

BURY INTEGRATED HEALTH & SOCIAL CARE PARTNERSHIP BOARD


21st January 2016

10am – 12pm

Room A, Bury Town Hall

Present:	Pat Jones-Greenhalgh – Chair (PJG) Julie Gonda (JG), Linda Jackson (LJa), Lesley Jones (LJo), Fiona Moore (FM), Margaret O'Dwyer (MO'D), Claire Wilson (CW), Karen Whitehead (KW), Keith Walker (KW)
Minutes:	Maureen Foden (MF)
Apologies:	Jayne Hammond, Mike Owen

Item	Agenda Item	Discussion	Action Agreed By Whom	By When
1	Welcome & Apologies	The Chair welcomed everyone to the meeting and apologies, as above were noted.		
2	Minutes and Matters Arising from previous meeting held on 19th November 2015	The minutes of the meeting held on the 19 th November 2016 were approved as an accurate record.		

3	Action Log	<p>The action log was discussed and all items have been updated and attached for reference.</p> <div data-bbox="1151 312 1223 379" data-label="Image">  </div> <p>20152110-Action Log updated 21.01.16.dc</p>		
4	Matters Arising	<p>Scaled up Primary Care EOI - It was reported from the GM Primary Care Transformation Steering Group that there have been a range of bids received, Bury appeared to be at the high end with regards to its state of readiness.</p> <p>A GM workshop was held for all those localities that had expressed an interest to discuss readiness and next steps, unfortunately there was a low attendance from Bury due to short notice and prior commitments. Concern was expressed that Bury's low attendance may be misinterpreted by NHSE as lack of commitment.</p> <p>ACTION 1: FM to contact Rob Bellingham for more information and advise Bury are very committed and liaise with colleagues with regards to next steps</p> <p>H&WB Strategy - Under the governance arrangements for the H&WB the Integrated Health & Social Care Partnership Board has responsibility for overseeing implementation of priorities 2, 3 & 4 of the H&WB Strategy</p> <p>There are three components to the reporting arrangements against the H&WB Strategy to the H&WB.</p> <ul style="list-style-type: none"> • A performance report on the key indicators within the strategy benchmarked against statistical neighbours and England • A high level implementation plan for each theme covering the key actions • An in depth focus on one priority per H&WB meeting to allow the H&WB to 	FM	

		<p>have more detailed knowledge on what is trying to be achieved and what is being achieved.</p> <p>ACTION 2: LJo to speak to HC with regards to the H&WB forward plan</p> <p>ACTION 3: LJo to provide an overview of the H&WB strategy at the next meeting</p>	<p>LJo</p> <p>LJo</p>	
5	ITEMS FOR DISCUSSION			
5.1	Locality Plan Programme Approach	<ul style="list-style-type: none"> • The narrative for the Locality Plan is staying the same, timescales need to be revisited and re stated • The SRO group have to submit implementation by the end of January, with the final draft ready by the end of March • The programme approach has been taken to EMT, it will be taken to SMT and then formally tabled at this meeting • A large amount of work is being undertaken by the CCG on finances as they have to be submitted nationally for next year. Estimates have to be provided on spend for acute care, as acute care has to record what they are expecting to receive both assumptions have to be close. This will be brought to this meeting in more detail with narrative around acute care into the community. • The Locality Plan has 40+ initiatives which are all at different stages of iteration; all individual organisations need to be coordinating and aligning functions, working jointly in a systematic and consistent approach. PJG & MO'D have a meeting arranged to discuss this. • To test different frameworks as looking at spend transformation will test boundaries. 		

