




BURY INTEGRATED HEALTH & SOCIAL CARE PARTNERSHIP BOARD

16th February 2016
9.30am – 11.30am
Room A, Bury Town Hall

Present:	Margaret O'Dwyer (MO'D) – Chair, Howard Hughes (HH), Julie Gonda (JG), Linda Jackson (LJa), Lesley Jones (LJo), Fiona Moore (FM), Claire Wilson (CW), Karen Whitehead (KW), Keith Walker (KW) Pat Jones-Greenhalgh (PJG), Nadine Armitage (NA)
In attendance:	Simon Bagley (SB)
Minutes:	Maureen Foden (MF)
Apologies:	Jayne Hammond, Mike Owen, Sandra Goode (Nadine Armitage was attending on her behalf)

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	The minutes of the meeting held on the 19 th November 2016 were approved as an accurate record apart from the last paragraph 5.2. This intimated that the Acute Trust was missing from this Board which they are not; the wording needs to be		

	meeting held on 19 th November 2015	revised. ACTION 1: MF to revise the wording from the previous minutes	MF	
3	Action Log	The action log was discussed and all items have been updated and attached for reference.  20162101-Action Log.doc		
4	Matters Arising	ACTION 2: MF to remove Judith Crosby from the distribution list as requested by KW ACTION 3: Tracy Minshull to pull a paper together on IMC for the next meeting, JG to present	MF JG	
5	ITEMS FOR DISCUSSION/DECISION			
5.1	Governance – Decision making and delegation  Governance presentation 16-2-20	A presentation was given by JG and CW. Comments & Observations: <ul style="list-style-type: none"> It was felt that from a strategy level this was focussed on commissioning and was provider light. The response to this is that it is an overarching structure, providers are invited to put their view forward looking at what part of the governance role they can play. From an alliance perspective there has been a real shift, and this should fundamentally help to deliver outcomes in Bury. This will include all providers such as: 		


		<ul style="list-style-type: none"> ✓ Acute ✓ Community ✓ GPs ✓ Pharmacist ✓ Social Care <ul style="list-style-type: none"> • Provider governance will be done horizontally and will be integrated across all services which is in keeping with what is being done with GM Devo. • The next steps will be agreed by this group before circulating the presentation more widely. <p>It was agreed to discuss this item in more detail after the next presentation.</p>		
5.2	<p>Providers to Mobilise Interface & Governance</p>  <p>Bury - Delivering integrated out of Hos</p>	<p>A presentation was given by KW.</p> <p>Comments & Observations:</p> <ul style="list-style-type: none"> • It was felt that both presentations have been very stimulating. • It was agreed that there are more opportunities when people come together working collaboratively, the mechanisms are there for this to be done. • As a starting point looking at what can be done out of hospital, there has been a degree of recognition for the potential to undertake discreet functions. • Key to working this way is to sign a MoU, as at present people work in very different ways. 		


		<ul style="list-style-type: none"> • To look at how a community provider can work alongside the acute sector, it is feasible and deliverable although radical and different. • Negotiating contracts, this can make a difference to outcomes. Need all partners to identify areas where this can work. • Excess beds days for transfer of care, this is something that could be done as a pilot from the 1st April, this will make a difference. • Focus on keeping people out of hospital, allow and enable wider collaboration going forward. • Needs scale of pace and willingness for people to work together. • It was acknowledged that there is already a immense amount of integration going on. • Historically providers have initiated things which have been slanted and inaccurate. This needs to be changed to what can be delivered in the real sense, to think more like commissioners in terms of proposals. • Community pharmacies would be useful members of the alliance. • The alliance could support and develop the locality plan, and help mobilise. • To look at the structure as there is the potential for other players to join. • There will be the requirement to keep the faith and trust of each organisations regulator as there are certain requirements that have to be met. 		
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		<ul style="list-style-type: none"> • There is the potential for commissioning functions differently, looking at what providers could do. Specific areas need to be identified. • Mental health functions were suggested, with a defined budget. This will mean that the provider will have a managed budget and will take on the risk of that. • There is a need to be smarter about evaluating outcomes; this has been alluded to before. • Not to lose sight that A&E should be considered part of the lawn. • Have to be honest in terms of outcomes and to work within financial restraints. • A commitment to neighbourhood working by the one commissioning organisation is required when commissioners and providers are commissioning together. • Work is being done on a commissioning paper; this is being undertaken by members of various Boards. • The Implementation Plan was touched on, with timescales, joint staffing, how many and how quickly being considered. • This group needs to be sighted on neighbourhood working, the governance and alliance; this will be brought to the next meeting. <p>ACTION 4: MF to include neighbourhood working on the next agenda</p> <ul style="list-style-type: none"> • Early years are a good example of wider engagement and a whole system 		
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MF

