The OCO sets aside monies for urgent care growth each year and next year this is anticipated to be around £2m. Therefore any reduction on this anticipated growth would be a saving to the OCO. £1m is anticipated in 2020/21 of which half could be reinvested with system partners to incentivise behaviour change

Emergency Ambulance costs

By improving access points, the triage and support at these points and through patient engagement and information it is anticipated that this will reduce the requirement for emergency ambulances to convey patients to FGH. This contract is set as a fixed value each year and has growth that has been seen in the previous 12 months added to the previous year's contract value, alongside inflation. Therefore mitigating growth and achieving an actual reduction are believed to be possible within this model. Therefore it is anticipated to reduce the contract value by 5% in 2021/22 and a further 5% in 2022/23 given a total of £0.7m.

All of these together add up to the following savings across the next 3 financial years

	£m			Total
	2020/21	2021/22	2022/23	
Enhanced WiC, UTC & Minors rationalisation of service	£0.25	£0.25		£0.50
Out of Hours & Extended Hours rationalisation of service offer		£0.10	£0.15	£0.25
Implement Streaming & Triage to mitigate growth - A&E	£0.40	£0.50	£0.50	£1.40
Implement Streaming & Triage to mitigate growth - Emergency Admissions *	£0.60	£1.25	£1.25	£3.10

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<i>Incentivisation</i>	<i>-£0.50</i>	<i>-£0.50</i>	<i>-£0.50</i>	<i>-£1.50</i>
Other contracts rationalisation	£0.25			£0.25
Emergency Ambulance		£0.35	£0.35	£0.70
Total	£1.00	£1.95	£1.75	£4.70

	Percentage of budget			
	2020/21	2021/22	2022/23	
Enhanced WiC, UTC & Minors rationalisation of service	5.7%	5.7%		11%
Out of Hours & Extended Hours rationalisation of service offer		3.3%	5.0%	8%
Implement Streaming & Triage to mitigate growth - A&E	80%	100.0%	100.0%	100%
Implement Streaming & Triage to mitigate growth - Emergency Admissions *	35.3%	73.5%	73.5%	74%
<i>Incentivisation</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Other contracts rationalisation	N/A			
Emergency Ambulance		5.0%	5.0%	10%

NB As stated above there are also likely savings to be made as a result of the contributions of other CCGs to the new Enhanced WiC, UTC and Minors development and this should allow the OCO to reduce its contribution. Until this is finalised and all costs are known this saving is not being highlighted. There is also the option to recharge for WiC activity in the South of the locality and this will form part of future work on the urgent care system.

NNB £1m is the expected additional recurrent saving each year from mitigating growth beyond 2022/23.

* *The mitigation of growth on emergency admissions due to changes in patient management, streaming, triage and improved access to primary care appointments is ambitious and is based upon 3 assertions:*

a) *that patients are admitted to beds that with more time and resource available in A&E would not need to be.*

b) *that by supporting easier access to primary care appointments across the locality and each neighbourhood, patients ailments / conditions will not deteriorate to the point where an admission is needed and that more patients can be treated and managed in a non-secondary care setting.*

c) *a standardised triage and streaming model across the whole system will support more patients to be treated and managed in a non-secondary care setting, again due to an earlier intervention.*

Performance Benefits

- Support improvements in achieving the trajectory towards the 95% A&E target national standard that all trusts are charged with delivering.
- Support delivery of the A&E handover target that all trusts are charged with delivering.
- Having the enhanced WiC on site with the UTC will also allow the WiC activity to be counted towards the A&E target, thereby increasing the denominator and those patients seen, treated and discharged within 4 hours.

Patient Care

- Improved access to care in primary, community and acute settings.
- Continuity of triage offer, supporting patient education and understanding

Business Case

Bury Clinical Commissioning Group

- Improved access to the most appropriate professional for that patient at that time.
- Support delivery of care closer to home

Expected Dis-benefits

Detail any expected consequences of this project.

The proposal will see the Walk in Centre relocated from Moorgate Primary Care Centre to FGH. This will leave an empty space within the building that if it is not filled will need to be paid for by the OCO. Early discussions have taken place and it is believed that there are a number of services / providers who would be interested in taking over the freed up space.

Building a modular unit will bring additional cost to the Bury system. Initial costings are still being established but the cost of this unit is expected to be around £500k. This will need to be paid for and is likely to come from capital expenditure, which will need to be paid back over the life of the asset. This will add a cost to the whole Bury system

Risks

Provide a summary of the key risks associated with the project together with the likely impact and plans to mitigate if should they occur.

- An operational modular unit cannot be delivered on time for Winter 2020. This would significantly impact upon savings calculations in 2020/21, in terms of growth mitigation and rationalisation of services. To mitigate this partners have been involved in this project from the start and it has buy in across the Bury LCO. Senior colleagues at Pennine Acute have also been involved and this is being discussed in contract negotiations for 2020/21. Investigations have taken place that have suggested that modular units very similar to this can be delivered in an 8 – 12 week time period from the beginning of work to signing off the build. This would give 14 weeks to navigate all governance, agree on the specification and required equipment and commission the build to allow a 1st October 2020 start date, based upon approval being given pre-purdah.
- The lack of availability of capital funding could delay this project. This subject has been discussed with the Director of Finance of Bury & Rochdale Care Organisation to take forward with Northern Care Alliance colleagues. It is known that capital budgets within the NCA are over-subscribed and therefore whilst the Care Organisation and the LCO are very supportive of this piece of work, as it will support the management of the pressures in Urgent Care, alternatives sources of capital funding of capital funding are also being explored. A further option would be the leasing of the modular units, rather than the purchase, but that would be more expensive.
- If activity growth is not mitigated then this project would not be a success. Activity has grown significantly over the past 3 years and previous initiatives have not been successful in reducing activity or mitigating growth. This programme has been designed with multiple strands which concentrate on having the same streaming and triage at all access points, all with the aim of reducing hospital use where safe and appropriate. The enhanced WiC and UTC are also designed to manage those patients who do not need the full suite of hospital services but do require some support and will also be able to make patients primary care appointments. This will allow patients who require more intensive support and investigation in a traditional A&E setting to be able to have this and give the professionals more time to support these patients in A&E, which could reduce the requirement for a cohort of patients to not access ambulatory care.
- This streaming and triage model will require primary, community and secondary care systems to be able to effectively interface. Concerns have been raised about the ability of the Vision primary care system to be able to do what is required. This is currently being investigated and potential add-ons have been identified. Further work is required to investigate this in more detail.

Business Case

- A significant amount of activity at the Walk in Centres is the treatment of wound care and therefore relocation of the Moorgate WiC would leave a gap in provision that would need to be addressed. This may result in additional expenditure being required. The Wound Care Service is currently engaged with the Integrated Care Team within the OCO to understand the existing service provision and future requirements.

Costs

Provide a summary of the project costs, the ongoing operations and maintenance costs and funding arrangements.

The specific project costs will be in the building of the modular unit. The costs of this are not yet known, as it will be dependent on its size and configuration. Initial estimates are of a cost around £500,000. This would be paid for from capital monies and the charge to revenue budgets would be across the life of the asset. The source of this capital is yet to be finalised with all options being considered.

As stated earlier the total costs of Urgent Care are £61m and these have risen by over £12m in the past 3 years (around £3.5m of this is to do with changes in the national tariff in 2019/20). The OCO sets aside around £2m a year for urgent care growth and in previous years this has not been sufficient and therefore not attempting to change the system will cost a minimum of £2m a year, though previous years have been greater than this.

Timescales

The period over which the project will run (a summary of the Project Plan) and the period over which the benefits will be realised.

The project will run for the whole of 2020/21 with benefits realised in 2021 - 23

Investment Appraisal

Compare the benefits and consequences to the project costs and ongoing incremental operations and maintenance costs. The objective is to be able to define the value of a project as an investment. The investment appraisal should address how the project will be funded.

Do nothing would see costs rise by at least £2m a year, based upon the amount the OCO sets aside for growth. This would be adding additional activity to urgent care system that is already significantly stretched.

Whilst the exact cost of the new modular unit is unknown, if the estimated value of £500,000 is used and it is assumed that this is depreciated over its assumed life of 15 years, this would result in additional annual costs of £33,333 a year. This is slightly less than 2% of the £2m growth that is set aside and therefore represents excellent value for money, given the savings opportunities that this is anticipated to create.

Appendices

If you have any supporting documents, please state what these are and attach as appendices.

Approval/Rejection Sign-Off

Recommend Option Approved / Rejected (please check box below)

Approved

Rejected

See explanation below.

Consultation document: Improving urgent care services in Bury

1 About this document

Nationally, urgent care services are changing, and we need to make some changes in Bury too. Many people go to Accident and Emergency (A&E) at Fairfield General Hospital in Bury, often waiting up to four hours, and then realise they are not in the best place for treatment and then they need to go somewhere else.

A&E is for genuine life threatening emergencies and we need to make improvements to the rest of the urgent care system so that we provide the right service in the right place, first time closer to home.

This document explains how and why we want to improve the way we provide urgent care services in Bury both in the community and at hospital.

We want to ask you about what services should be provided for things that are not life threatening, but at the same time can't wait. This covers services such as appointments at GP surgeries, Walk-in Centres, the Urgent Treatment Centre at Fairfield General Hospital, GP out of hours services, GP extended access (evening and weekend appointments) and speaking to a local clinician (health care professional) by phone when you ring 111 or 999.

2. Why are we doing this?

We carried out some public consultation about urgent care in 2016 and 2018 and we have listened to feedback from Healthwatch along with the survey conducted by former Bury North MP Mr. James Frith. We have also looked at the GP Patient Survey results from July 2019 and reviews completed of the Urgent Treatment Centre, Wound Care and Lymphoedema Service and a face to face patient review which took place at Fairfield General Hospital in August 2019.

A capacity and demand review was undertaken across Greater Manchester in 2019 which looked at availability of appointments and access to various services such as mental health and same day emergency care, and there have also been reviews of the Green Car Service (which supports patients coming through the 999 ambulance service, whose needs are urgent but not an emergency) and the new Clinical Assessment telephone service, where a local clinician takes non urgent calls referred to them by North West Ambulance Service.

In these reviews, you have told us that our urgent care system is complicated to find our way around, which means that you don't always know which is the best service to meet your needs. We also heard that sometimes you go to more than one place or make more than one phone call before you get the right treatment and you have to wait a long time to be seen. You have continued to say that you value a walk in option. There is also a perception that it is difficult to get GP appointments on the day and in advance, despite the availability of appointments in the evenings and weekends, and out of hours. All this means that often, you go to Fairfield Hospital's A&E Department, even when your condition is not an emergency. We also know that people who are registered with a GP outside of Bury use the walk in facilities.

We want to make the system easier to find your way around, provide you with helpful information so you know where is the best place to go, support you outside of normal working hours and at weekends, reduce the amount of time you are sitting around waiting to be seen and help you to help yourself by using local facilities such as pharmacies and wound care clinics. We want to get back to only using A&E services at the hospital for patients with life-threatening conditions and severe trauma.

The increase in demand for hospital services, as well as putting pressure on the hospital, also impacts upon primary (i.e. GP) and community care, intermediate care (services that provide support to help get people back on their feet, perhaps after a stay in hospital), adult social care, continuing health care (supporting people with long-term complex health needs) and residential care.

By working in a different way to manage this demand and by having a more connected urgent care system, will be to the benefit of significant elements of the Health and Social Care system and this will also mean there is a more cost efficient and less confusing range of services for local people.

The whole of the urgent care system in Bury has been working together for the last three months to think about the changes we believe we need to make. This includes the GP Federation (a local co-operative of GP practices), BARDOC our out of hours GP provider, the Local Care Organisation (an alliance of service providers), Pennine Care NHS Foundation Trust (a provider of mental health services), the One Commissioning Organisation (Bury Council and the CCG working together to plan health and care services) the Northern Care Alliance and Fairfield General Hospital.

3. Our vision for the future

We set ourselves some objectives which we would like to achieve in a phased approach.

Our objectives are to:

- Speed up how soon patients are seen in A&E (patients should be seen within four hours) at Fairfield General Hospital.

- Reduce the number of unplanned admissions to Fairfield General Hospital.
- Deliver a better urgent care system for less money, based on our current spend on urgent care services we think we can achieve savings of around £2.6 million.
- Redesign our urgent care system to simplify how services are accessed and to improve the patient experience.
- Work towards achievement of Greater Manchester vision to transform urgent and emergency care, which includes things we can do across Greater Manchester and not just in Bury.

We want to make it easier to access high quality urgent care if you need it. We are setting out a vision for the future of urgent care in Bury that includes all the above providers working together to this common goal.

Urgent Treatment Centre

We would like to develop a new walk in facility at Fairfield General Hospital called an Urgent Treatment Centre (UTC). We are proposing to relocate the current Walk-in Centre located at Moorgate Primary Care Centre in Bury, and integrate it into the existing Urgent Treatment Centre located at Fairfield General Hospital, along with mental health services, the GP out of hours service and the 'minors' part of the hospital. (Minors is when a patient has attended A&E but their situation is not an emergency or is less serious)

This would create a new facility, providing an enhanced service that is open 24 hours a day, including at weekends. We would need to design and build this once we have seen the feedback from this consultation and get ourselves ready before next winter.

This means that when you arrive at Fairfield you will receive a primary care or mental health led assessment unless a suitably qualified professional thinks that you need to go straight to the A&E department or the same day emergency care service. (Same day emergency care services help us to support a significant proportion of patients attending A&E on the same day, ensuring they have access to the necessary diagnostics such as X-ray and blood tests, but without the need to admit them to a hospital bed.)

After you have registered at reception at this new facility, you will be assessed and then be directed to the most appropriate part of the hospital. There will be a new team to meet you at the UTC, this will include nurses, GPs, mental health professionals and health and care professionals who can manage wounds.

You will have access to blood tests and X-rays, these things are currently not available at Bury Walk-in Centre, and you will be able to walk in 24 hours a day, seven days a week. Bury Walk-in Centre is currently only open between 7am and 3pm.

We intend to maintain the walk in facility in Prestwich for the time being, including weekend opening, understand the impact of the new service at the UTC located at Fairfield, and reflect on what that means for services at Prestwich. We will consult you again if we decide to make changes to the Prestwich Walk-in centre further down the line.

Wound care

We would also like to improve access to wound care throughout Bury.

Urgent care in neighbourhoods

We want to help people access the most appropriate service locally, so we would like to introduce a community triage service to help people access the most appropriate service, in the best place at the right time. We want to offer you the opportunity to speak to a local health care professional by phone if you ring 999, 111 or if North West Ambulance Service feel you don't need to go to hospital. This is called the Clinical Assessment Service (CAS). The team will put you through to the GP out of hours service who will operate 24/7. We also want to improve the way you get access to a GP through face to face appointments, telephone and online consultations as well as booking an appointment online. We would like to link everything up using technology, so for example, the walk in facilities or CAS could book you a pharmacy or GP appointment directly.

From October 2019, there have been consultation services available at Community Pharmacies in Bury. This is a new service which is supporting patients locally rather than visiting an out of hours GP or A&E. The service is accessed via NHS111 and in the first 10 weeks created over 100,000 appointments for patients needing access to medicines urgently or where they had minor illness queries. This has relieved pressure on A&E and GPs over the busy winter period. The service (part of a national pilot) has started on a small scale, but further developments are planned so that more appointments can be diverted to a community pharmacy where safe and appropriate to do so.

From October 2020 we will roll out a new system where your GP Practice will be able to book you into a community pharmacy appointment in the morning and the pharmacist will be able to escalate you back to the GP Practice for a guaranteed same-day appointment that afternoon if required.

At weekends, there would be access to the UTC, same day emergency care services and A&E at the Hospital, Prestwich Walk-in Centre, the out of hours GP provider, the Green Car, 999 and NHS 111 phone and online services.

Whilst we are doing these things, we will keep you up to date and improve public information about urgent care, so that you know which service will meet your needs.