5.2	Governance – Moving Forward Proposals	<p>SNs elevated role within GM means that he is no longer free to attend these meetings therefore the CCG are in the process of deploying his commitments.</p> <p>It was agreed that this would be an ideal time to evaluate the membership of this group looking at how it will work in the future and refresh if required, if these meetings are to continue commitment is required from all members.</p> <p>It was also suggested doing a discussion paper looking at:</p> <ul style="list-style-type: none"> • How this group works now • How can it improve • What governance will need to be in place • Are the right people around the table in light of GM Devo <p>Concerns were voiced with regards to a discussion paper in light of the pace of change GM Devo is taking, as it is felt that Bury should be mirroring it.</p> <p>This raised the question of the governance for the Commissioning Group as it needs to have the right architecture in place for going forward being pro active and mobilising things. Pace of change is an issue, decisions need to be made more quickly with more innovation, moving and shifting.</p> <p>From a provider perspective it was welcomed attending these meetings however it did feel as if something was missing with regards to delivery and pace. It was proposed looking at working smarter together breaking down silos. As the provider is the mobility arm they need to be looking at how the horizontal integration is going to be mobilised.</p> <p>It was highlighted that there were a number of organisations missing from the workshop, the Acute Trust and the community and voluntary sectors. Their</p>		
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		<p>engagement is required as it is core to the horizontal integration and community interface.</p> <p>From a commissioners perspective more clarity about what outcomes to track and measure against was requested. This detail is being worked on at as it has been recognised that commissioners and providers will have to hit the ground running. There is a real appetite out there for something dynamic around working with neighbourhoods, this means a good understanding of the following is needed:</p> <ul style="list-style-type: none"> • Where we are going • What impact are we having • What is the money being spent on <p>Reinvesting into communities is very important and key to this is translating the work at GM level into localities.</p> <p>Going forward it is vital that the H&WB has ownership of the Strategic Plan, as the legislations is changing the Board will now have authority in terms of governance. It is imperative that the processes are not slowed down due to bureaucracy therefore it will be essential to have a MoU which gives a clear understanding of where Bury are going and how to get there. It will be tested and challenged as the Locality Plan will be held to account on its functionality and governance.</p> <p>Mapping work in GM looked at all 10 Locality Plans and it was has shown that they are all very similar.</p> <p>The MoU will define the levels of sign off, Section 75 will allow flexibility. Although the grip will be loosened with regards to decisions that need to be</p>		
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		ACTION 7: MF to include in forward planner	MF	
5.4	System Leadership Bid – Defining our ask	<p>LJo has submitted an application for the System Leadership programme which focuses on how to develop the workforce. Joyce Redfearn has been commissioned to work with Bury as an enabler for the local vision work.</p> <p>A meeting has been arranged on 2nd February 2016 to look at more specific objectives which LJo is asking to be agreed at this meeting.</p> <p>How we operate collectively as system leaders to achieve outcomes was suggested, as transformation of the workforce is a key challenge.</p> <p>A diagnostic piece of work was also put forward to help with structure and to look at cultures and expectations.</p> <p>A whole workforce approach is required helping to be;</p> <ul style="list-style-type: none"> • more ready than we are now, collectively • being part of the GM system • make sure that any opportunities coming through GM are maximised <p>The workforce strategy will then fall out of this work.</p> <p>LJo advised the group that a Expression of Interest has been made for an NHSE pilot for Asset Based Approaches to Primary Care. It will include 25 staff from Pharmacists, Opticians, Dentists, GPs and Social Service etc. in a defined area of Bury's choice. Feedback is required by tomorrow therefore the group were asked if we want to take it up and if so to agree which area, Radcliffe or Bury East.</p>		

		ACTION 8: LJo to pass information onto LJ who will own it and make it happen	LJo	
6	ITEMS FOR DISCUSSION			
6.1	Report back from Joint Commissioning Group held – 08.012.15	No report, meeting was cancelled.		
6.2	Report back from Provider Partnership on 04.11.15	There is no report as the meetings have been disbanded however things are moving on.		
7	AOB			
7.1	Bury East Locality Workshop	<p>Feedback received was really positive, it was an excellent event but unfortunately there was no GP representation. This is a cause for concern as GPs are a significant player in the community.</p> <p>ACTION 9: MO'D to take the lack of GP engagement back to the CCG</p> <p>ACTION 10: JG & CW as governance champions to look at how to engage clinicians with the neighbourhood working</p>	<p>MO'D</p> <p>JG & CW</p>	
8	Date & Time of Next Meeting	16 th February 2016, 9:30am – 11.30am Meeting Room A, Bury Town Hall		
9	Future Meeting Dates	17 th March 2016, 10am – 12pm Meeting Room A, Bury Town Hall		



Bury Clinical Commissioning Group



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