NHS
Bury
Clinical Commissioning Group

F I N A L D R A F T

TERMS OF REFERENCE
BURY SYSTEM BOARD

Terms of Reference Document Control Sheet

MEETING	Bury System Board
ESTABLISHED BY/REPORTING TO:	
AUTHOR	Margaret O'Dwyer
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ASSOCIATED DOCUMENTS	
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1.0 Purpose

Bury refreshed Locality Plan set within the context of wider Public Sector Reforms reaffirms a vision to enable people to be active participants in their own well-being, to build thriving communities and to reduce demand for statutory services. There is recognition that system wide transformation is requested to support delivery of this vision at the same time as addressing significant pressures which challenge the on-going delivery of safe and sustainable services.

The System Board brings together key Partners across the Bury system with the intent to collaborate to bring about system wide change to achieve clinical and financial sustainability. The agreed goal will be to improve the life chances for the Bury population, by maximising the use of the 'Bury Pound'. The impact on Partners in respect to Bury decisions which change the current delivery of services and flow of resources will be recognised to ensure there continues to be a stable delivery system in Bury to achieve improvements to the health and well-being of our population.

2.0 Functions

The core functions of the Board will be:

i) To ensure overall clinical and financial sustainability of the Bury Health and Social Care system within a context of reducing resources.
ii) To provide system leadership to enable the transformation of health and social care in Bury at the same time as addressing significant service pressures.
iii) To deliver a balanced health and social care system, which closes the financial gap.

3.0 Objectives

i) To continue to oversee implementation of the Transformation Plans and receive progress reports which demonstrate impact and evidence that they remain within resources designated to them via the Greater Manchester Transformation Fund.
ii) To receive reports from the Health and Care Recovery Board, the Outcomes and Performance Group, the Local Care Organisation (LCO) Board, and the Transformation Fund Oversight Group (TFOG) which identifying areas for escalation for which the Board, working as a whole system, will agree solutions.
iii) To agree transformation plans and oversee implementation of a joint change programme between Bury and the Northern Care Alliance.
iv) To provide strategic direction and have oversight for the implementation of major service reviews, such as Urgent Care, which have the potential to impact on one or more Partners across the Bury system.
v) To consider and agree the future model of the LCO from April 2020, confirming the architecture required for the Alliance of Partners, the services within scope of the LCO and its resourcing.
vi) To agree the outcomes expected of the LCO delivery vehicle and the proxy metrics which provide assurance that improvements and progress are being made; and to receive regular reports to demonstrate this.
vii) To consider the outcomes required from community services now working within an integrated health and care delivery system; and to agree a procurement timeline and milestones to enable these services to be fully commissioned by July 2021.
viii) To oversee the on-going development of the One Commissioning Organisation; and to agree a trajectory to become true strategic commissioners; to agree the conditions and trajectory under which operational commissioning would be devolved to the LCO.
ix) To ensure that local people are considered and their views are taken into account

when the Board makes decisions about health and social care.

x) To provide a forum for partner agencies to negotiate solutions to any problems or conflicts.
xi) To model the cultural shift and new organisational behaviours which will underpin transformation and problem solving, working for the betterment of the Bury population and not to serve organisational self interest (see Appendix 1).
xii) To ensure the existence of an agreed coherent, system wide Programme approach to all aspects of the Board's agreed work plan.
xiii) To identify, mitigate and manage risks across services, captured through a Risk Register which is regularly reviewed.
xiv) To agree a Forward Plan for the Board which will identify regular items, future reports and key decisions to be made.

4.0 Delegated Authority

As a successor body to the Transformation Programme Board, the System Board will have authority to agree deployment of the remaining Transformation Funds in line with the Board's objectives to steer the whole Programme to fully mobilise and achieve designated outcomes.