We want to hear from you

We would like to ask you what you think about these proposed changes as we start to plan for the future. No decisions have been made and this document summarises

our thinking to date. We recommend you read it before answering the questions in the survey. The survey also asks how we might be able to support you as you look through the different options and we have given the examples of parking and public transport but you may have some other ideas.

4. Options

We have listened to everything that you have said previously and analysed all of the recent reviews of urgent care. This has led to the development of five options for you to consider.

Option One

(A) Do nothing.

The advantages of this are few, but it would mean the least amount of change for people.

There are many reasons why this option isn't the best option:

- The Walk-in Centre at Moorgate Primary Care Centre would not be integrated with the Urgent Treatment Centre (UTC).
- The Walk-in Centre has restricted opening hours, no access to X-rays and blood tests and wouldn't be able to offer the comprehensive service available if we had a new integrated UTC.
- The UTC is not currently located at the front door of Fairfield General Hospital and it is too small.
- Patients will continue to arrive at A&E which may not be the best place to go to get the most appropriate treatment.
- The hospital will continue to struggle to meet the 4 hours A&E wait time target and there will be a continuing rise in demand for hospital services.

Option Two

(B) Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit.

(C) Embark on a patient education / information campaign.

The added advantage of this option is that we will run some information campaigns to help people make the right choice when they are looking for services. We have started this by launching a new online service finder.

- An information campaign will not close the gap between the services people need and the services available.
- Waiting times at the hospital will continue to miss the 4 hour A&E target.
- People still won't be pre-booked into appointments in the most appropriate place.
- You might have to wait at A&E for a long time and then need to be sent

somewhere more appropriate to meet your needs.

- We would not be able to make any financial savings.

Option Three

(B) Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit.

(C) Embark on a patient education / information campaign.

(D) Simplify In and Out of Hours Primary Care access through community triage across the locality.

This option begins to improve current services. We would simplify and standardise the various services available in the community, we would standardise the triage system across the Walk-in Centres.

- Waiting times at the hospital will continue to miss the 4 hour A&E target.
- People still won't be pre-booked into appointments in the most appropriate place.
- You might have to wait at A&E for a long time and then need to be sent somewhere more appropriate.

Option Four

(B) Redesign urgent care at Fairfield General Hospital without building a new modular, front end unit.

(C) Embark on a patient education / information campaign.

(D) Simplify In and Out of Hours Primary Care access through community triage across the locality.

(E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

This option introduces technology into the urgent care system to help redirect people to the most appropriate service to meet their needs. We would start to directly book appointments for you in community venues using IT systems, and over time, book appointments at GP practices from the Walk-in Centres and the clinical assessment telephone service. We would streamline the process for receiving an out of hours GP appointment and we would take non-urgent calls diverted from the 111 and 999 service, to a local health care professional to call you back.

- Waiting times at the hospital will continue to miss the 4 hour A&E target.
- People still won't be pre-booked into appointments in the most appropriate place.
- You might have to wait at A&E for a long time and then need to be sent somewhere more appropriate.

- We will be able to redirect more people to more appropriate services than A&E, but you still might not receive the right service first time.

Option Five

(C) Embark on a patient education / information campaign.

(D) Simplify In and Out of Hours Primary Care access through community triage across the locality.

(E) Simplify In and Out of Hours Primary Care access across the locality using technology to support the delivery of this.

(F) Redesign urgent care at Fairfield General Hospital including building a new modular, front end unit.

All urgent patients will be seen in a new unit open 24/7 placed in front of A&E at Fairfield General Hospital, functioning as a primary care facility and bringing together the best of the current Urgent Treatment Centre, Bury Walk-in Centre, 'minors', mental health and the GP out of hours service. They will have access to a wider range of skills, resources and diagnostic tests such as X-ray, and be able to access Intermediate Care and move patients directly into same day emergency care services. Whilst patients can self-refer, they will also take patients by appointment. Only patients with life-threatening conditions and severe trauma will be seen in A&E.

The disadvantage of this option is that walk-in facilities would move 1.5 miles to Fairfield General Hospital from the current location at Moorgate Primary Care Centre.

Preferred option

The preferred option is option 5 and we are keen hear what you think.

5. How to have your say

We are carrying out a public consultation in February for a period of 4 weeks, between Monday 10th February 2020 and Sunday 8th March 2020.

We want to hear from as many people as we can so we can make the best possible decision.

We are asking you to share your views through this questionnaire, which is also available online at www.buryccg.nhs.uk

A public meeting will also take place during the consultation period, please look at www.buryccg.nhs.uk for the date and location.

We are also working with GPs, Healthwatch, local community and voluntary organisations to make sure we reach as many people as possible.

A helpline is available 9am to 5pm Monday to Friday if you need any assistance to complete the questionnaire. The number to ring is 0161 253 7636

If you would like us to come and talk to your group about these proposals please get in touch by ringing 0161 253 7636. Comments from health professionals are also welcomed.

Paper copies of the questionnaire can be returned to the freepost address indicated on the questionnaire.

For more information visit our website: www.buryccg.nhs.uk

All responses must be received by 12pm on Monday 9th March 2020

No decisions have been made. Over the next 4 weeks we are engaging with local people to explain the proposed changes and the reasons for developing these proposals, outline what this could mean for local people and encourage them to respond.

All responses will form a final report, which will go to our Strategic Commissioning Board (a joint Bury Council and NHS Bury CCG committee) to make a decision. We will put that report and details of whatever decisions are made on our website.

Glossary

Accident and Emergency (A&E)

An A&E department (also known as emergency department or casualty) provides a 24 hour service at a hospital to deal with genuine life-threatening emergencies, such as loss of consciousness, breathing difficulties, severe allergic reactions and stroke.

Carer

A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

Clinician

A health care professional. This could be a GP, hospital doctor, nurse or pharmacist.

Community triage

This means that if you speak to the CAS or go to a walk in facility, you will be triaged in the same way. We will make an appointment for you at a specific time in the most appropriate place so you don't need to wait around. It might be that your needs can be met much closer to home.

Diagnostics

Procedures to identify a condition or disease, e.g. X-ray, blood tests, ECG or urine test.

Extended working hours GP appointments

Available Monday to Friday from 6.30pm until 8pm and Saturday and Sunday from 8am until 6pm (including Bank Holidays, with the exception of Christmas Day) at three 'hub' locations across the borough (appointments may not be with your usual GP). Evening and weekend appointments are available on a pre-bookable or book on-the-day basis. Patients must contact their GP practice first for availability.

General Practitioner (GP)

Your family doctor.

GP out of hours service

For urgent medical care out of hours (call your GP practice for further instructions).

Minor illness or injury

Common health problems like aches and pains, fevers, skin conditions and stomach upsets, or injuries like a minor burn, scald or insect bite that can often be treated at home with over the counter items where appropriate.

Minors

A&E is usually divided into an area for major cases i.e. an emergency situation, and minor cases i.e. when a patient has attended A&E but their situation is not an emergency or is less serious.

NHS 111

A free 24/7 telephone advice service for people who require urgent healthcare treatment and advice but who don't know where to go.

One Commissioning Organisation (OCO)

The organisation in Bury that plans, designs and buys (commissions) local health and care services

Primary care

Services which are the main or first point of contact for the patient, usually GPs and pharmacies.

Same Day Emergency Care

Same day emergency care services help us to support a significant proportion of patients attending A&E on the same day, ensuring they have access to the necessary diagnostics such as X-ray and blood tests, but without the need to admit them to a hospital bed.

Urgent care

Urgent care is care needed the same day. This could include anything from cuts, minor injuries, wound infections, tonsillitis, urinary infections or mild fevers etc.

Urgent Care Treatment Centre (UTC)

Open at least 12 hours a day, 365 days a year, these centres provide urgent care. Led by GPs and supported by nurses and other health professionals. Access to better diagnostics and are able to deal with a wide range of minor injuries and illnesses, including minor head injuries.

Walk-in centre (WIC)

This service offers urgent care to people who walk in, without pre-booking an appointment.



Survey: Improving urgent care services in Bury

We would like to know what you think of these proposals to improve urgent care services in Bury.

Please complete our survey which is available via the homepage of our website: www.buryccg.nhs.uk. The survey is running between Monday 10th February and 12pm on Monday 9th March.

Alternatively you can fill it in below, and post this back to the freepost address. You do not need a stamp

There is a helpline number 0161 253 7636

You don't have to answer the whole survey if you don't want to, all questions are optional. We will ensure your responses are kept secure and confidential and we will not share them.

Thank you for taking the time to complete this survey by 12pm Monday 9th March, your views are important to us.

Q1 I am responding to this survey as:

Options	Please tick one
A patient/member of the public	
A carer	
A member of staff (health or social care)	
A representative of an organisation or group (please specify)	
Other, please state	

Q2 Are you registered with a GP practice in Bury?

Options	Please tick one
Yes	
No	

Q3 what is the first part of your postcode i.e. BL9 (please specify):

.....

Q4. Do you support the development of an enhanced Urgent Treatment Centre at Fairfield General Hospital in Bury that will be located in front of the Accident and Emergency Department?

Options	Please tick one
Yes	
No	
I don't know	

Q5 Do you support the development of a community triage service to help you get an appointment in the most appropriate service?

Options	Please tick one
Yes	
No	
I don't know	

Q6 Do you support the implementation of online access to GP services to sit alongside current appointments?

Options	Please tick one
Yes	
No	
I don't know	

Q7. Which of the five options described earlier do you prefer?

Options	Please tick one
Option 1	
Option 2	
Option 3	
Option 4	
Option 5	
I have no preference	
I don't know	

Q8a. Will you or your family be affected by these proposals? Eg parking or public transport

Options	Please tick one

Yes	
No	
I don't know	

Q8b. If you said yes to Q8a above, please use the space below to tell us how?

Q9. If we go ahead with Option 1, please use the space below to tell us how we can support you:

Q10. If we go ahead with Option 2, please use the space below to tell us how we can support you:

Q11. If we go ahead with Option 3, please use the space below to tell us how we can support you:

Q12 if we go ahead with Option 4, please use the space below to tell us how we can support you:

Q13. If we go ahead with Option 5, please use the space below to tell us how we can support you:

Q14 Are there any alternative solutions that you can think of to make the changes we need? Please tell us in the space below:

Equality monitoring

To make sure we plan and provide the right services it is important for us to find out some information about you. We use this information to understand if we have reached enough people and if people from different groups have different views. All questions are optional. We will ensure your responses are kept secure and confidential.

What is your gender?

Options	Please tick one
Male	
Female	
Other	
Prefer not to say	

What is your age?

Options	Please tick one
18-24	
25-34	
35-44	
45-54	
55-64	
65+	
Prefer not to say	

What is your sexuality?

Options	Please tick one
Heterosexual/Straight	
Bisexual	
Gay/Lesbian	
Other	
Prefer not to say	

What is your religion or belief?

Options	Please tick one
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	

Sikh	
Other religion	
No religion	
Prefer not to say	

Please tell us what you consider your ethnicity to be:

Options	Please tick one
Arab	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British – Bangladeshi	
Asian or Asian British – any other Asian background	
Black or Black British – Caribbean	
Black or Black British – African	
Black or Black British – any other Black background	
Chinese	
Mixed – White and Black Caribbean	
Mixed – White and Black African	
Mixed – White and Asian	
Mixed – Any other mixed background	
White – British	
White – Irish	
White – any other White background	
Any other ethnic origin group	
Prefer not to say	

The Equality Act 2010 regards a person as having a disability if he/she has a physical or mental impairment (including sensory impairment) which has both a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Do you consider yourself to be disabled according to this definition?

Options	Please tick one
Yes	
No	
Prefer not to say	

Is there anyone who relies upon you for care and attention and that you assist with their daily routine?

Options	Please tick one
Yes	

No	
Prefer not to say	

Thank you for taking the time to complete this survey.

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Recommend
Item No	7b	Confidential / Freedom of Information Status	No
Title	Intermediate Tier Review Update		
Presented By	Julie Gonda, Interim Executive Director Communities & Wellbeing		
Author	Adrian Crook, Julie Munn		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	Cllr Andrea Simpson, Portfolio Holder Health & Wellbeing		

Executive Summary

This report highlights progress against the review of Intermediate Tier Services in Bury.

Recommendations

This report recommends that Strategic Commissioning Board:

- Note ongoing engagement with the public around intermediate tier services. The feedback will inform detailed proposals for consultation at a later date.

This report recommends that Strategic Commissioning Board supports further work as follows:

- Development of a detailed business case, based upon the feedback of the engagement work currently under way to include:
 - A detailed review of intermediate tier beds in the system covering quality of care, quality of estate and cost, building upon the benchmarking work already undertaken to date;
 - Review of estate within intermediate tier of services, with a view to understanding the impact and opportunity that may arise from future detailed proposals;

A detailed timeline is included within the recommendations at the end of this paper, in Section 10 of this report.

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:					No	
Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Development of Intermediate Tier falls within the remit of developing health and care services in Bury and is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Intermediate Tier is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Intermediate Tier is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Intermediate Tier Services will reduce health inequalities and improve the mental, physical and wellbeing of the Bury population.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>	15/01/2020	High level principles of the intermediate tier rebalance discussed at Clinical Cabinet and Health Scrutiny Committee. Request for final proposals to be reviewed.

Intermediate Tier Service Rebalance Update

1. Introduction

1.1. Intermediate care services support people in the community, helping to promote independence and providing care, therapies and rehabilitation on a short term basis only. Intermediate Tier:

- provides short-term rehabilitation to enable service users to regain their optimal levels of independence;
- prevents people from being admitted to hospital, supports people to return home after a recent hospital admission, and enables people to live at home rather than in a care home, if they choose; and
- provides multi-disciplinary teams that support people and their carers when they are in transition between hospital and home or have entered some kind of health and/or social care crisis at home.

At present, people in Bury don't have the same opportunity to access home based intermediate care, compared to other areas in the country. We want people to have the option to receive personalised care in their own home where it is safe and appropriate to do so.

Providing more care at home will mean we don't need as many bed based facilities in the future. Where individuals do need care in an individual facility rather than at home, we want this to be in fit for purpose and cost effective settings where a team of health and social care professionals co-ordinate care and support that is personalised to their needs.

By reorganising our intermediate care services, providing more home based care and consequently less care in separate facilities, more Bury residents will benefit from the opportunity to recover and rehabilitate with the support of our services, reducing the likelihood of a hospital admission.

The following services will be included in the scope of this project

- Intermediate Care Nursing (bed based);
- Intermediate Care Social care (bed based);
- Reablement (non-therapy social care, home based);
- Discharge to Assess (social care PVI sector bed based).

The report also demonstrates the additional capacity that will be delivered by our enhanced Rapid Response service and our new Intermediate Care at Home service which are funded through Bury's Greater Manchester Transformation Fund, however they are not in scope of any changes recommended as a result of this project.

2. Background and context

The Bury Locality Plan and its Refresh in November 2019 highlights intermediate care as one of the priorities, recognizing that transformation of intermediate care services is crucial to enabling more people to be looked after in the community – preferably in their own home with the aims of achieving admission avoidance and safe, early supported discharge.

Bury is experiencing unprecedented demands on its health and social care services. Bury's Locality Plan Refresh describes the compelling case for change, upon which current transformation work is based. It highlights that:

- healthy life expectancy is significantly lower than the national average – meaning that people become ill earlier than they should;
- there will be a dramatic increase in the number of older people in Bury as well as an increase in the overall complexity of care needs – with which current services are not equipped to cope;
- the care system is financially unsustainable without radical transformation of how care is delivered – with a current do-nothing scenario of a financial deficit of £86m by 2023/24;
- transformation funding is only available for 2 years and sustainable methods of funding services need to be identified.

The Local Care Organisation (LCO) is leading on the delivery of intermediate tier, bringing together health and social care service delivery into an integrated whole, under single line management arrangements.