		<p>approach.</p> <ul style="list-style-type: none"> Children's services should be part of the neighbourhood working, it is vital to get all organisations on board. It was agreed that a briefing sheet needs to go out to all organisations with salient points, mobilising the message. The Board need to be assured that the same message is being shared. <p>ACTION 5: JG & CW to crystallise a consistent message for the next session to take to each member's organisation. It needs to highlight the potential and added benefit for Bury as the buy in from all the organisations leaderships are fundamental</p> <ul style="list-style-type: none"> Stockport Vanguard was mentioned with regards to the progress it is making, the group were asked to not underestimate what Bury can do as it is already doing things differently, embracing a collaborative spirit moving away from competition. The group were asked to go away and reflect on what areas can be used as a test bed, devolving responsibility and focusing as an alliance on the multi functional neighbourhood model. This will also need to be taken back to all respective Boards for buy in. PJ-G & MO'D are currently working on a joint One Commissioning Body PID where they will be putting into context what this is about. This is a starting point and will need to be taken to the Governing Body to own it. This will need to be done quite quickly. 	JG & CW	
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		<ul style="list-style-type: none"> It needs to be absolutely clear on the added benefits, with something tangible to take to general practice. <p>ACTION 6: PJ-G & MO'D to bring the next iteration of the One Commissioning Body PID to the next meeting</p>	PJ-G & MO'D	
5.3	<p>Systems Leadership – How to enhance work going forward</p>  <p>Briefing note for board.doc</p>	<p>Simon Bagley, Head of Workforce for Communities & Wellbeing attended the meeting to give an update on the progress with the Systems Leadership within the Health and Social Care department in Bury. The briefing paper is attached.</p> <ul style="list-style-type: none"> The Board recognised the need to re shape the workforce to meet its shared aspirations of moving to a more holistic and neighbourhood approach. This is where the system leadership will help pull together the workforce development. This challenge has been acknowledged by the Bury Provider Partnership who is asking, what is the right workforce to provide and deliver care at home. Following on from this the Provider Partnership embarked on the AQUA Systems Integrated Framework where it was identified that the workforce behavioural change challenge was a priority. As a consequence of this a bid was submitted for £27,000 funding and was successful. After an assessment process Joyce Redfarm (JR) was elected to be our System Leadership Engager. A small group met with her to discuss the desired outcomes and it was immediately identified what changes were needed to achieve these. There was limited attendance at this meeting therefore a schedule of 20 minute telephone calls were arranged with a wide range of key stakeholders to explore their thoughts on where to go. 		

		<ul style="list-style-type: none"> After all the telephone calls have taken place the aim will be for JR to pull together a paper which will be discussed at a meeting between PJ-G, JR, LJo, SB and another person who is experienced in systems leadership to discuss the findings. It will then be presented at this meeting before an invite will be extended to JR for the meeting after. A focus on neighbourhood working will be requested. 		
5.4	Delivering Primary Care at Scale  Delivering PC at Scale_Presentation.p	<p>FM sent the attached presentation out by e-mail for responses in preparation for the surgery that will be discussing Bury next week.</p> <p>Comments & Observations:</p> <ul style="list-style-type: none"> A GMCA workshop was held in January to get a better understanding of the vision across the table towards the change in structure of delivering primary care. A one commissioning organisation could act as a vehicle and enabler to deliver these aspirations. This vision already exists in the locality plan with a little refinement. The two main vehicles to deliver this will be: <ul style="list-style-type: none"> ✓ Commissioning organisations ✓ Providers alliance and neighbourhoods Every practice in Bury are aware of this as they have been spoken to at various meetings. All have signed up to develop what the new contract might look like, a release clause has been included. Bury will not be ready until the end of the year as there is still a lot of work to be done by providers and commissioners. 		

		<ul style="list-style-type: none"> The neighbourhood issue needs to be resolved for example the south will it be split in two, it was acknowledged and agreed that this needs to be done at the right pace. Primary care has new portfolios with commissioning responsibilities from April 2016. This would be an ideal opportunity to help shape, support the architecture and enable development. There is a primary care strategy framework that is looking at commissioning decisions, this is set in the context of the GM primary care strategy <p>ACTION 7: FM to have a wider discussion with Board to advise what these new responsibilities will look like and the implications that that this will have</p> <ul style="list-style-type: none"> At this stage it is important to have linkages with social care and other professionals as this cannot be done in isolation. Finance and Investment was discussed and there needs to be sign up to what the £150k development money will be used for. A significant part will be used for primary care engagement and legal support. This will be discussed in more detail at the surgery being held next week. <p>ACTION 8: ALL, the group were asked to look at the questions on slides 23, 24 & 27 and send back any comments by no later than the end of the week</p>	<p>FM</p> <p>ALL</p>	
7	ITEMS FOR INFORMATION ONLY			

7.1	BCG Q3 REPORTING	ACTION 9: JG to put the numbers in for the Q3 report	JG	
8	Date & Time of Next Meeting	17 th March 2016, 10am – 12pm Meeting Room A, Bury Town Hall		
9	Future Meeting Dates			