5.0 Membership

5.1 Chair Bury CCG
Accountable Officer CCG/Chief Executive Bury Council
Chief Finance Officer, Bury CCG and Council
Clinical Directors (x2), Bury CCG
Director of Commissioning and Business Delivery, Bury CCG

Leader/Deputy Leader – Bury Council
Executive Director (Communities and Well-Being), Bury Council
Executive Director (Children, Young People and Culture), Bury Council

Chair, Bury LCO
Chief Officer, Bury LCO
Medical Director, Bury LCO
Director of Transformation and Delivery, Bury LCO
Director of Finance, Bury LCO
2x Board Members, LCO (1 to include Board Member for Mental Health?)
Chief Officer, Bury and Rochdale Care Organisation, on behalf of the NCA

Briefed Deputies with delegated authority to act as permitted to cover unavoidable absences. The Board Secretary is to be notified before the meeting if a Member intends to send a Deputy.

The Board shall be entitled to invite other managers or subject matter experts, with the Chair's permission, to attend for specific items to support the Board's decision making.

5.2 Chair
As leader for the Bury system, the Chair shall be either the Chair of the CCG or Leader of the Council/Deputy Leader of the Council. The Chair will rotate on a monthly basis with either party deputising for the other. In the event that neither can attend the CCG Accountable Officer/Council Chief Executive shall take the Chair.

5.3 Voting

The expectation is that decisions will normally be arrived at by consensus. If a vote is required, it will be weighted as follows:

2 votes for the OCO (excluding the Chair)
2 votes for the LCO

In the event of a tie, the Chair of the meeting will have a casting vote.

5.4 Quoracy

The meeting shall be quorate when there is a minimum of 7 Members consisting of:

i) An OCO Chair
ii) Two Members of the LCO
iii) Two Members of the OCO (not including the Chair?)
iv) One Clinical representative (who is not included in the OCO or LCO representatives at ii) and iii) above).
v) One Finance representative (who is not included in the OCO or LCO representatives at ii) and iii) above).

5.5 Frequency

The Board shall meet monthly with meeting dates circulated in advance for each financial year.

6.0 Accountability and Reporting

The Bury System Board is accountable to Partner organisations represented on the System Board.

The Bury System Board will report on key decisions to the Strategic Commissioning Board, the LCO Board, and the Health and Wellbeing Board.

7.0 Conduct of Meetings

7.1 The agenda and supporting papers will be sent out 5 working days in advance. Reports must be received by the Board Secretary in line with published deadlines.

7.2 The Board will be supported by a Board Secretary from the OCO who will be responsible for the production of minutes, action logs and decision tracking and maintenance of a formal record.

7.3 Presenters of reports can expect Board members to have read their papers and should keep to a short summary which outlines the purpose and key issues.

7.4 At the start of each meeting, the Chair will invite Board Members to declare all interests in relation to the current agenda and any conflicts of interest which may have arisen since the previous meeting.

7.5 The Chair shall decide, taking advice as required, on the materiality of each conflict and whether the conflicted party should participate in the discussion and/or vote, if one is required. The decision shall be documented in the minutes together with their reason.

7.6 Behaviours

The expected behaviours of Board Members shall be as set out at Annex 1. The key features are that we will have honesty, openness and trust at the heart of our discussions. We will play to our collective strengths with a “can do” attitude.

Disagreements will be resolved in a courteous manner with challenges managed in a mature way without blame. Recognising that we will get things wrong, we will develop a reflective culture, learn from our mistakes and most importantly work as a system to improve outcomes for our population.

8.0 Review

These Terms of Reference shall be reviewed annually, with the first annual review at November 2020.

Annex 1

Proposed principles for new ways of working between the LCO and the OCO for 2019/20

Introduction

This paper intends to outline to the System Board, the principles by which the LCO and OCO will abide, in its joint working in 2019/20 and beyond. These principles have been developed in collaboration with OCO and LCO Board members.

Our ambition

1. Our ambition for commissioning and providing services in a different way across Bury, is to improve the outcomes for our population of Bury and reduce inequalities, which will be understood at a population, system, function and service level , as is appropriate. The outcomes we measure will be developed in collaboration with our population, and with the strong involvement of the voluntary sector, building from our Team Bury single outcomes framework.