Now more than ever there is an urgent need to deliver services more cost effectively whilst ensuring activity levels, so important to managing demand in our Adult Social Care and Urgent Care system, are maintained or enhanced.

Benchmarking, as referenced below, clearly illustrates that Bury is too reliant on bed-based services delivering too much of its intermediate tier activity in Bealey, Killelea and its Discharge to Assess beds. This rebalance will see the location of where intermediate care is delivered focused more on people's own homes rather than beds and where beds are used, they will be delivered in locations that are the most cost effective and deliver the best experience and quality of care.

This rebalance will see clear activity expectations for our newly enhanced Intermediate Care at Home and Rapid Response services set and with it an increase in support to our Urgent Care system.

The rebalance will therefore be based on an in-depth analysis of episodic cost data to ensure that the budget available delivers the greatest number of episodes of care of the greatest effectiveness. Performance and budget data from the last 15 months will be used to inform this review, including comparison to Best practice from the National Audit of Intermediate Care¹, NICE, The Social Care Institute for Excellence², LGA Social Care Efficiency Programme³ and IPC Brookes Managing Demand in Adult Social Care⁴.

3. Definition and Legal Framework for Intermediate Tier Services

Section 2 of the Care Act 2014 and its associated guidance⁵ places a statutory duty on a local authority and its NHS partners to 'Prevent, Reduce and Delay' the need for Care and Support and encourages authorities and their NHS partners to deliver targeted interventions to do so, recommending Intermediate Care and Reablement as a core component of this range of interventions.

Intermediate Care was first developed in 2001 in response to the government's National Service Framework for Older People⁶ which saw the government reset the priorities of the NHS and local authorities towards helping older adults stay well, by helping older people to stay as healthy, active and independent as possible, for as long as possible.

It stated together we must:

- ensure that older people are treated with respect;
- prevent unnecessary hospital admission, and support early discharge;

¹ <https://www.nhsbenchmarking.nhs.uk/naic>

² <https://www.scie.org.uk/prevention/independence/intermediate-care/>

³ <https://www.local.gov.uk/our-support/efficiency-and-income-generation/care-and-health-efficiency>

⁴ https://ipc.brookes.ac.uk/publications/Six_Steps_to_Managing_Demand_in_Adult_Social_Care_Exec_Summary.pdf

⁵ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-2>

⁶ [National Service Framework for Older People 2001](#)

- reduce long term illness by providing specialist care;
- promote healthy lifestyles and independence for those in older age.

Later this guidance was updated in the Department of Health's guidance 'Intermediate Care - Halfway Home' published in 2009.⁷

Intermediate Care and Reablement are also further defined with the Care and Support (Charging and Assessment of Resources) Regulations 2014⁸.

"Intermediate care and reablement support services" means care and support, or support provided to an adult by the local authority which –

- consists of a programme of care and support, or support;
- is for a specified period of time; and
- has as its purpose the provision of assistance to an adult to enable the adult to maintain or regain the ability needed to live independently in their own home.

This statute states a local authority must not make a charge for meeting needs under section 14(1) of the Care Act where the care and support, or support which is provided to an adult, is covered by the definition above.

The National Audit of Intermediate Care, which is now the country's largest health and care audit, defines intermediate care as "*a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. Intermediate care services are usually time limited, normally no longer than six weeks and frequently as little as one or two weeks. Intermediate care should be available to adults age 18 or over.*"⁹

There are four primary categories of intermediate care:

- Rapid Community Response (crisis response);
- Home-based intermediate care;
- Bed-based intermediate care; and
- Reablement.

4. Current Service Provision in Bury

As previously described, the LCO is leading on the delivery of intermediate tier services, including the transformation work to ensure more of the intermediate tier support is delivered in people's own homes. The current structure of services in Bury is as follows:

⁷ [Intermediate Care - Halfway Home 2009](#)

⁸ http://www.legislation.gov.uk/uksi/2014/2672/pdfs/ukxi_20142672_en.pdf

⁹ [National Audit of Intermediate care Report 2017](#)

Rapid Response

Bury has an existing Rapid Community Response service which primarily offers rapid social care support to individuals, with the aim of preventing non-elective admissions to hospital or residential or care homes. The rapid community response team currently has a staffing model of:

- Nursing;
- social work;
- occupational therapy;
- physiotherapy;
- night-sitting

Home Based Intermediate Care

Despite being a core component of intermediate care, empowering individuals to maintain their independence and helping to prevent unnecessary admissions to hospital and care homes, there is currently no home-based intermediate care offered in Bury. This is being addressed by the Greater Manchester Transformation Funding and will begin operating during quarter four of 2019/20, delivered through the LCO. Intermediate Care at Home comprises of Occupational Therapy and Physiotherapy delivered in a person's own home for a short period to aid recovery.

Reablement

Reablement is the assessment and interventions provided to people in their home aiming to help them to recover skills and confidence and maximise their independence. Bury's current reablement service, supports individuals after a recent hospital admission or crisis at home with up to six weeks of intensive support in their own home. A wide range of services are now offered as part of Bury's Choices for Living Well service. Unlike intermediate care at home, reablement meets people's daily personal care needs such as washing, dressing and making meals in addition to any therapy needs.

The recent combination of the Killelea unit with the reablement team has provided a more streamlined and integrated service to support flow of users through rehabilitation and reablement, from bed-based to home-based. However, feedback from local stakeholders is that there is further requirement to supplement these services with more robust and consistent support from pharmacy, therapy, nursing and medical cover.

Intermediate Care based in separate facilities which are bed based

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 1 below.

Location	Beds	Description
Bealey Intermediate Care Facility	19	<ul style="list-style-type: none"> • Bealey is a 19-bed intermediate care facility which provides adult intermediate care; • The unit has access to a small multi-disciplinary team which is primarily nursing led but has access to local GPs, Occupational Therapy and Physiotherapy. Provided until recently by Pennine Care NHS Foundation Trust it has recently transferred to the Northern Care Alliance; • The current patient cohort for the hospital is individuals requiring symptom management for chronic disease; palliative and end-of-life comfort care; rehabilitation and tissue viability management.
Killelea House Intermediate Care Facility	36	<ul style="list-style-type: none"> • A newly redeveloped adult rehabilitation unit consisting of 36 beds to support individuals following illness or injury; • The unit contains four 'rehabilitation flats' designed to allow assessment of an individual before they return home following a hospital or care home admission.
Discharge to Assess (D2A)	19	<ul style="list-style-type: none"> • Within Bury, there are 19 discharge-to-assess beds available for assisting individuals to leave hospital in a supported manner; • Previously, these were located across three care homes (Burrswood, Rose Court, Carders Court); • As of November 2018, these beds are now entirely located at Heathlands Village.

This reliance on beds has resulted in the lack of development of home-based services that has happened over recent years in many areas in the UK. The development of home-based services is now underway in Bury and will be fully operational from April 2020 onwards. This provides the basis on which the changes to the facility based set of services can be proposed.

5. Bury Performance Headlines

Rapid Response

Currently Bury’s Rapid Response service responds to 51 referrals a month, assessing 48 of them and providing a short service to 28. In 2014/15 it assessed 61 people per month and provided a short service to 49. The number of referrals made over the last 2 years shows a reducing trend and anecdotal evidence from care professionals across Bury suggests that the service has struggled to meet demand and this may have led to professionals referring to alternative services.

If Bury was to provide a Rapid Response service the average size of other local authorities in England it would provide a service to **73** people per month and respond to many many more.

Home Based Intermediate Care

Bury currently delivers no Intermediate Care at home. If Bury was to provide an Intermediate Care Service the average size of other Clinical Commissioning Groups in England it would provide a service to **67** people per month.

Reablement

Reablement currently provides a service to 60 new people per month on average each user receives 1.28 hours per day and remains on the service for 25 days.

If Bury’s reablement service delivered activity in line with England averages it would provide a service to **69** new people per month and they would stay on average 34 days.

Intermediate Care delivered in beds

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 2 below.

Table 2 – Summary of the bed based activity delivered in Intermediate Tier

Beds	Activity per month		Occupancy	Avg. LOS
74	65.5	20264	75%	34

Utilising only 75% of the available bed nights means on average 18 beds were not used.

The average length of stay in an Intermediate Care bed in Bury is 34 days. The average in England is 26.7 days showing in addition to not fully utilising its capacity, Bury’s productivity is lower than most areas in England.

If Bury was to provide the average number of Intermediate Care beds as commonly available across England it would have **49** Intermediate Care beds. Currently we have **74** beds, delivering the England average would be a reduction of **25** beds.

Table 3 demonstrates the activity that would be delivered if Bury performed at the average levels of other Clinical Commissioning Groups and Local Authorities in the United Kingdom. It shows that Bury over delivers on the number of beds, and needs to expand its services delivered through the teams delivery care in people’s own home.

Table 3 – Bury’s Intermediate Care Activity compared with National Average

Annual Admissions by Service Type	Bury Performance	National Average	Difference
Rapid Response	377	882	505
Bed Based	788	436	-352
Intermediate Care at Home	0	811	811
Reablement	725	829	104
Total	1890	2958	1068

6. Bury’s Symptoms

Table 4 shows that unlike other Clinical Commissioning Groups and Local Authorities Bury has not developed its home-based intermediate care services with either no service provision available in Bury or the amount delivered by reablement being lower than elsewhere.

Table 4 also shows that Bury is more reliant on beds and provides more of its services in beds than others, 352 more episodes of intermediate care are delivered in beds in Bury than would ordinarily be in other parts of the UK.

Table 2 shows that the average length of stay in Bury’s Intermediate Care services is 34 days. This compares with a national average of 26.7 days. Reducing the length of stay each person remains in a service increases the number of people who can

benefit from the service and also reduces the cost of each episode of care. This table shows that Bealey and our Discharge to Assess beds are particularly inefficient and is one of the reasons why the costs also expensive.

Table 2 also shows that despite having a lot of beds only 75% of the bed capacity was used throughout the year meaning Bury is paying for beds that are empty. This represents nearly £1.5m a year spent on beds that no one used.

Intermediate Care and Reablement in people's own homes is considered an essential element of an efficient and effective intermediate care system. Services delivered in people's own homes are ordinarily more cost effective than delivery solely in a separate bed based facility and can cost up around 1/3 of the cost, meaning that the same budget that supports one person can support over 3 if the balance between care at home and care in a care home or hospital bed is correct.

It's also important to deliver intermediate care at home as this is an essential component to make sure that the people who use these services make the most progress possible. Care in a care home or hospital environment can greatly aid the recovery and rehabilitation of very dependent adults, but after a degree of progress is made their abilities plateau. If once home they are able to access ongoing rehabilitation from a reablement and/or intermediate care at home service, their abilities make further progress increasing their independence and reducing or preventing their need for care.

If an adult is cared for in a bed-based service when they could actually be cared for in their own home because services are not available, this can actually increase their dependence and reduce their resilience making a return to independence far less likely.

As a result of this over reliance on beds Bury is delivering less intermediate care to its residents than is commonly available in other areas and this care will be overall less effective in its aim of increasing independence and preventing, reducing and delaying the need for care.

7. Rebalance Principles and consideration of doing nothing

This project's aims are therefore to:

- Rebalance Intermediate Care services to deliver an equal if not greater number of episodes across Intermediate Care services for an overall reduced cost;
- Redesign to simplify service offer and pathways;
- Improve effectiveness and user experience.

It will do this by

- Aligning our services to best practice and evidence to ensure the services provided are available to as many people as possible within the budget available;

- Ensuring services are delivered more efficiently and all waste is removed and value for money is assured;
- Protecting our high-quality estate and removing estate that is of poorer quality;
- Increasing the activity delivered and improving people's experience whilst receiving the service.

The option of doing nothing poses a significant risk to the system, both in terms of finances and in terms of paying and delivering inappropriate activity in the intermediate tier of services: The implications are that

- If no change is made, intermediate tier services will continue to provide on average 1500 episodes of care each year. If the changes are made this would rise to over 1600 meaning more people will benefit;
- Bury will continue to pay £2m a year more than it needs to in order to deliver a greater volume of care. This is inefficient and does not deliver value for money. In addition it will mean that £2m of saving will have to be delivered elsewhere which could see services cut and activity reduced elsewhere;
- Changing Bury's Intermediate care will deliver these savings whilst at the same time increasing the number of people who can benefit from these services;
- If no changes were made to Intermediate Care our residents would continue to receive the majority of care in beds. Whilst care in beds is important there comes a point where recovery and progress plateaus and further recovery is only possible with further therapy and rehabilitation at home. By not making any changes our residents will not have the opportunity to make further progress and our services will not be as effective as they could be or as they are in neighbouring boroughs

8. Conclusion

It can be seen from the findings of this analysis that Bury delivers too much of its intermediate care in bed-based services; benchmarking shows that many of these bed-based services are more expensive than others and also less efficient. Some are also delivered in buildings that are no longer aligning to modern standards.

Bury must consider reducing the number of beds it delivers and where it does use bed-based services make sure they run as efficiently and effectively as many others do in the UK and that they are delivered as cost effectively as others.

It is evident also that the capacity of home-based services must increase, both reablement and intermediate care at home, where far fewer Bury residents have opportunity to benefit from compared to if they lived elsewhere in the UK.

Intermediate Care at Home services, therapy in a person's own home, are currently being developed as part of Bury's Greater Manchester Health and Social Care Transformation plan but work is needed on increasing the efficiency of Reablement to

ensure this recovery focused home care is delivered to a greater number of Bury residents and as a result its cost effectiveness and value for money also increased.

The following table 7 shows the activity that can be delivered if Bury had the average number of intermediate care beds as other areas of the UK and delivers them as effectively as others do.

Benchmarking available from the National Audit of Intermediate Care demonstrates, using NHS weighted population figures, the median number of beds for a population the size and demographic of Bury would be 49.

Table 4 below shows the activity that can be delivered by these beds assuming 95% occupancy is delivered, which removes all the previous waste and they function effectively by delivering an average length of stay of 26 days, which is the national average and commonly achieved in other parts of the United Kingdom.

The table also shows the activity that can be delivered in reablement by releasing underused capacity. An in-depth analysis of the hours of direct care delivered and those available and not used shows an additional 8161 hours of care are available which would support an additional 258 people per year and increase the size of the caseload by 10. This can be delivered by making changes to the effectiveness of rota systems and scheduling, increasing the responsiveness of the service to rapid changes and removing downtime and waste.

Table 4 – activity regarding the recommended configuration of intermediate tier services

	Recommended			18/19			Difference
	Bed Based	Reablement	Total	Bed Based	Reablement	Total	
Places	49	70	119	74	60	134	-15
Admissions per month	54	82	136	66	60	126	+10
Annual admissions	653	983	1636	788	725	1513	+123

This modelling demonstrates that despite a reduction in beds of 25 using bed-based and reablement more efficiently delivers an extra 10 episodes of care a month and 123 over the course of a year. This achieves one of the principle aims of this project; to maintain or increase the number of episodes on intermediate care delivered.

These changes would mean 135 people receiving their intermediate care at home instead of a bed, or 11 per month. However, the number receiving care in a bed would still be greater than commonly found in other areas of the UK where the number for a population the size of Bury would only be 436, rather than the 653 delivered by this model.

In addition to making these changes Bury is also delivering its Intermediate Care at Home service as part of Bury’s Greater Manchester Health and Social Care transformation plans. This will see the following additional activity delivered as illustrated in table 5.

Table 5 – summary of care delivered in re-shaped intermediate tier, if Bury was average

	New Intermediate Care at Home	Total all Intermediate Care Services
Places	85	204
Admissions per month	100	236
Annual admissions	1200	2836

In total, changes to the bed based and reablement services plus the new Intermediate Care at home service will see 2836 people have the opportunity to receive a service providing the support needed to Prevent, Reduce and Delay the need for care and support. This is 1323 more per year than currently achieved.

A further 250 episodes of care per month will also be delivered by Bury’s newly enhanced Rapid Response service, increasing the total number of episodes to 5,836.

