

## REPORT TO HEALTH SCRUTINY COMMITTEE

<b>TITLE:</b>	<b>Bury Locality Plan: Update</b>
<b>DATE OF MEETING:</b>	<b>Health Scrutiny Committee – 6 September 2018</b>
<b>REPORT FROM:</b>	<b>Geoff Little, Chief Executive</b>

### 1. **PURPOSE AND SUMMARY**

The purpose of this report is to provide the Committee with an update on the delivery of the Bury Locality Plan.

### 2. **BACKGROUND**

2.1. The Bury Locality Plan “Transforming Health and Social Care in Bury” was agreed in 2017 and runs until 2021. The Plan sets out ambitious proposals to transform health and care across Bury. The reason why the transformation is needed are:

- Gaps in healthy life expectancy. Too many Bury people become ill too early in their lives.
- Healthy life expectancy in Bury is 58.5 years for men compared to an England average of 63.3 and 62.2 for females compared to 63.9 for England.
- Health inequalities disproportionately affect Bury’s deprived communities. Healthy life expectancy in Bury’s most deprived communities is as low as 53.1 for men and 54.2 for women.
- There is a financial gap of £75m across the Borough’s health and social care services by 2021. This is caused by limited resources whilst the population grows and becomes older. Bury’s population is projected to increase by 3.4% by 2021 (to £194k) and the proportion of that population over 65 will increase by 9.5% over the same period.

2.2. The Locality Plan is one of ten across Greater Manchester (GM) which contribute to delivery of the strategy “Taking Change of Health and Social Care in Greater Manchester”. This is the Strategy to improve health and social care services using devolved powers. Bury has been allocated £19m from the GM Transformation Fund established as part of the devolution deal. Bury is less well advanced than many other GM localities in implementing its locality plan.

2.3. The two key organisational changes for Bury set out on its Locality Plan were:-

- A Locality Care Organisation; and
- A Single Commissioning Organisation.

The rest of this report provides an update on each of these.

### 3. **BURY LOCALITY CARE ALLIANCE**

3.1. To deliver the plan for a Locality Care Organisation five organisations providing health and care services in Bury have come together to sign an agreement to create a Locality Care Alliance. The five organisations are:-

- BARDOC Limited
- Bury GP Practices Limited
- Bury Metropolitan Borough Council
- Northern Care Alliance NHS Group
- Pennine Care NHS Foundation Trust

3.2. The Locality Care Alliance (LCA) is being designed to integrate community health, social care, primary care and community mental health services. Acute health services are also involved in order to regulate the flow of patients into and out of hospitals. The purpose is to help people to remain healthy for as long as possible and when people do need health and care services for these to be provided for as long as possible in their own houses. The intention is therefore to reduce admissions to acute health and residential care services by shifting more care and resources into the community. This will be a major contributor to improving the services received by Bury people and reducing the financial gap.

3.3. The key components of the LCA will be:

- Five neighbourhood teams with co-located staff
- Staff co-located in five integrated neighbourhood teams (INTs) with single line management and joined up case management systems
- Borough-wide integrated services providing intermediate services and managing flows into/out of hospitals
- GPs and their teams using their knowledge of their locality to support the INT
- Strong connections to community groups, and voluntary organisations providing support

3.4. A road map has been created which will see the key components of the LCA being operational by April 2019. The key next steps are:-

- August/September 2018: creation of management team comprising Programme Director, a Director of Transformation and Delivery and senior managers for adult social care, community health and the voluntary and community sector.
- August 2018 – April 2019 further development of Integrated Neighbourhood Teams building on existing pilots and engaging front line staff in co-design.
- September 2018. Agreement of the scope and phasing of services to be included in the LCA. For the Council it is proposed that this will include Adult

Social Care Services from 2019 with some aspects of public health and public health services to follow in future years.

- September 2018 – December 2019. Negotiation of an Investment Agreement between Bury's partners setting out the total one off investment (from the GM Transformation Fund and the Better Care Fund) to set up the LCA and the expected return on investment in the form impact on activity levels in hospitals and residential care. The agreement will also set out the expected movement of mainstream resources released by those shifts in activity levels to fund the LCA once the one-off investment stops. The agreement will provide the performance metrics by which the LCA will be monitored;
- September 2018 – December 2019 further development of the agreement between the LCA partners. This will include new provisions covering delegation of functions and professional accountability.
- January – February 2019. Partners to deploy staff into the LCA. For the Council this will include Adult Social Care staff. The staff will remain employed by the Council and there will be professional accountability for adult social care functions back to the Director of Adult Social Care and the in Chief Executive and relevant Cabinet Member in the Council.

3.5. The LCA management team will be accountable to an LCA Board where each of the five parties will have an equality of votes. It is intended that other providers such as Persona and the voluntary and community sector should also be represented on the Board. The LCA will be subject to scrutiny by this Committee.

#### 4. **ONE COMMISSIONING ORGANISATION**

4.1. The purpose of creating a Single Commission Organisation Council's commissioning of social care and public health with the CCG is commissioning an acute, primary, community and mental health services. The current fragmentation of commissioning makes it difficult to focus resources on the priorities set out in the Locality Plan. The key components of the One Commission Organisation (OCO) will be:-

- Pooled budgets
- Single budget processes
- A single commissioning strategy
- Shared performance data and intelligence driving commissioning and decommissioning decisions
- New approaches to commissioning based on outcomes.

4.2. An OCO Partnership Board has been established to build the governance relationship between the clinical leadership in the CCG and the political leadership of the Council Plans for creating the OCO are less well defined than for the LCA. The direction of travel is as follows:

- 4.3. The OCO Partnership Board is the foundation of the OCO and will be developed into a formal Single Commissioning Board for Bury with equal equality of representation from Members of the Council and the CCG. The Board will be accountable to the Cabinet of the Council maintaining the local democratic control of Council commissioning and to the Governing Body of the CCG maintaining the CCG accountability for NHS resources.
- 4.4. A single executive team will be created with combined roles covering both CCG and Council responsibilities. This will require significant organisational development and staff engagement.

## 5. **CONCLUSION**

- 5.1. The steps set out in this report are designed to accelerate progress on implementation of the Locality Plan. This will require very significant levels of communication and engagement with Bury residents, and with staff of the organisations involved and their trade union representative.
  - 5.2. Further reports can be brought to the Scrutiny Committee as the work moves forward.
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