Our principles

2. Contracts for 19/20 will be rolled over from 18/19 as is, unless there is a good rationale for changes to be made, with a detailed service development plan agreed to align existing specifications and KPI's moving to an outcome based approach.

Our approach

3. Being light on meetings, but with a key focus on communication and relationships to ensure there are no surprises for either party.

4. Being quick to make decisions especially in relation to developing services, correcting shortcomings and faults and seizing opportunities. We wish to reduce the burden of assurance to take a more strategic approach, be more impactful and reduce the costs of administration and provision.

5. Delivery of the LCO will be assured in an integrated way across the domains of population health outcomes, performance, quality, user and staff experience and finance. We aim to improve the effectiveness of our system, by ensuring that interfaces between services are harmonious and optimised. We aim to devolve decision making as close to citizens and patients,as is appropriate, seeking greater opportunities for the involvement of our population. We aim to shift the balance of activity from and acute and residential services to community provision.

6. Being nimble to react to the decisions made at Greater Manchester regarding the commissioning of services at a GM level, and influencing GM with regard to the opportunities which exist from managing the market / procurement at a GM level.

7. Honesty, openness and trust in our discussions, which are focused on the people we serve. We aim to take to take a positive approach, playing to the strengths of both of our teams. We will always look for opportunities for change and implement solutions quickly, rather than focus on the reasons why things can't be done or changed. .Any disagreements will be stated transparently and courteously, with both parties committing themselves to resolve disagreements in a constructive & collaborative manner.

8. Promoting thinking and working differently, and supporting our teams to do the same. The LCO will be creative and innovative, and therefore will try some things that don't work. If the LCO is not doing this, we have the wrong model in the LCO. We will work together to manage these challenges together in a mature adult way without blame. We should encourage and welcome mistakes, so long as we collectively extract the learning from failures. We will develop a reflective, evaluative and learning culture across the Borough.

Our processes

9. A single dialogue will take place between the OCO and LCO for the purposes of monitoring in 2019/20 of Bury specific NHS services, and for contract negotiations in 20/21, to support the commissioning of outcomes for the population of Bury. For 20/21, we will look to include the broader spectrum of local authority commissioned services and CCG services commissioned from the third and voluntary sector, which may have not at present been included within the ' in scope ' conversations.

10. We recognise that detailed functional and service level reporting will be necessary in some circumstances to meet local, GM and national requirements. However, where this is required, commissioning resources will need to be deployed to where commissioning activities are taking place. We have a requirement to reduce the overall management costs in the economy, as part of establishing the new arrangements, however we recognise that this transition will take a period of time. Where possible, we will aim to use a single agreed dataset across parties , to build trust and reduce workload across organisations.

11. We recognise that separate negotiations will need to continue for PCFT MH specialist services, and the NCA at this point in time, due to the historic nature of the negotiation and monitoring of these contracts. That said, some of the outcomes regulated through NES arrangements, will also need to be included within the local Bury LCO/OCO conversation e.g. NEL admission rates. We will remain focused on the place rather than organisational self-interest. When the OCO and individual providers in particular, come under pressure from the regional and national NHS system to deliver to national performance targets, we will respond together to meet those requirements, in a way that focused on the people and place of Bury.

12. Where the OCO would wish the LCO to take on commissioning responsibilities on its behalf, the OCO will ask the LCO to formally identify a lead partner to take on these responsibilities. Communications to affected parties will be jointly agreed between the LCO and the OCO. As a principle, it will be assumed that the LCO as an entity takes on the responsibility of redesigning services which are defined as ' in scope', unless there is an alternative procurement process required, which will defined by the OCO, as and when required.

Kath Wynne-Jones
Interim LCO Executive
29th March 2019

Dr. Jeffrey Schryer
CCG Clinical Chair
29th March 2019