9. Engagement and consultation

Proactive engagement is currently underway to ensure that the public and staff influence and shape the design of intermediate tier services moving forward. This engagement focusses on the proposal to deliver more intermediate care in people’s own homes, and less in bed based services. There are two questionnaires currently live on the internet, and face to face engagement with various groups is planned during February.

The feedback from this engagement will be used to inform detailed proposals moving forward, which will then form the basis of the detailed business case.

10. Recommendations

This model shows that by removing waste, aligning our services to best practice and evidence and delivering services efficiently and effectively Bury only requires 49 beds and therefore must reduce its number of beds from 74 to 49, this is a reduction of 25.

This reduction must be done with regard to the remaining principles of this project; to protect high quality estate improving people's experience of care and ensure we deliver value for money.

It is therefore recommended that the following work is undertaken to support the development of detailed recommendations to fulfil the changes needed to Bury's bed based services:

- Ongoing engagement with the public around intermediate tier services to continue;
- A detailed review of intermediate tier beds in the system covering quality of care, quality of estate and cost, building upon the benchmarking work already undertaken to date;
- Review of estate within this Tier of services, with a view to understanding the impact and opportunity that may arise from future detailed proposals;
- Further engagement with the public and other stakeholders on the principle of reducing the bed base within Intermediate tier Services to inform detailed proposals for consultation at a later date.

The timeline for the next steps is expected to be as follows:

- Engagement questionnaires and face to face engagement conversations to be completed by end of February;
- Engagement feedback to be collated 1st to 15 March;
- Final business case for detailed proposals to be produced by 31 May 2020 to come to Strategic Commissioning Board for permission to consult;
- That consultation on the detailed proposals will be undertaken for a period of 4 weeks, from 1 June 2020 to 30 June 2020;
- Analysis of consultation and final report in respect of detailed proposals to be presented to Commissioning Board 3 August;
- Any staff consultation required would therefore be implemented from 4 August to 4 September 2020.

End

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Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Consider
Item No	8	Confidential / Freedom of Information Status	No
Title	Carers Tender and work update		
Presented By	Julie Gonda, Interim Executive Director Communities & Wellbeing		
Author	Hayley Ashall, Julie Gonda		
Clinical Lead			
Council Lead	Cllr Andrea Simpson, Portfolio Holder Health & Wellbeing		

Executive Summary
This report provides an update in respect of a recent tender for Carers Services in Bury.
Recommendations
The Strategic Commissioning Board are asked to note the contents of this report.

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:	No

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

Implications						
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Development of services for carers falls within the remit of developing health and care services in Bury and is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Carers are one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Ensuring appropriate support for carers is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Effective support for carers should reduce health inequalities and improve the mental, physical and wellbeing of the Bury population.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been</i>		

Governance and Reporting		
Meeting	Date	Outcome
<i>discussed.</i>		

Update regarding Tender for Carers Services

1. Introduction

Carers are crucial to the effective delivery of health and care services in Bury and the whole of the UK, and significant work has been undertaken to understand the needs of carers in Bury. The Care Act 2014 outlined that carers should be on an 'equal footing' to those they care for, but the 'State of Caring 2016' report by Carers UK and the 'Care Act: One Year on' report by Carers Trust, both demonstrate that carers are still struggling to get the support they need with their caring role.

Evidence suggests that funding carer support services is also in general a highly cost-effective preventative investment – that for every £1.00 invested in carers, there is a potential equivalent reduction in local authority cost of £5.90 and with significantly greater social returns - i.e. when a 'Social Return on Investment' methodology considers a range of associated factors such as future tax receipts from carers enabled to return to work (Luke Clements, 2017).¹

Bury Council and Bury CCG wanted to understand the views of carers in Bury and therefore in Quarter 3 and 4 of 2018/19 undertook a twelve week borough-wide consultation of carers and those supporting carers. 400 carers took part in the consultation and engagement. As the existing provider of carers services reports having 1200 carers registered, this suggest a high proportion of engagement from carers.

The feedback and engagement of carers provided an opportunity to do something different and innovative in Bury, by putting carers in the driving seat of deigning the future support and services for carers that is right for them. The consultation revealed that although there is support for some of the current carers services in Bury, a significant number suggested that the available support, either isn't right for them, isn't what they need or want, isn't within the hours they can attend or isn't in a location they can get to. When asked 'do you think current carer services support you in your caring role' only 31% responded yes.

The exercise did highlight a multitude of community groups and volunteer led services that are already investing time and energy in listening to and supporting carers in Bury. This is something that should be widely recognised and built on.

The consultation exercise was followed up with a sequence of consultation feedback and engagement sessions for carers, providers and those who supported or had an interest in carers. This gave further opportunity for carers to offer their views, discuss concerns and shape the future services and support for carers in true co-production. There was also separate engagement with our young carers with appropriate support,

¹ <http://www.lukeclements.co.uk/wp-content/uploads/2017/01/0-Care-Act-notes-updated-2017-01.pdf>

enabling them to voice their views and aspirations for carers services in Bury.

2. Background to the tender

Following the extensive consultation and engagement of almost 400 carers and those supporting carers during 2018 and 2019, it was agreed that a revised model of services for carers in Bury would go out to tender. The specification was jointly worked through by health and social care commissioning staff with the feedback of the consultation and engagement at the core of the service re-design. There is confidence the specification also meets with the Greater Manchester, North West and national direction of travel of requirements in order to successfully support carers. The tender is currently under way and is due to close on 14 February; it is based on the eight key themes arisen from the engagement and consultation work, along with strategic priorities including:

- a focus on early intervention and prevention,
- identifying and supporting more carers and
- ensuring that carers live the best life they can.

The model will support carers over the age of 18, however with significantly stronger partnership working and relationships between young carer services and adult carer services, along with other partnerships across key services and sectors. This is welcomed by carers and a step forward in new ways of working through integrating services and working closely in partnership to ensure better outcomes for the carers and those they care for.

The model will be focused on a neighbourhood approach placing support for carers locally to where carers are, as this was a clear requirement from the feedback gathered. This aligns with the delivery of health and care services on a neighbourhood footprint through the Local Care Organisation. Carers also requested increased support services, activities and wider offer for carers in general.

The proposed tender aims to improve the universal offer for carers, with wider and more varied support throughout the communities. This will enable services to support more carers on a wider footprint based on local carers needs. In addition, Carers Personal Budgets will remain to enable carers to achieve the care act recognised quality of life outcomes which they are unable to achieve due to their caring role.

Tender and New Service Timeline

Detail of Stage	Date
Issue of Invitation to Tender via The Chest	20th December 2019
Closing date for clarification questions relating to the Tender to be submitted via The Chest	Monday 10 th February 2020
Closing date for submission of Invitation to Tender	12 Noon Friday 14 th February 2020
Evaluation of Tenders	w/c Monday 17 th February 2020

Due Diligence period	w/c Monday 2 nd March 2020
Decision Date to contract	Monday 30 th March 2020
Contracts signed following stand still period and legal process	11 April 2020
Implementation to commence	12 April – 31 May 2020

Other pieces of work evolved from the consultation

Alongside the development of new services for carers going out to tender. A gap identified by carers of all ages was the lack of consistent online information and or details of support, answers and signposting all in one place for carers. Therefore there is a task and finish group set up to design the Bury online offer ensuring an up to date, easy to use and quality, first point of call for information and signposting designed by carers for carers. This will be a separate carers channel hosted on the Bury Directory, there is also the development of a quality of life conversational tool for carers via supported or self-check, which will help carers identify and connect to available support to them.

The Carers Strategy Partnership, membership and terms of reference has been refreshed with an ask for partners across sectors to prioritise the partnership. In line with the outcomes of the consultation and GM/ NW requirements, the partnership will ensure there is an all aged Bury Carers Strategy addressing issues raised and collectively owning activities required. This will help in raising awareness of carers across services and sectors and trying to breakdown the highlighted via carers the disconnect across public sector services.

A continuation of excellent community carer support such as the Fed ' Time For You', a volunteer led service offering a break, support and direction to carers. The Social Care Institute for Excellence (SCIE) has developed a good practice guidance for commissioners and providers of carers' respite and carers' breaks in England and the Fed Time for You service provides one of the practice examples for the guide <https://www.scie.org.uk/carers/breaks/practice-examples>. Recognition and support for other community groups via connecting them to grant funding mechanisms and the VCFA. Also the start of new carer led support groups such as COPS (Concerned Other Peer Support), a support group for carers who have a family member or close friend, who is addicted or dependent on drugs and/or alcohol.

In response to better support of working carers there is the ongoing development of the Bury Working Carers Employee Hub and the adoption of the Carers Passport for Council employees. Bury Council have also assisted funding the Employers for Carers (EfC) online digital resources platform, a resource for employers of carers in Bury.

3. Finances

The funding for the new service is £200,000 per annum.

4. Conclusion

The tender for carer services to a neighbourhood footprint is a significant change to the way services have been previously delivered; this is in response to the request for change from carers themselves.

The new service will enable:

- Better health and wellbeing of our carers
- Wider engagement of carers across the whole of Bury
- Less carers will be isolated and lonely
- More carers are recognised and supported
- Better partnership working across the sectors to support carers of all ages
- Better utilisation of the Voluntary Community and Faith sector in supporting carers
- Greater emphasis of self-care and an increased universal offer for carers
- Raising awareness of carers and their role
- Better consistent information, support and signposting for carers

We are confident that the new service specification will deliver the eight key themes that carers have identified as important to them, the outcomes highlighted above, meets the requirements of GM, NW and national frameworks and fits well with the vision of the Bury 2030 work.

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Receive
Item No	10	Confidential / Freedom of Information Status	No
Title	Performance Report		
Presented By	Lisa Featherstone, Deputy Director of Business Delivery		
Author	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
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.
<i>Add details here.</i>	

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

requested?						
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Performance Review

1. Introduction

- 1.1. The purpose of this report is to provide an overview of performance in November 2019 for Urgent Care, Elective Care, Cancer and Mental Health.

2. Background

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

3. Performance Review

Urgent Care

A&E 4 hour waits

- 3.1 Pennine Acute Hospitals NHS Trust (PAHT) performance was 75.1% in November and 78.7% at Fairfield General Hospital (FGH) specifically.
- 3.2 For Type 1 attendances for adults (standard A&E unit), FGH remains the best performing in GM.
- 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). This is subject to a separate report on this agenda.

- 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 Whilst most of the Bury Urgent Care system is “holding its own” over the winter period so far, the aspect where there have been the most significant increases for the first time at FGH is around an increased number in Delayed Transfers of Care. Whilst Bury has continued to have DToCs at NMGH over the last 12 months, up until September this year there have been none at FGH. However in October, 19 individual patients were delayed at FGH but this has subsequently reduced to 3 patients in November.
- 3.9 The two main reasons why patients have not been transferred from hospital when they are medically fit are; completion of assessment and housing.
- 3.10 Below is a breakdown of delays for November at PAHT, broken down by reason:

PAHT DToC by Site – November 2019		
PAHT Site	No of Delay Days	No of Individual Patients
Fairfield	35	3
North Manchester	168	32
Oldham	36	6
Rochdale	0	0

Data provided by PAHT on 24/01/2020

- 3.11 Delays of Bury patients from NMGH continue to be the main area of concern. The numbers increased significant in September and October due to Bury Social Work availability to undertake assessments and to the withdrawal of management support provided by Manchester City Council to the Integrated Discharge Service.
- 3.12 The position of DToCs is now an area of major concern for the GM Partnership. GMs latest deteriorating potion from a relatively good position over the last 2 years is now on the NHSE/I regional radar.
- 3.13 The locality’s winter plan has been mobilised. 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.
- 3.14 FGH has opened an additional 50 beds over this period and planned activity has been stepped down for December 2019 and January 2020 to create more capacity for additional emergency care.

Planned Care

- 3.15 There is a national requirement to maintain or improve the number of Bury patients on hospital waiting lists to the same number as at March 2018.
- 3.16 The variance from March 18 to November 19 for Bury CCG is an additional 3,167

patients waiting. Most patients are waiting for treatment at Pennine Acute Hospitals with the remainder principally spilt between SRFT and MRI.

- 3.17 The biggest increases continue to be for Ophthalmology (eye) and Dermatology (skin).
- 3.18 Other specialties where most significant increases have been seen include Trauma and Orthopaedics, Ears Nose and Throat, Cardiology and Gynaecology.
- 3.19 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. One of the actions undertaken was a validation of waiting lists which is likely to reduce the total number of patients waiting at Pennine by 4,500. The Trust estimates that it will still be 2,000 patients over its March position by March 20.
- 3.20 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.
- 3.21 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), North East Sector CCGs and Manchester & 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.

Cancer

Two Week Waits (2WW)

- 3.24 Significant improvement has been noted in November with a performance for the CCG of 91.5% against the 93% constitutional standard.
- 3.25 At an aggregate level, PAHT achieved the constitutional standard with a performance of 93.5%. And there has been an improvement at SRFT who have achieved 83.6% in November.
- 3.26 Early data from the implementation of dermatoscopes in Bury is positive with 2WW demand significantly reduced in the 19 practices where this is implemented.

Two Week Waits (2WW): Breast Symptomatic non cancer

- 3.27 Continued under-performance in October of 49% for CCG. PAHT performance has continued to improve (91.4% in October). In November of 62.5% has been achieved which is an improvement from the October position.
- 3.28 The main issue remains with Bolton FT where aggregated performance was 23.6% in November. 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

- 3.29 CCG performance remains below standard in November (66.7% against 85% standard). This is a deteriorating position from the previous month.
- 3.30 Nineteen breaches noted in November, 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.
- 3.31 As referenced above, a tumour-group level action plan has been provided by PAHT though the accompanying recovery trajectory is awaited.
- 3.32 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.
- 3.33 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.
- 3.34 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. A full development session on Cancer is being held at the Clinical Cabinet on the 5th February.

Mental Health Improving Access to Psychological Therapies (IAPT)

- 3.35 The CCG has continued not to achieve the standard for patients requiring psychological therapies to be seen within 6 weeks. The current position for PAHT for November is 41.4% (indicative) with waits increasing to 7.1 weeks.
- 3.36 When producing the performance trajectory associated with the additional CCG funding, PCFT had advised that achievement of the six-week target would be impacted for some time to come. This is because this indicator measures the waiting time for those who have completed treatment, with the six-week period

therefore relating to the time before recruitment took place. The target for patients to be seen within 18 weeks, however, largely continues to be achieved.

- 3.37 As referenced previously, the CCG funded Cognitive Behavioural Therapy staff have now commenced in post though a lag in recovery against this standard was anticipated due to the need to work through the backlog of cases. Options are currently being worked up for consideration about how the backlog can be addressed in the short term.
- 3.38 Bury continues to be one of the worst performing localities for achieving 6 weeks for IAPT. A recovery plan is being pursued, but because of staffing issues, the CCG is unlikely to recover the position for 2019/20.

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.

Margaret O'Dwyer
Director of Commissioning & Business Delivery
margaret.o'dwyer@nhs.net

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Bury

Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Consider
Item No	11	Confidential / Freedom of Information Status	No
Title	Strategic Commissioning Board Risk Register		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery, Bury CCG Lynne Ridsdale, Deputy Chief Executive, Bury Council		
Author	David Hipkiss, Council Risk Manager		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.

This report provides an updated position in respect to 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 Strategic Commissioning Board 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 current report includes five risks which have been assigned to the Strategic Commissioning Board for collective oversight:

CCG Risks

- Lack of effective working with key partners which influence the wider determinants of health (level 20);
- Assuring decisions are influenced by all staff including clinicians (level 20);
- Lack of effective engagement with communities (level 15);

Council Risks

- Failure to implement Public Service Reform resulting in increased demand (level 16); and
- Decline in Ofsted ratings across the Borough (level 16).

Reviews have been completed against 4 of these risks, with the last review in respect to public Sector reform scheduled to be undertaken before the 31 January 2020. All risks reviewed reflect a static position, although work is progressing well across all areas to ensure appropriate management and mitigation of the risks identified.

Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Receive the Strategic Commissioning Board Risk Register; • Review the information presented; and • Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						

Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome

Strategic Commissioning Board Risk Register

1. Introduction

- 1.1. This report presents the Strategic Commissioning Board Risk Register.
- 1.2. These risks, which have been identified across the CCG and Council as relating to the business the Strategic Commissioning Board, have been identified, assessed and recorded on Pentana - the risk management system.
- 1.3. The Strategic Commissioning Board is required to maintain oversight of the risks assigned to it.
- 1.4. The report presents the risk position and status as at 15th January 2020.

2. Background

- 2.1. Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.
- 2.2. Once identified, each risk should be assigned a risk owner, who is responsible for ensuring day-to-day management and undertaking regular re-assessment of the risk level, taking into account changes in context, controls and assurance.
- 2.3. Good practice also recommends assigning risks to Boards, Committees and Sub-Committees to provide a further level of objective and collective oversight, review and assurance.
- 2.4. Both the CCG and Council have existing risk management arrangements, however as part of the integration of health and care, including the development of the One Commissioning Organisation, a programme of work has commenced on aligning the underlying approaches within each organisation in respect to risk management, building on the good practice already in place.
- 2.5. This work continues to be developed and the aspiration is to achieve a joint Risk Management Strategy under which both organisations will operate by 1st April 2020.
- 2.6. Recognising the on-going work to align to single risk reporting arrangements, the current Strategic Commissioning Board Risk Register includes risks identified by both the CCG and the Council.
- 2.7. The report includes an overarching risk register (Appendix A) which reflects the summary position and a more detailed reflection of each risk (Appendix B) along with a narrative of the key changes in the reporting period relevant to each risk.
- 2.8. The Strategic Commissioning Board should consider the updates provided in the context of the wider agenda, raising any additional points for consideration.

3. Strategic Commissioning Board Risk Register

3.1 There are currently five risks included on the Strategic Commissioning Board Risk Register.

3.2 The following narrative reflects the current position of each risk following review by the risk owner and risk manager.

Risks with no reported change

3.3 During the reporting period **2** risks have remained unchanged.

- **GB1920_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health**

3.4 Although risk score has remained unchanged progress is on target with the development of the Bury 2030 Strategy along with the development of a paper for public consultation.

3.5 The Locality Plan final version has been submitted to Greater Manchester on the 30th Nov 19. The Locality Plan emphasises the importance of wider public sector reform on improving health and reducing health in-equalities.

3.6 Work is taking place as part of the restructuring of CCG/Council in line with the development of an integrated Commissioning Strategy and this is now reflected in the risk progress profile.

- **GB1920_PR_4.1 Assuring decisions are informed by all staff including clinicians**

3.7 Although significant progress has been made in the establishment and development of the OCO, including additional resource to lead the continued development of the OCO and supporting Organisational Development Programme, establishment of the Strategic Commissioning Board and consultation on the high-level operational structure, there is no reported reduction to the current level of risk, which remains at a level 20 against a target of 10 to be achieved by 31 March 2020. Consideration will be given to the sub-structures and arrangements for OCO integrated working below Director level, and once implemented, this should provide further assurance.

3.8 Discussions continue to be progressed with regard to ensuring the clinical voice remains central and instrumental in the decision-making progress, and there is a level of appetite to explore and develop a system-wide Professional Reference Group.

- **GB1920_PR_1.1 Lack of effective engagement with communities**

3.9 The risk remains at a level 15 against a target of 10 to be achieved by 31 March 21. Originally, delivery of the actions to mitigate and fully manage this risk to support achievement of the target risks was set at 31 March 2020, however during the last review, the Risk Owner considered the timeline for delivery further and reflected that a revised target delivery date of 31 March 2021 as full engagement with communities takes a long time.

3.10 Work has been undertaken on an overarching joint Communication and Engagement Strategy and this will be presented for approval in March 2020. Additionally, bespoke

engagement has been undertaken in relation to Urgent Care – Winter pressures and the Bury 2030 Strategy

3.11 As both these areas of work are progressed, it is anticipated that the risk will reduce accordingly.

- **CRR_E_03 Decline in Ofsted ratings across the Borough**

3.12 The risk remains at a level 16 against a target of 9 to be achieved by 31 March 2020.

3.13 Whilst there has been no reduction in the level of risk reported during the last review, good progress is being made through implementation of a number of changes and initiatives, including stronger leadership, a monthly cross-party education meeting and a stronger focus on improving education outcomes. Additionally, work continues to be undertaken with Greater Manchester to look at best practice and capacity.

Risks that have reached their target level

3.14 During the reporting period **0** risks have reached their target score.

Risks that have reduced in score

3.15 During the reporting period **0** risks have reduced in score.

Risks that have increased in score

3.16 During the reporting period **0** risks have increased in score.

Risks recommended for closure

3.17 During the reporting period **0** risks have been recommended for closure by the risk owner.

New Risks

3.18 During the reporting periods **0** new risks have been added to the risk register.

Risks that have not been reviewed in the reporting period

3.19 During the reporting period 1 risk has not yet been reviewed.

- **CRR_E_01 Failure to implement Public Service Reform**

3.20 The risk is currently assessed at a level 16, against a target of 12 and was last reviewed on 21 November 2019, where the risk increased from level 12 to level 16. The information included in both the summary and detailed report reflects this position. The next review will be completed before 31 January 2020 with an update reported to the Strategic Commissioning Board in March 2020.

4 Risk Summary

4.1 The following summary is provided to the Strategic Commissioning Board:




	Nov	Nov %
Total Risks on Report	5	
New Risks	0	
Risks reduced since last report / review	0	0.0%
Risks increased since last report / review	0	0.0%
Risks that have remained static	4	80%
Risk that have reached target level	0	0%
Low Risks (1-3)	0	0%
Medium Risks (4-6)	0	0%
High Risks (8-12)	0	0%
Significant Risks (15-25)	5	100%
Risks reviewed in this period (January 2020)	4	80%
Risks yet to be reviewed (January 2020)	1	20%
Risks to be reviewed for next report (February 2020)	3	60%



5 Recommendations

- 5.1 The Strategic Commissioning Board is asked to:
- Receive the Strategic Commissioning Board Risk Register;
 - Review the information presented;
 - Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Appendix A: Strategic Commissioning Board Risk Register: Summary

NHS Bury CCG Summary



CCG Risks									
Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
GBAF	GB1920_PR_2.1	Lack of effective working with key partners which influence the wider determinants of health	14-Aug-2019	20	09-Jan-2020	20	15		Feb-2020
GBAF	GB1920_PR_4.1	Assuring decisions are informed by all staff including clinicians	29-Nov-2016	20	09-Jan-2020	20	10		Feb-2020
GBAF	GB1920_PR_1.1	Lack of effective engagement with communities	28-Nov-2016	20	13-01-2020	15	10		Apr-2020

Council Risks									
Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
BC Corporate	CRR_E_01	Failure to implement Public Service Reform resulting in increased demand	01-Apr-2018	16	21-Nov-2019	16	12		Jan-2020
BC Corporate	CRR_E_03	Decline in Ofsted ratings across the Borough	01-Apr-2019	20	15-Jan-2020	16	9		Feb-2020

Appendix B: Strategic Commissioning Board Detailed Risk




CCG Risks




Areas highlighted in **BOLD** reflect additions to the risk at the last review

Risk Code & Title	GB1920_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health				
Risk Statement	2.1 Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	Assigned To	Current Risk Status	Direction of Travel	Annual profile
Current Issues		Margaret O'Dwyer			

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
14-Aug-2019	5	4	20	09-Jan-2020	5	4	20		5	3	15	31-Mar-2020






Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Health and Well-Being Board 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board w.e.f. October 2019	1. Bury Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Development of a Commissioning Strategy which will include commissioning for social value (e.g. maximise the CCG's potential to become an anchor organisation by supporting the local supply chain/local recruitment, being an exemplar organisation, inclusion of social value goals in Provider contracts, support environmental sustainability etc.) 3. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health in-equalities	<u>Gap(s) in controls:</u> 1. Bury Strategy is not yet finalised 2. Commissioning strategy not yet finalised 3. Potential failure of a systematic process to oversee the implementation of a number of high-level strategies which together could have a major impact in reducing health inequalities/improving health and well-being. <u>Gap(s) in assurances:</u> 1. None identified.

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.1a Active participation in the development of the Bury 2030 Strategy	31-Mar-2020	Margaret O'Dwyer	Workshops held. Output of Bury Big Conversation analysed. Narrative for publication consultation in development.	60%		In Progress
2.1b Refresh of the Locality Plan	30-Nov-2019	Margaret O'Dwyer	Steering Group established. Finalised and submitted on 30th November 19.	100%		Completed
2.1c Development of an Integrated Outcome Based Commissioning Strategy	31-Mar-2020	Margaret O'Dwyer	Early work underway as part of the restructuring of CCG/Council.	10%		In Progress

Risk Code & Title	GB1920_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 One Commissioning Organisation (OCO) and its decision making	Assigned To	Current Risk Status	Direction of Travel	Annual profile
Current Issues		Margaret O'Dwyer			

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
29-Nov-2016	5	4	20	09-Jan-2020	5	4	20		5	2	10	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board	1. Clinical Director and Executive Director involvement in all key decision-making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. Use of and access to all OD opportunities available to all staff (e.g. Employee Assistance Programme(EAP) , Perform @ Your Peak NHS North West Leadership Academy, Advancing Quality Alliance (AQuA)) 5. External capacity secured to support OCO transformation which has development of a comprehensive OD programme as a priority area which will ensure alignment across CCG and Council offer.	<p>Gap(s) in controls:</p> 1. Clarity regarding support available to staff during the period of restructure

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
4.1a Roles and responsibilities as commissioners to be explored and made explicit	31-Mar-2020	Margaret O'Dwyer	High level restructure issued 03rd October 2019 and is subject to a 3-month consultation. Final proposals to Governing Body 22/01/20.	100%		Completed
4.1b Continued development, engagement and involvement of all staff	31-Mar-2020	Margaret O'Dwyer	New OD Programme to be put in place.	40%		In Progress
4.1c Review the roles and responsibilities of the Clinical Cabinet and Joint Professional Congress with the LCO	31-Mar-2020	Margaret O'Dwyer	Joint working underway to explore to explore new arrangements for a professional congress.	60%		In Progress
4.1d Commence meetings between the Chief Officer and Clinical Directors to explore their future roles within integrated commissioning	31-Dec-2019	Geoff Little	Joint meeting on potential new roles for directors / leads held September 19. To be explored through more joint meetings.	80%		Overdue
4.1e Bi-lateral conversations between the Chair and individual Clinical Directors	31-Mar-2020	Jeff Schryer	Executive Management Team (EMT) meetings in situ and on-going	100%		Completed



Risk Code & Title	GB1920_PR_1.1 Lack of effective engagement with communities				
Risk Statement	1.1 - Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	Assigned To	Current Risk Status	Direction of Travel	Annual profile
Current Issues		Catherine Jackson			

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
28-Nov-2016	5	4	20	14-Jan-2020	5	3	15		5	2	10	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Patient Cabinet reports to the Governing Body 2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee 3. Healthwatch attend PCCC 4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 5. Annual 360 Stakeholder Survey 6. New Strategic Commissioning Board in place October 2019.	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Patient Cabinet in place to promote active engagement and public voice 4. Self-care has an increased focus in the refreshed locality plan 2017 5. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 6. Neighbourhood engagement models 7. Joint Comms & Engagement Team in place. 8. Patient Cabinet evolving to form a more widespread engagement model. 9. Refreshed Locality Plan in place	Gap(s) in controls: 1. Engagement Strategy related to the locality plan not yet in place. 2. Slow pace in respect of the implementation required to deliver the transformation programme 5. Neighbourhood engagement models still under development Gap(s) in assurances: 1. Patient cabinet is currently on hold pending agreement of future arrangements 2. Engagement with local people take a long time.



Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
1.1a PPI action plan to be implemented	31-Mar-2019	Catherine Jackson	A significant number of actions have been progressed and whilst there is still work to be completed the recent self-assessment prepared indicates a score of 13 (out of a total 15) which would improve the rating from amber to green. External validation of the self-assessment by NHS England will not be known until July 19.	100%	Completed
1.1b CCG Engagement Programme to be developed	30-Sep-2019	Catherine Jackson	Action has been superseded by OCO Bury 2030 Survey.	100%	Completed
1.1c Commence development of an integrated Communications and Engagement Strategy	30-Sep-2019	Catherine Jackson	This action has been superseded by new OCO Engagement Strategy being developed.	100%	Completed
1.1d Scrutiny of the Health and Well-being of the local population to be built in to regular reporting	31-Mar-2020	Catherine Jackson	Recent Public Health Paper presented to SCB and GB on Health Inequalities in two of the boroughs. To be extended to the whole locality.	60%	In Progress
1.1e OCO Bury 2030 Survey	01-Dec-2019	Catherine Jackson	Survey being provided via Public Engagement and Social Media Events etc.	100%	Completed
1.1f OCO Engagement Strategy to be developed following Bury 2030 Survey	29-Feb-2020	Catherine Jackson	Survey results available, planning days Jan/Feb to discuss the impact of the survey on the strategy.	10%	In Progress
1.1g Engagement with local people take a long time	31-Mar-2021	Catherine Jackson	Engagement strategy developed. Mobilising the strategy is the next phase.	0%	Assigned



Council Risks

Risk Code & Title	CRR_E_01 Failure to implement Public Service Reform resulting in increased demand			
Risk Statement	4.1 Investment of transformation funding to deliver reform to reduce increasing demand	Assigned To	Current Risk Status	Direction of Travel
		Julie Gonda		
Current Issues				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
01-Apr-2018	4	4	16	21-Nov-2019	4	4	16	01-Jan-2020	4	3	12	31-Mar-2020






Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Scrutiny via CWB SMT, escalation to JET if required - lead Tracy Minshull/Adrian Crook. 2. Working group in pace for ControCC reporting to DMT, led by Assistant Director (Social Care). 3. Where not stated, separately assurance is via internal scrutiny either at CWB SMT or Commissioning Board. 4. Established Quality Assurance Framework testing compliance against CQC measures and Care Act compliance (commissioned services). 5. Quarterly joint meetings with CQC to support inspection visits/provider compliance over KLOE's. 6. Monthly integrated provider contract meeting (including Infection Control and CCG),	1. Finance fortnightly savings tracker and monthly finance report. 2. Fortnightly JET report re: activity relating to activity in long-term residential placements - further report being developed relating to short-term residential care. 3. Development of new care finance IT system. 4. Programme of activity around reducing reliance / spend on social care such as panel scrutiny of care packages. 5. Flexible Purchasing System in place (LD). 6. LD plan in line with GM approach. 7. Development of local offer to carers. 8. Leading blended roles - trailblazer. 9. Zoned Care at home model. 10. Ongoing programme of contract and care package reviews. 11. Development of social prescribing model. 12. Adoption strengths-based approach. 13. System flow group exploring System Balance Model - managing system demand/blockages - Trusted Assessor Model. 14. Bury 2030 Locality Plan - Neighbourhood Plan.	1. System wide change control programme established.


Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
CRR_E_01a There is a strong programme of work which is supporting Bury in its approach to mitigating the effects of Adult Social Care demand. This includes wider system (i.e. at a GM level) to provide failure, rising and predicting demand etc	20-Oct-2019	Julie Gonda		0%	 Overdue
CRR_E_01b System flow work is a multi-agency approach across health and social care stakeholders.	28-Oct-2019	Julie Gonda		0%	 Overdue

Risk Code & Title	CRR_E_03 Decline in Ofsted ratings across the Borough			
Risk Statement	4.2 Decline in Ofsted ratings across the Borough	Assigned To	Current Risk Status	Direction of Travel
		Karen Dolton		
Current Issues	National comparisons against Bury's performance			

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
01-Apr-2019	4	5	20	15-Jan-2020	4	4	16	01-Feb-2020	3	3	9	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<p>1. The Cabinet Member for Children and Young People, alongside the Interim Assistant Director of Education to appear before each sitting of the Scrutiny Committee for this municipal year to brief members on the steps being taken by Bury Council to drive up educational standards.</p> <p>2. Life Chances Commission reviewing life readiness.</p> <p>3. Improved Quality Assurance arrangements for social work practice including audit framework, social work standards and audit recommendation tracker.</p> <p>4. Monthly Performance Management Meetings for Social Care with Team managers to account for team performance report cards.</p> <p>5. Monthly SEND Partnership Board accountable and with oversight of the SEND system</p> <p>6. SEND Improvement Governance Structure in place</p>	<p>1. Notice of Motion at July 2019 Council - The Interim Assistant Director of Education to provide a written report to all councillors by Friday 9th August 2019 to confirm what steps must be taken to improve educational standards within the Borough.</p> <p>2. Working group of councillors be appointed to assume responsibility for overseeing the transformation of educational standards within the Borough.</p> <p>3. Inspection Action Plan in place following social care inspections of Front Door and Care Leavers</p> <p>4. Recovery plans in place for those areas of weaknesses following Joint Area SEND inspection revisit (13 May 2019)</p>	<p>1. Question of whether a role for internal audit or a wider peer challenge to assess impact of Council activity in the role of school standards (particularly for maintained)</p> <p>2. Recognition of potential impact of wider determinants of health on school standards and performance</p> <p>3. Ofsted framework for inspection changes significantly</p> <p>4. Level/intensity of concerns and views of parents on SEND</p> <p>5. Increase in number of SEND tribunals and judicial reviews</p> <p>6. Political "goal posts" locally and nationally change</p>

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
CRR_E_03a Determined through written report by Interim AD Education	31-Oct-2019	Karen Dolton	Completed. Followed up with monthly cross-party reports and meetings in place. Attendance at every O&S with updates. Weekly briefing of lead member.	100%	 Completed
CRR_E_03b Role of BAMP/BASH to be explored in driving the required improvements	31-Jan-2020	Karen Dolton	New Associate Head scheme now in place. Schools raising concern process co-produced and agreed by heads. Associate Heads identified and engaging with the school system; Headteacher reference group chaired by the CE, meeting monthly; School risk categorisation refreshed; Menu of school to school support capacity being developed.	80%	 Check Progress
CRR_E_03c Education given greater prominent with Health and Wellbeing Board arena.	30-Sep-2019	Karen Dolton	Lead member taken a high level of interest in driving improvements forward which has raised profile. Positive press release actively promoted about improvements made in school. Council's overview and scrutiny committee now has work programme that looks thematically at education performance at each meeting. This greater oversight enables greater connectivity with the wider health and social care system; The developing LCO provides a clear link between services commissioned for children and young people and the wider population.	60%	 Overdue
CRR_E_03d Horizon scanning for future changes in policy and system design	31-Jul-2020	Karen Dolton	Work with GM to look at best practice and capacity. The developing school system is responding to the changing education landscape and provides a link to the wider system developments across the sub region (GM) and the region (NW).	60%	 In Progress
CRR_E_03e Positive relationships with parents through work on co-production and with wider stakeholders	31-Mar-2020	Karen Dolton	Mediation and mentoring actively used to develop understanding of co-production. Commissioned "Voices" work form	40%	 Overdue

			Rotherham to help us co-produce our strategy going forward. Ongoing focus on engagement with and participation of children and young people. Work to strengthen links to representative groups to enable co-production.			
CRR_E_03f Strong local political relationships	31-Dec-2019	Karen Dolton	Strong lead member, cross party group for education meets monthly to focus on improving education outcomes. Cabinet Member receives regular, in-depth reports and updates; Overview and Scrutiny Committee considers educational performance at each meeting.	80%		Overdue

Meeting: Strategic Commissioning Board			
Meeting Date	3 rd February 2020	Action	Information
Item No	12	Confidential / Freedom of Information Status	No
Title	One Commissioning Organisation Update		
Presented By	Nicky O'Connor, Interim Director of Transformation		
Author	Nicky O'Connor, Interim Director of Transformation		
Clinical Lead	Dr. Jeff Schryer, CCG Chair		
Council Lead	Geoff Little, Chief Executive, Bury Council / Accountable Officer, Bury CCG		

Executive Summary
<p>The OCO development programme has been in place for several months and is now led by Nicky O'Connor, Director of Transformation. Three key steps have been required to set up the OCO</p> <ol style="list-style-type: none"> 1) Establishing the governance and SCB 2) The pooling and aligning of joint resources of circa £600m creating one resource envelope 3) Bringing health and care commissioning teams coming together, supporting the Strategic Commissioning Board to deliver and implement the Board's decisions. The consultation process to enable this re-structure closed on 31st December. <p>Using the McKinsey 7s model the programme is now focusing on the following;</p> <ol style="list-style-type: none"> 1) Structure following the consultation 2) Developing the Bury Commissioning Strategy 3) Aligning system and process to the strategy 4) Shared values 5) Staff and skills <p>Next steps are aligned to these 5 areas.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Note work completed so far and outlined next steps

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.
<i>Add details here.</i>	

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

Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	x
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	x
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	x
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>		

STRATEGIC COMMISSIONING BOARD DEVELOPMENT PROGRAMME

ONE COMMISSIONING ORGANISATION UPDATE

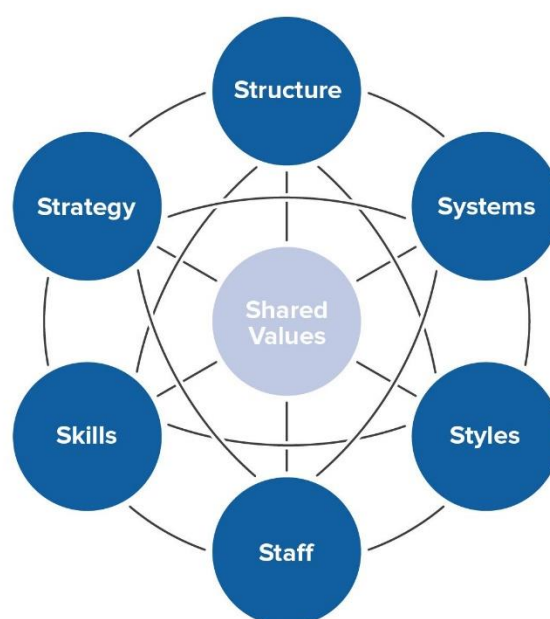
1. Introduction

- 1.1. A One Commissioning Organisation (OCO) Development Programme was brought into being, initially supported by a management consultant, Tony Bruce, and more latterly by Nicky O'Connor, Interim Director of Transformation, on secondment from the Greater Manchester Health and Social Care Partnership.
- 1.2. There were 3 initial steps to creating the OCO:
 - Establishing the governance to support the OCO – the Strategic Commissioning Board, providing leadership and governance of health and social care commissioning specifically, and promoting alignment with wider Council activities with the inclusion of all Council portfolios. This is the forum where clinicians, politicians and managers have one approach to objective setting, strategic planning and allocation of resources.
 - The pooling and aligning of joint resources of circa £600m creating one resource envelope to be deployed in line with joint commissioning priorities.

- Bringing health and care commissioning teams coming together, supporting the Strategic Commissioning Board to deliver and implement the Board's decisions. The consultation process to enable this re-structure closed on 31st December.

1.3. McKinsey 7s Model

The McKinsey 7s model has been used to put structure around the development programme for the OCO.



The model is most often used as an organisational analysis tool to assess and monitor changes in the internal situation of an organization. The model is based on the theory that, for an organization to perform well, these seven elements need to be aligned and mutually reinforcing. So, the model can be used to help identify what needs to be realigned to improve performance, or to maintain alignment (and performance) during other types of change. This paper provides an update of activities in the development of the OCO against the McKinsey 7s model.

1.4. Structure

The first phase of consultation to develop the new structure has now completed. Through January, the Council and CCG will confirm the outcome of the consultation process and agree the final senior structure for the OCO itself and the overall council structure. Recruitment will commence for the Executive Director of Strategic Commissioning at the end of January.

- 1.5. The second phase of re-structuring – to align individual teams from health and care commissioning into the OCO, and to create the Corporate Core for the council

(covering all support functions) will commence in January with a view to completing this phase at pace and settle staff into new roles and teams.

- 1.6. The creation of a governance structure which enabled health and care to take joint commissioning decisions is complete. The Strategic Commissioning Board was established in October 2019 comprising of clinicians, politicians and managers, with delegated authority from the Governing Body and the Council Cabinet. An operational sub structure for the board was agreed on 6th January, for implementation by 1st April 2020.
- 1.7. To ensure day to day planning and oversight of the OCO there are three programme development groups in place:
 - OCO Management Group – Chaired by Geoff Little – overseeing the strategic and operational work of the OCO
 - OCO OD Group – Chaired by Nicky O'Connor – steering the OD activity for the OCO, bringing in external support where needed
 - OCO Development Group – Chaired by Nicky O'Connor – bringing together senior managers from the OCO to develop the strategy, priorities and business cycle.

2. Developing Strategy

- 2.1. The strategic commissioning board will oversee the development of a single commissioning strategy which will describe a different way of commissioning, from micro-commissioning at the level of individuals to macro-commissioning at GM level and beyond where it makes economic sense to do so. Our commissioning intent will be person-centered, placed-based, outcome-focused and with a view to maximising social value. The commissioning strategy will sit as part of the implementation plan for the overall Bury 2030 strategy.

3. Systems

- 3.1. Work has been ongoing to align the business cycle processes of the council and CCG in respect of health and care; to align these where possible, and where not possible to acknowledge and understand the different processes.
- 3.2. Establishment of OCO priorities has also commenced. Workshops are being held with senior managers across the OCO to identify the key priorities across health and care. These priorities will coalesce in the production of the OCO Commissioning Strategy and supporting the Bury 2030 Strategy. Current priorities include:



3.3. These will be further informed by 8 population health strategic priorities agreed at the SCB in January 2020.

- Ensuring a good start in life
- Prevention of and reducing the impact of adverse childhood experiences and mental wellbeing
- Improving primary and secondary prevention of long-term conditions (including MSK)
- Developing a comprehensive behaviour change strategy which emphasises making healthy options the default options
- Income and wealth equality
- Supporting relationships and social connections and community empowerment
- Creating decent affordable housing
- Ensuring all residents benefit from clean and green environments

Once finalised, these priorities will form the basis of a system of measurement against outcomes for the SCB.

3. Shared values

Initial values are in place as a starting point for discussion with staff. These will be reviewed by teams from February onwards. These values will link the Bury 2030 strategy to the work of everyone within the council and CCG – helping support and develop a truly integrated organisation. The draft values are:

- **Delivery** – people centered, clinically effective and sustainable care, delivering results and a quality service
- **Equality** – challenging inequality through partnership working, values, ethics and diversity
- **Listening and Learning** – listen and learn, customer service
- **Valuing Everyone** – staff development, teams, networks and partnerships

- **Enterprising** – bold inclusive and supportive, commercial thinking, adapting to change

5. Style

- 5.1. The development of a 'Bury' leadership style has already begun. The programme for the Strategic Commissioning Board has begun and an OD programme of the new Joint Executive Team will commence in April once the new team is established. Council and CCG are working with the GM Health and Social Care Partnership Team OD function to produce an offer to Bury which includes coaching, mentoring and talent management, as well as leadership development and behaviours which support the organisations values.
- 5.2. The development programme for the SCB commences on 5th February, facilitated by Mike Farrar CBE, to enable members to play their full part in strategic decisions affecting the population of Bury.

6. Staff and Skills

Sessions to develop new teams will start at the end of January, as the same time as a focused skills analysis, based on key commissioning competencies. A new MGR model has been developed to enhance managerial competencies, whilst the OCO is supporting staff in 2 cohorts to undertake the GM Commissioning Academy programme. Programme and improvement methodology workshops are in train, alongside training in problem solving methods, with initial workshops on 21st and 30th January.

Engagement with staff has been undertaken throughout the development of the OCO. Regular engagement sessions have been held with staff who will form part of the OCO and these are continuing until May 2020. It is recognised that staff need to feel supported and developed through this change process but also see recognisable emblems of change. To that end, work has commenced on progressing a new 'brand' for the integrated organisation including presentation templates, corporate styles, joint induction programme and lanyards that reflect the brand of Bury, incorporating the importance of the NHS brand.

7. Next Steps

Next steps will continue to develop the OCO before April 1st. With the following key pieces of work;

- Embed the new integrated governance and evaluate to ensure it meets its objectives, supported by the programme of board development
- Continue to make more joint appointments where appropriate to enable an efficient use of a joint resource.
- Align health and care commissioning teams to focus on improving health outcomes, deliver on national performance standards and commission for social value.

- Commit to a continuous OD programme to support staff so that they become strategic commissioners.
- Develop a joint 3 – 5-year commissioning strategy.
- Develop a 3-5-year financial strategy which will underpin this plan's ambitions to achieve a financially balanced system in Bury.

Nicky O'Connor
Director of Transformation

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Receive
Item No	13	Confidential / Freedom of Information Status	No
Title	Bury Strategy Update		
Presented By	Lynne Ridsdale, Deputy Chief Executive, Bury Council		
Author	Lynne Ridsdale, Deputy Chief Executive, Bury Council		
Clinical Lead	Dr. Jeffrey Schryer, CCG Chair, NHS CCG Bury		
Council Lead	Lynne Ridsdale, Deputy Chief Executive, Bury Council		

Executive Summary
An update to Board on the latest activity in the development of the Bury 2030 strategy
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> Review the presentation slides and provide their strategic input into the proposals.

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
<i>Add details here.</i>	

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

Implications						
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Proposals are in relation to development for overall vision and strategy for the Borough, including health and wellbeing.					
How do proposals align with Locality Plan?	The Locality Plan refresh was developed alongside the development of the Bury 2030 Strategy and in many ways a forerunner of the strategy.					
How do proposals align with the Commissioning Strategy?	The Bury Strategy will provide the strategic vision for the Borough for the next decade, articulating the key outcomes for the people of the Borough which should sit centrally within future commissioning plans.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	Focus on IMD will ensure Bury Strategy targets activity to drive necessary increases in quality of life and outcomes for residents of the Borough.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A at this stage – will be considered as part of wider integration work					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
CabJET	20/01/2020	At time of writing, report still tot take place
JET	13/01/2020	Noted and comments fed back on

Bury Strategy Update

1. Introduction and background

- 1.1 This report is a further update to SCB following earlier papers in October and December 2019 with regards to the latest developments in relation to the Bury (2030) Strategy.
- 1.2 The Bury Strategy will be our 10 year vision for the place rather than a plan just for any given organisation – this is a plan for the Borough of Bury, by the people of Bury.

2. Presentation slides

- 2.1 Following the public engagement on Bury 2030 and discussions at key partnership meetings during the autumn work has continued to develop the narrative for an agreed vision and approach, based on feedback received and linked to the 5 themes of the Local Industrial Strategy.
- 2.2 National journalist, and Bury's own, Phil Collins has developed the Bury story, outlining the 'as is' state of the Borough and a development session with Team Bury partners in January brought public, private, voluntary and community sector leaders together to develop a joint delivery plan for the strategy.

3. Recommendations

- 3.1 It is recommended that the respective Members of the Board review the proposals outlined in the slides and provide their strategic input into the proposals.

4. Actions Required

- 4.1 To review this report and to provide strategic input into the development of the Bury Strategy with any specific contributions to be sent to corporate.core@bury.gov.uk

Lynne Ridsdale
Deputy Chief Executive (Corporate Core)
l.ridsdale@bury.gov.uk
January 2020

Bury 2030

Team Bury 23 January 2020

Today

Welcome - In the room:

- The Team Bury partnership & wider community leaders
- Our independent facilitators - Centre for Local Economic Strategies
- Cambridge Econometrics

Plan for discussion:

- Sharing the Bury 2030 thinking so far – community feedback & partner discussions
- Context – Local economic position
- Workshops to develop our 2030 vision and detailed delivery plans

Has everyone picked up a name sticker?

Bury 2030

Lynne Ridsdale

Bury Council Deputy Chief Executive

Introduction

- Bury 2030 strategy under development, informed by big conversation with residents & partners last year
- A ten year plan for Bury people, place, innovation, infrastructure and business development which will drive local productivity & growth
- Designed to deliver a new relationship within & between public services and communities – communities listened to, enabled & re-engaged
- Enabled by “People Powered Bury” community capacity building and skills/behaviours
- Looking to drive 10 years of reform – vision to be one of the first post industrial northern districts to fully deliver inclusive growth. A place to “live a good life” – green space; connectivity; community & quality jobs

Key principle – creating the conditions for people to take more control over their lives

- *Relationships in people's lives matter more than public services*
 - All public service staff trained in listening with an open mind; empathy and finding out what really matters to people – and given time & freedom to act on results
- *Neighbourhoods the place where change happens*
 - Neighbourhood delivery model for all our services
- *Power needs to shift from public service to our communities*
 - New governance to give community, voluntary & faith groups control - influence over commissioning; co-design services & review delivery
 - Radical new delivery models including exploring greater commissioning of voluntary organisations
 - New public service roles which help people navigate the system and build relationships?
- Wellbeing at the heart of future strategy: aspiration; resilience; optimism and lives that people feel compare well (Layard)
 - Culture and community groups as a mechanism to connect people and feel pride in place
- Need to describe this in a simple way that gets people involved.....

All this makes us Happy
Beginning with GM Town of Culture



The emerging framework – 5 themes; 10 priorities

“Bury Happy” 2030?

Happy People

**Community –
Aspiration &
Capacity**

**Neighbourhood
Delivery**

Thriving Places

**Carbon neutral
Economic Strategy**

Creative Ideas

**Culture
Wellbeing**

**Enabling
Infrastructure**

**Digital
Transport**

**Enterprising
Business**

**Inclusive business
Growth
Education & Skills**

**Bury People Powered “behaviours”
– common way of living & working together**

Outcomes – Genuine Inclusive Growth

“We aim to become the first post-industrial area to grow more quickly than the national average, but economic growth is only valuable if it helps people to grow. We must create not just full employment but also fully meaningful employment, with the genuine prospect of progress and promotion. Bury cannot be happy without growth that extends to all six towns and to all the people in them. This is an enterprise in partnership between the politicians, the professionals, the representatives of community, faith and voluntary organisations and - most importantly - the people of Bury”

**We will be known as the place that has achieved real inclusive growth –
Greater growth & less deprivation than national average**

- In-work poverty minimised
- Class leader for education & skills
- Residents reaching retirement in good health
- Life expectancy gaps closed
- Carbon neutral

Bury 2030 Proposed Governance

Bury Strategic Leadership Group (BSLG)

Leader of the Council (with Chief Executive); Independent Chair of VCFA; Independent Chair of LCO; CCG Chair; Chair of Bury Business Leadership Group; Chair, Bury Community Leadership Group [NEW]; Chamber Commerce?; Interfaith Chair / faith leaders; Local MPs?; GMP Chief Superintendent; GMFRS; Chair, Bury College

Bury Public Service Leader's Group (PSLG)

- Deputy Leader
- Chief Executive/Accountable Officer of the CCG
- LCO Rep
- Rotating representation from BCLG
- GMP divisional Commander
- Local Fire rep
- DWP rep
- University of Bolton
- Principal, Bury College
- Holy Cross
- Primary School Rep
- Secondary School Rep
- Early Years Provider rep
- Six Town Housing
- Further Housing Association Rep
- Persona
- Council Executive Directors?

- Meet monthly against programme delivery
- Outcome review
- Focus rotating across Bury2030 (LIS) themes

Bury Community Leadership Group (BCLG)

- To include rotating representation from BPSLG
- Tenants and Residents Association(s)
- Deputy Chair of VCFA
- Community Sports and Leisure Groups
- Community Arts and Heritage groups
- Community health and care providers
- Community faith leaders

- Meet monthly (tbc – for the group to decide)
- To provide community voice in co-design, co-development and co-delivery of Bury 2030 activity, track progress on outcomes, explore further opportunities to develop plans and provide two way feedback loop with BSLG as 'leaders of place'

Statutory / specialist Groups

- Children's Board
- Bury Business Leadership Group (BBLG)
- Community Safety Partnership
- Health and Wellbeing Board

- Meeting frequency determined by existing Terms of Reference with call to review in light of Bury 2030 governance arrangements (tbc – for the group to decide)
- Providing particular focus on elements of work, either as statutory functions or as advisory groups (in the case of BBLG) to supplement the PSLG and BCLG, with two way feedback loop with BSLG as 'leaders of place'

BSLG/ PSLG Associate Members

- Greater Manchester Combined Authority -PSR and wider strategy teams (GMCA)
- Greater Manchester Health and Social Care Partnership (GMH&SCP)
- Centre of Local Economic Strategies (CLES)
- New Local Government Network (NLGN)
- Barclays (given Thriving Local Economies Pilot)
- Representatives from Academy Trusts?
- Local Government Association
- Nesta

- Invited to BSLG/PSLG as 'critical friend' and peer challenge/support to the locality
- Promotes work of Bury, provides single voice from 'place' and positions Borough as place to pilot new approaches

Discussion over lunch

- Q & A from the floor – Panel?
- Challenges & ideas

Bury Economic resilience



cambridge
econometrics

clarity from complexity

Discussions

- 5 x 15 minute discussion slots; one for **each theme** of the strategy:
 - Contribution to the 2020 analysis & 2030 Narrative & Vision
 - Populate the Activity plan: 2020; 2022; 2025
- Rotate through themes in the order on your sticker:
 - Red – People –Facilitator: Lesley Jones and Vicky Maloney
 - Green – Place - Facilitator: Donna Ball
 - Orange – Ideas – Facilitator : Victoria Robinson
 - Purple – Infrastructure – Facilitator: Kate Waterhouse
 - Black - Business – Facilitator: Andrew Roberts and Elizabeth Clark
- Use the time to also find – or find out about! - your coffee partner

Plenary – are we ready to deliver the vision?

“We aim to become the first post-industrial area to grow more quickly than the national average, but economic growth is only valuable if it helps people to grow. We must create not just full employment but also fully meaningful employment, with the genuine prospect of progress and promotion. Bury cannot be happy without growth that extends to all six towns and to all the people in them. This is an enterprise in partnership between the politicians, the professionals, the representatives of community, faith and voluntary organisations and - most importantly - the people of Bury”

- **Feedback from each facilitator**
 - **Baseline**
 - **Vision**
 - **Delivery plans**

Next Steps

- Strategy to be written up, including feedback from today
- Parallel work to propose delivery “behaviours” through the People Powered network
- Resident consultation during March – what and how
 - On line
 - Community meetings
 - Via your networks
- Strategy and programme of work launched April, with new governance to deliver

Slides for Workshops

“The enterprise and spirit of the people of Bury is the engine of our economic growth but good fortune in Bury is still the prey of chance. We cannot rest happy with a place where the gap between the lives of our most and least fortunate are so wide. The task before us is how we create the conditions for our town and its people to prosper. A place in which people are helped to make the best of themselves, where everyone can be the author of their own life. Nobody will be durably happy who is not healthy, wealthy and well”

2020

- 2019 Index of Multiple Deprivation: Bury has become relatively more deprived compared to others; more people are living in (the same) areas of deprivation now than in 2015
- Differences in life expectancy between the most and least deprived areas in Bury of
 - 11.3 years for men (14.8 healthy) and
 - 8.5 years for women (13.4 healthy)
- In most deprived onset of poor health begins at age 54 for men and 56.5 for women
- In-work poverty a big issue – 7000 children in the Borough live in ‘poverty’; 67% have at least one working parent
- “People Powered” delivery being explored; social prescribing; self-care support; skills/behaviour & community capacity

2030

- Communities have the power, confidence & resources to commission services & support that meets their needs
- Public services & community capacity joined up at 5 x neighbourhood level:
 - active complex case management (Long term health conditions; Troubled Families; Working Well)
 - Early Help for complex lives – schools; police; fire & LA
 - Leadership of place through community engagement
- Troubled Families & Working Well programmes targeting resources; unblocking barriers to work and preventing people leaving work
- Local Care Organisation & One Commissioning Organisation for health & social care improving outcomes and reducing demand through a shift from acute/residential provision to active intervention in the community

"Bury is the place we are happy to call home and others want to visit and invest in. Six towns which together are one; a dramatic setting which is bordered by the natural riches of green spaces. Ours is a place that is rich in possibility and which we will preserve for future generations, a place to grow up and grow old in safety, comfort and prosperity."

2020

- We know people identify locally; six town centres are critical
- A borough known for its beautiful scenery and green space – 12 Green Flag Parks
- A safe borough where crime levels are generally amongst lowest in GM
- Bury town centre **Purple Flag** town & Business Improvement District (June 20) with 5 year business plan for growth
- Carbon neutral commitment by 2030

2030

- **Key town Centre initiatives developed:**
 - **Bury Town Centre** sites developed: Civic; market & Interchange - Metrolink expansion
 - **Prestwich** town centre regenerated, now hosting digital and creative workspaces, integrated public services hub & 250 residential units
 - **Radcliffe** regeneration complete - newly positioned town centre, secondary school, civic amenities & residential growth
 - **Ramsbottom** – infrastructure for demand
- Carbon neutral (?) through GM Clean Air strategy 2021 - 2024; EV charging points; City of Trees & transport strategy

Infrastructure

"Bury has the advantage of being a town with strengths of its own and a vital part of greater Manchester. Power will flow from London to Manchester; Manchester to Bury and from Bury to you. Bury has good transport links, thriving museums, businesses and digital connectivity. Our housing plans will ensure no Bury children of the future grow up in poverty"

2020

- Borough needs more infrastructure to connect local people to jobs – housing; business space; transport and digital
- GM Infrastructure strategy – transport, energy, water, flood risk, digital, green & blue
- Social infrastructure under development eg new school for Radcliffe

2030

- Managed implementation of GMSF to deliver 7,500 new homes & associated infrastructure across 6 key sites (brownfield first) by 2037
- Digitally inclusive with full fibre access for all
- Resilient green/blue infrastructure, delivered through Local Plan
- Housing needs met through balanced provision; empty homes minimal
- Metrolink expansion plans & GM Bus Reform strategy implemented
- Local Transport Plan will deliver
 - New roads.
 - Local & major junction Improvements.
 - Public transport improvements.
 - Cycling and pedestrian routes

Business Environment

“The Bury of tomorrow will be a flourishing Borough where business is growing place and work is of a high quality. The worth of work is measured by satisfaction as well as pay packet. Bury will become a town where all our residents have the skills to access such work and no one is left behind”

2020

- Proactive business engagement networks: SMEs and business leaders – resources & strategy
- biggest barriers to business investment, expansion & growth are space & skills
- Education, skills and training rank nationally 174/317 (IMD)
- Further & Higher Education Offer
 - 2 x local colleges including STEM campus at Bury College
 - University of Bolton on site 2021; degree courses start 2022
- Chamberhall?

2030

- Northern Gateway site (Heywood Pilsworth) occupied - 500 000 sq.m. of employment floorspace incl. advanced manufacturing, 25,000 new jobs
- Local Economic Strategy - clear plans to attract, develop & support business sectors through infrastructure & people/talent
- Education & skills strategy now delivering talent for local businesses
 - Reputation for high quality education recovered: school improvement; SEND restructure; Radcliffe High School & capital investment in others
 - FE & HE curriculum joined up to future business workforce needs
 - Borough-wide apprenticeship strategy

Ideas

"The value of beauty is prized as highly in Bury as the value of money. The power behind Bury is the place and its people; this is a place rich in natural green space; culture and space for talent to grow. Think of the Art Museum, The Met, the Fusilier Museum, Prestwich and Radcliffe carnivals, Bury Pride, Glaston-Bury and the Irwell Sculpture trail. Each is a testament to our cultural vitality, where the connections we make and the relationships we nurture combine to make us happy within the community we love"

"...I have stayed true to that first idea that people can have a day in their lives that is very important and if they can reconnect with that day, reconnect with the people they were then, they can suddenly revive their emotions." Victoria Wood

2020

- Bury is GM (six) Towns of Culture 2020 - launch pad for re-engagement of our communities & pride within them

2030

- Tourism & cultural economy destination
- A creative "hub" of regional and national significance, based on academic understanding of the science of happiness

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Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Receive
Item No	14	Confidential / Freedom of Information Status	No
Title	Revised Neighbourhood Model		
Presented By	Lynne Ridsdale, Deputy Chief Executive, Bury Council		
Author	Lynne Ridsdale, Deputy Chief Executive, Bury Council		
Clinical Lead	Dr. Jeffrey Schryer, CCG Chair, NHS CCG Bury / Dr. Cathy Fines, Clinical Director, NHS CCG Bury		
Council Lead	Lynne Ridsdale, Deputy Chief Executive, Bury Council		

Executive Summary
An update to Board on the recent discussions and activity in relation to developing an overall neighbourhood model for public services in Bury
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> Review the presentation slides and provide their strategic input into the proposals.

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
<i>Add details here.</i>	

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

Implications						
requested?						
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The proposals focus on targeted (early) intervention through risk stratification underpinned with promoting prevention					
How do proposals align with Locality Plan?	The Locality Plan refresh referenced steps towards neighbourhood working including INTs, though recognised the plan was a moment in time and the model of wider neighbourhood working was still in development.					
How do proposals align with the Commissioning Strategy?	Bury Strategy will provide the strategic vision for the Borough for the next decade, articulating the key outcomes for the people of the Borough which should sit centrally within future commissioning plans.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Focus on intelligence driven, target intervention will ensure activity focuses on areas needed to drive necessary increases in quality of life and outcomes for residents of the Borough and prioritise resources accordingly.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	Discussions continue to take place as to IG requirements and support is being provided by Greater Manchester Combined Authority in relation to this.					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome
CabJET	20/01/2020	At time of writing, report still tot take place
JET	13/01/2020	Noted and comments fed back on

Revised Neighbourhood Model

1. Introduction and background

- 1.1 This report is to outline proposals on a framework for public service delivery in Bury. The model take accounts of both existing good practice locally, regionally and nationally and recognises the varying levels to which integration and partnership working within neighbourhoods is taking place currently.
- 1.2 The model is crucial to enable the best use of our collective resource in the Borough, to manage demand in a sustainable manner and to be able to deliver on the Bury 2030 strategy.

2. Presentation slides

- 2.1 The slides provide an overview on work to date, including the outcome of discussions at the Public Sector Reform Board on 18th December 2019 which included representation from Bury Council, Bury CCG, Bury LCO, GMP, Six Town Housing and the Voluntary Community and Faith Alliance (VCFA)
- 2.2 The presentation outlines proposed model and next steps required for further development and implementation.

3. Recommendations

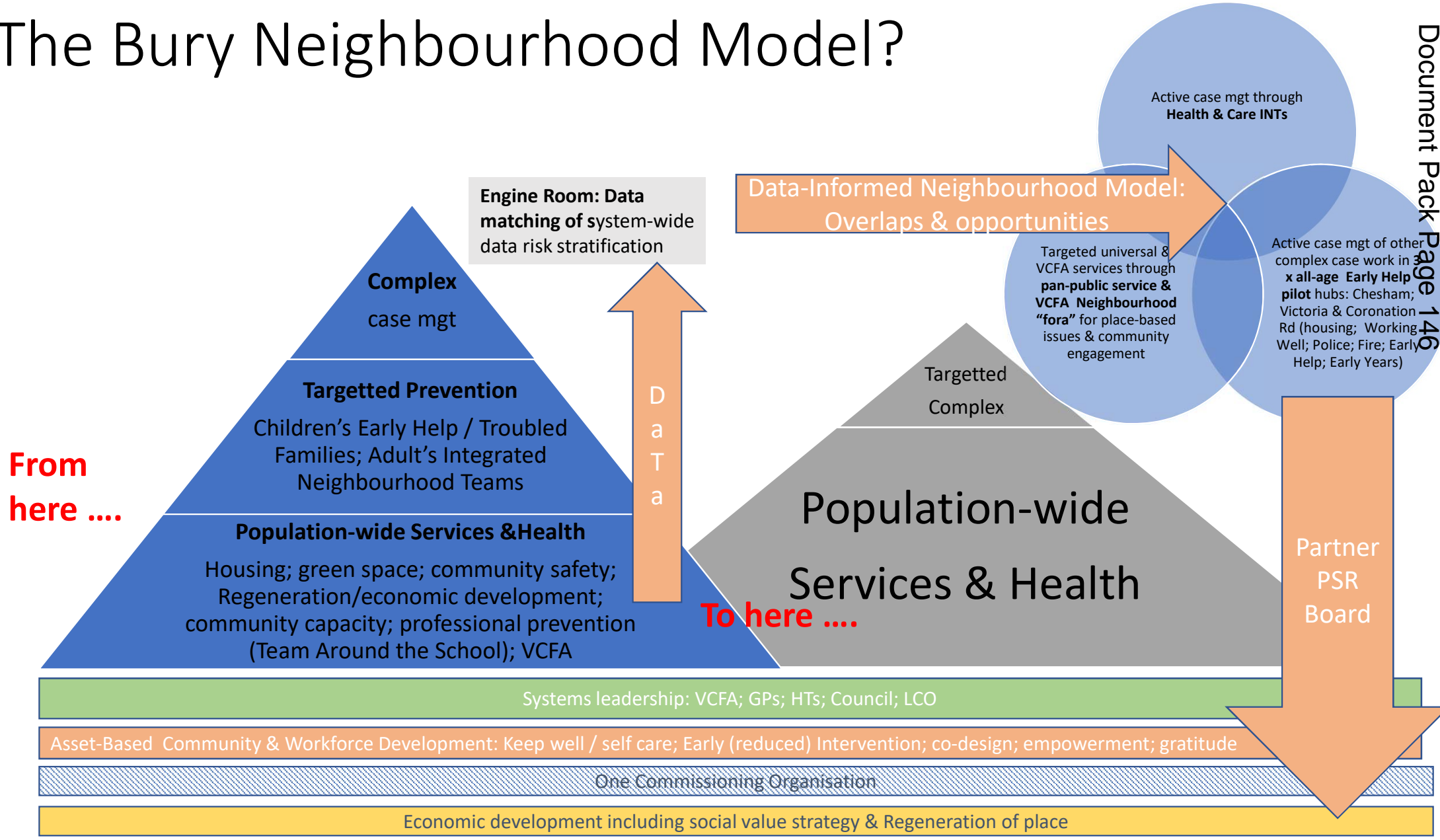
- 3.1 It is recommended that the respective Members of the Board review the proposals outlined in the slides and provide their strategic input into the proposals.

4. Actions Required

- 4.1 To review this report and to provide strategic input into the development of the Bury Neighbourhood Model with any specific contributions to be sent to corporate.core@bury.gov.uk

Lynne Ridsdale
Deputy Chief Executive (Corporate Core)
l.ridsdale@bury.gov.uk
January 2020

The Bury Neighbourhood Model?



Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Information
Item No	15	Confidential / Freedom of Information Status	No
Title	Bury System Board Meeting – 12 December 2019		
Presented By	Dr Jeff Schryer, CCG Chair, NHS CCG Bury		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary
The paper includes the minutes of the Bury System Board Meeting held on 12 December 2019 for information.
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> Notes the Minutes of the Bury System Board Meeting held on 12 December 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
<i>Add details here.</i>	

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

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

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

Title	Minutes of the Bury System Board 12 December 2019		
Author	Jill Stott, LCO Governance Manager		
Version	2.0		
Target Audience	Members of the Bury System Board		
Date Created	December 2019		
Date of Issue	10.01.2020		
To be Agreed	14 .01.2020		
Document Status (Draft/Final)	Final		
Document History:			
Date	Version	Author	Notes
17.12.19	1.0	Jill Stott	Draft Minutes submitted to MO'D for checking
23.12.19	2.0	Alex Cutler	Amendments made and re-submitted to MO'D for checking
Approved:			14.01.2020
Signature:		

Bury System Board

MINUTES OF MEETING

Wednesday 12 December 2019, 10.30 am to 12.30pm

Townside Primary Care Centre

Chair – Dr Jeff Schryer

Members Present:

Dr Jeff Schryer, Chair Bury CCG (Chair) (JS)
Mr Geoff Little, Chief Officer, Bury CCG/Bury Council (GL)
Ms Kath Wynne-Jones, Chief Officer, Bury LCO (KWJ)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
Ms Catherine Jackson, Executive Nurse, Bury CCG (CJ)
Ms Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer, NHS Bury CCG (MO'D)
Mr Chris O'Gorman, Independent Chair, LCO Board (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 Mike Woodhead, Joint Chief Finance Officer (MW)
Ms Karen Dolton, Executive Director of Children and Young People, Bury Council (KD)
Mr Keith Walker, Executive Director of Operations, Bury LCO Representative (KW)

Others in attendance:

Ms Alex Cutler, Executive Assistant, Bury CCG (AC)
Ms Nicky O'Connor, Interim Director of Transformation, Bury Council (NO'C)
Ms Jill Stott, LCO Governance Manager (JMS)
Dr Sanjay Kotegaonkar, Clinical Lead IM&T Bury CCG (SK)
Ms Monique Duffy-Brogan, Community & Out of Hospital CIO (Interim), NCA (MD-B)

Apologies

Apologies for absence were received from:

- Ms Lesley Jones, Director of Public Health, Bury Council
- Dr Daniel Cooke, Clinical Director, Bury CCG
- Cllr Andrea Simson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
- Dr Kiran Patel, Medical Director, LCO
- Ms Lindsey Darley, Director of Transformation and Delivery, LCO
- Dr Cathy Fines, Clinical Director, NHS Bury CCG
- Ms Tracy Minshull, Interim Assistant Director (Strategy, Procurement & Finance), Bury Council
- Ms Julie Gonda, Interim Executive Director for Communities & Wellbeing, Bury Council
- Cllr David Jones, Leader, Bury Council

MEETING NARRATIVE & OUTCOMES

1.	WELCOME AND APOLOGIES
	<p>JS welcomed those present to the Bury System Board and introductions took place. Apologies were noted as outlined above. It was noted that the meeting was not quorate.</p>
2.	DECLARATIONS OF INTEREST
	<p>Members were asked to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Bury System Board.</p> <p>KW noted that as a contract holder for some learning disability services there may be a conflict under item 6.</p>
3.	MINUTES OF LAST MEETING (12 November 2019)/ACTION LOG
	<p>The minutes of the previous meeting held on 12 November 2019 were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.</p>
4.	LCO Development
	<p>GM Response to the NHS Long-Term Plan Paper shared, but not discussed.</p> <p>Gearing up the LCO for April 2020 and beyond: discussion paper</p> <p>CO'G introduced this item, referring to an earlier joint LCO/OCO paper on in-scope services and the wider remit of the LCO which had been shared with this board. He explained that this current paper has been produced following an LCO board away day (facilitated by AQuA) on 13 November and a further development session at the end of November. The paper articulates the outputs from these sessions with two main components: integrated provision and system integrator.</p> <p>KWJ outlined the main points of the report which had previously been shared; as part of this she explained that a proposed LCO PMO infrastructure would be considered by the LCO Board on 18 December. She noted that as part of the LCO's development, Mental Health, some Children's services, assurance, BI and workforce are areas for consideration. She highlighted that the focus before Christmas would be on the proposals in the paper, timelines, challenges and the future infrastructure of the LCO.</p> <p>GL made a number of points in response to the paper:</p> <ol style="list-style-type: none"> 1. As the LCO will be an on-going organisation he stated that consideration around the funding of its Management Team need to be made by Strategic Oversight Group, in order to give certainty to staff. 2. He asked that additions to the objectives in the paper are made to include integration of services around patients, carers and families to ensure that their lives are not made worse. 3. He suggested that more work is needed on the health and care workforce across the borough, with a focus on organisational development and feedback

- on initiatives such as strengths based training.
4. He asked for further detail on the programme budget approach mentioned in the paper.
 5. He suggested that a more focused development plan needs to be produced, with details on how mental health and the voluntary sector will be more involved in the model. He said that there needed to be a scaling up of the active case management (ACM) process, using an effective risk stratification tool, which wouldn't result in extra work for GPs. He suggested that the ACM work should link into the neighbourhood model, Early Years work and other programmes of work. His suggestion was that agreement is needed on Primary Care's role in the LCO and that Primary Care should lead on this piece of work.
 6. His view was that the LCO will have a role in controlling some services but will also act as a system integrator in the future.
 7. He suggested that the Integrated Neighbourhood Teams (INTs), Intermediate Care (IMC) and Urgent Care (UC) reviews should act as the vehicle for taking the LCO's development plan forward and that End of Life (EOL) should form a strand of the plan.

KWJ agreed that there was urgency around progressing the development plan, noting that a service line review was needed by the LCO/OCO, with decisions to be made on where integration should happen and where a single line management model would be appropriate.

MO'D asked for more detail around the inclusion of children's and mental health services and the need to agree the specifics within scope.

KW updated on the work he is undertaking with Julie Gonda, specifically around IAPT and connecting Bury MH services into the INTs. He reported that stakeholder workshops are due to take place in January focusing on the design of IAPT and accelerating a plan for MH's inclusion in LCO work. He explained that there is work that could be undertaken by PCFT and other stakeholders (particularly the VCFA) which could potentially be implemented in quarter 1.

GL saw the voluntary sector's role as being key to this work, with a suggestion that organisations such as Creative Living could be incorporated into the INTs as part of a future operating model.

There was further discussion around the infrastructure of the LCO and staffing stability; KWJ explained that the model which will be proposed to LCO Board on 18 December remains within the financial envelope provided through the Transformation Fund. She explained that this would be a smaller structure, focusing only on core business, which may eventually broaden out into a broader function.

CJ suggested that requirements across the patch need to be considered, with other teams in the same position as the LCO on funding and staffing.

GL put forward a view that an enabling infrastructure, serving both the OCO and the LCO, could eventually be led from one place.

It was confirmed that assurance and BI work are linked in with the development work and GL noted the need to progress this work as soon as possible.

CO'G clarified that this board had already agreed the Transformation Funding to support the LCO management team infrastructure and that any decisions on a future

<p>model would remain within the allocated budget.</p> <p>It was confirmed that currently there are no active conversations taking place around some children’s services moving to the LCO and thus the discussion on clarifying mental health input to next year needs to be taken forward.</p> <p>Performance KWJ noted that currently the LCO only has one member of staff working in this area and that she will discuss this with K Waterhouse and L Ridsdale.</p> <p>Local “checklist” Covered within appendix 2 of the above paper</p>

ID	Type	The System Board:	Owner
D/12/01	Agreed	Agreed that following discussion at LCO Board on 18 December any risks around reduced funding coming out of the agreed future infrastructure of the LCO PMO would be shared with SOG	CO’G
D/12/02	Agreed	Agreed that the next stage of the LCO development plan (including work stream leads and timescales) needs to be completed with input from OCO colleagues	KWJ
A/12/02	Action	A paper on “the future development of the LCO Programme for 2021/22” to be an agenda item at February’s System Board meeting	KWJ
A/12/03	Action	KD, along with MO’D, to progress the work on children’s services, ensuring that the NCA are included in any discussions; work on MH also to be included in the distribution	KD/MO’D/ KW/KW-J

5.	Approach to Developing a System-wide IM&T Strategy
	<p>KWJ tabled a list of current IM&T priorities for the borough, with questions around the LCO’s connection with them, the strategic direction of the locality and the associated resource.</p> <p>She questioned the current role of IM&T in the governance structure and asked whether the IM&T Enablement Group is still in operation.</p> <p>SR responded by referring to the NHS Long Term Plan which expects trusts to have a high level of digital maturity by 2023; he noted the need for a high-level system leader to support these intentions.</p> <p>There was recognition of some of the failings around IM&T in the system which included:</p> <ul style="list-style-type: none"> • Poor attendance at groups • Lack of an escalation process • Silo working in organisations • Teams attempting to share data but working on different systems • Lack of ownership around IM&T issues <p>Having outlined some of the issues in the system MD-B suggested that a specialist</p>

architect role across the North East Sector (NES) was required and that GM needs to agree to one data sharing agreement, rather than a number of these being drawn up separately.

JS suggested a board-level IM&T lead role was required, with a group sitting beneath that person and that it would be helpful to learn from best practice across GM. KWJ suggested the role needed to be held by someone with strategic oversight for the borough as a whole. GL stated that SK, MD-B and Kate Waterhouse (as Chief Information Officer (C.I.O.) for the council) needed to be involved in the work.

It was suggested that NO’C, who has previously led on the GM IM&T Strategy, leads on this area for Bury, with a remit to bring leaders together, identify resource and priorities as part of a scoping/stocktaking exercise.

NO’C noted the challenges around this work, but thought that there was learning to be gained from Bolton and elsewhere across the GM footprint. She referenced the assumed consent model and pointed out that digital solutions will form the way forward for health and social care.

(MO’D left the meeting)

HH asked about the source of strategic leadership in this programme of work and providers’ role in this. MD-B suggested that the NES C.I.Os’ report to the NES Board may need to be revitalised. She referred to a business case that is being developed to bring funding into the system and the need for a clinical nurse lead to be identified as part of this work. She highlighted the positive work around Graphnet that is taking place and the value of EPR once this is introduced.

SK reminded the group that this work stream is designed to improve the lives of the locality’s population.

	Type	The System Board:	Owner
D/12/03	Agreed	NO’C to provide board leadership around IM&T	NO’C
A/12/04	Action	Scoping exercise for IM&T on a NES basis to take place	NO’C
D/12/04	Decision	This group to take responsibility for IM&T issues in Bury	All
A/12/05	Action	Progress update on the scoping exercise to come to the next meeting	NO’C

6 Service Reviews Update

INT, Urgent Care, IMC and LD Respite were covered under item 4.

ID	Type	The System Board:	Owner

7 Finance Report

MW joined the meeting to outline the main points of her report; she reported on a forecast expenditure of £6.7m, which includes a movement of £300k, mainly from slippage in Programme 6. She noted that although there were still issues around recruitment there had also been some successes in this area. She explained that

there is evidence that services are positively impacting on the system and that a methodology exists to show the link between posts recruited to and their effect.

She explained that other indicators are in place and being measured in order to show the effect of the LCO initiatives in the locality.

Referring to the slippage reported above MW said that this would need to be clearly defined and that GM needs to be made aware of the details. He confirmed that there needed to be clarity around the evaluation assumptions against Rapid Response and Intermediate Care.

CJ asked for detail on the modelling for the services; MW explained that evidence-based modelling was available, which can be further tested as schemes develop and mature.

ID	Type	The System Board:	Owner
A/12/06	Action	MW to share the modelling for RR and IMC services	MW

8	Assurance
	CJ asked that in future this item should be called “performance” and not “assurance” Due to sickness absence and staff capacity issues a report had been tabled (via email) to the meeting. CO’G highlighted the ACM caseload numbers and also the notable increased activity in rapid response service.

ID	Type	The System Board:	Owner
A/12/07	Action	Asked members to review the assurance report and forward any comments back to CO’G	All

9	Closing Matters
	None discussed

Next Meeting	Date: 14 January 2019, 1.30 – 3.30pm, room 504,Townside
Enquiries	e-mail : mailto:alex.cutler@nhs.net Tel: 0161 253 7865

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