

<b>Meeting: Strategic Commissioning Board</b>			
<b>Meeting Date</b>	06 January 2020	<b>Action</b>	Information
<b>Item No</b>	11	<b>Confidential / Freedom of Information Status</b>	No
<b>Title</b>	Bury System Board Meeting – 12 November 2019		
<b>Presented By</b>	Dr Jeff Schryer, CCG Chair		
<b>Author</b>	-		
<b>Clinical Lead</b>	-		
<b>Council Lead</b>	-		

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

<b>Links to Strategic Objectives/Corporate Plan</b>	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>	

<b>Implications</b>						
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?	The Bury locality is represented at this meeting and the Greater Manchester work is aligned with local strategy / priorities					
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?	None – these minutes are publicly available via <a href="https://democracy.greatermanchester-ca.gov.uk/ieListMeetings.aspx?Committeeld=140">https://democracy.greatermanchester-ca.gov.uk/ieListMeetings.aspx?Committeeld=140</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 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	12/11/2019	Minutes being submitted for ratification

<b>Title</b>	<b>Minutes of the Bury System Board 12 November 2019</b>		
<b>Author</b>	Alex Cutler, Executive Assistant, Bury CCG		
<b>Version</b>	2.0		
<b>Target Audience</b>	Members of the Bury Health and Social Care Transformation Programme Board		
<b>Date Created</b>	November 2019		
<b>Date of Issue</b>	12 December 2019		
<b>To be Agreed</b>	November 2019		
<b>Document Status</b> (Draft/Final)	Final		
<b>Document History:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
15 <sup>th</sup> November 2019	1.0	AC	Draft Minutes submitted to MO'D for checking
19 <sup>th</sup> November 2019	1.1	AC	Amendments made
12 <sup>th</sup> December 2019	2.0		Approved by System Board
<b>Approved:</b>			
<b>Signature:</b>			.....

## Bury System Board

### MINUTES OF MEETING

Tuesday 12<sup>th</sup> November 2019, 1.00pm to 3.00pm

Townside Primary Care Centre

**Chair – Cllr D Jones**

#### Members Present:

Dr Jeff Schryer, Chair Bury CCG (Chair) (JS)  
Mr Geoff Little, Chief Officer, Bury CCG/Bury Council (GL)  
Dr Cathy Fines, Clinical Director, NHS Bury CCG (CF)  
Mrs Kath Wynne-Jones, Programme Director, Bury LCO (KWJ)  
Ms Julie Gonda, Interim Executive Director - Communities & Wellbeing, Bury Council (JG)  
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)  
Ms Catherine Jackson, Executive Nurse, Bury CCG (CJ)  
Dr Kiran Patel, Medical Director, GP Federation (KP)  
Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer, NHS Bury CCG (MO'D)  
Mr Chris O'Gorman, Chair, LCO (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 Simon O'Hare, Associate Chief Finance Officer, Bury CCG, (SO'H) for Mr Mike Woodhead

#### Others in attendance:

Ms Alex Cutler, Executive Assistant, Bury CCG (AC)  
Ms Nicky O'Connor, Interim Director of Transformation, Bury Council (NO'C)  
Ms Helen Smith, Head of Assurance, Bury LCO, for Item 5 only (HS)

#### Apologies

Apologies for absence were received from:

- Mr Keith Walker, Executive Director of Operations, Bury LCO Representative
- Ms Lesley Jones, Director of Public Health, Bury Council
- Dr Daniel Cooke, Clinical Director, Bury CCG
- Cllr A Simson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
- Ms Karen Dolton, Executive Director of Children and Young People, Bury Council (KD)

## MEETING NARRATIVE & OUTCOMES

<b>1.</b>	<b>WELCOME AND APOLOGIES</b>		
1.1	DJ welcomed those present to the Bury System Board and introductions took place. Apologies were noted as outlined above. The meeting was declared quorate in line with the ToR.		
<b>2.</b>	<b>DECLARATIONS OF INTEREST</b>		
2.1	Members were reminded 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 Bury System Board.		
2.2	Members were asked to review the Declaration of Interests Register for the Bury System Board and inform AC of any changes.		
<b>ID</b>	<b>Type</b>	<b>The Programme Board:</b>	<b>Owner</b>
D/11/01	Noted	No changes received for the latest version of the DoI Register.	Cllr Jones
A11/01	Action	Board to review the DoI Register and inform AC of any changes.	All members

<b>3.</b>	<b>MINUTES OF LAST MEETING/ACTION LOG</b>		
3.1	The minutes of the previous meeting held on the 16 <sup>th</sup> October 2019 were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.		
<b>ID</b>	<b>Type</b>	<b>The Programme Board:</b>	<b>Owner</b>
D/11/02	Noted	Approved the minutes and noted the associated updates on the actions of the previous meeting.	Cllr Jones

<b>4.</b>	<b>Development of LCO</b>		
4.1	MO'D advised the board the title should state Development of the LCO and not OCO as listed within the agenda.		
4.2	An extract on LCO development from the latest draft of the GM Response to the NHS 10 Year Plan was shared. A related paper was designed to highlight particular statements in the GM Response to enable the Board to consider the degree to which these align with Bury's aspirations for LCO development. The Bury System Board need to start considering some practical questions around extending the scope of services within the LCO, the size of management structure required to fulfil its function from April 2020. These would then inform responses to requests from the LCO for staffing secondments to be extended and to clarify the role and the PMO.		
4.3	DJ felt the 10-year plan and the local comparative was helpful. Discussions are still ongoing and an away day is taking place on 13 <sup>th</sup> November which may result in some answers to these questions.		
4.4	GL apologised as he will not be able to attend the away day and has shared his views with the facilitator that the refresh of the Mutually Binding Agreement (MBA) required		

	for 20/21 needs to reflect the work the NCA need to do to give them mechanisms to assure safety and quality of community health services delivered through the LCO; as well as consideration about including community mental health and aspects of children's services in scope for next year.
4.5	It was suggested that the LCO also develop their relationships with other public sector partnerships, drive population health improvement at a level which would then be enshrined within the Agreement moving forward.
4.6	MOD acknowledged comments and is keen that a joint conversation takes place post the LCO workshop to collectively agree on what is added to services in scope, consideration of operational commissioning etc.
4.7	It was agreed that the LCO board undertake the workshop and the output from this be brought back to Bury System Board in December for further discussion.
4.8	JS added from a commissioning perspective, we need to agree how we bring the PSR agenda with the population health and with individual health and social care agenda that has been running. GL suggested that at the next Bury System Board, we have a presentation and discussion about the development of neighbourhood working in Bury from a whole public service and community perspective rather than just a health and care perspective.
4.9	MOD agreed discussions in terms of secondments, be continued offline as this has an impact on staff currently around this table and will be informed by the agreed function of the LCO post April 2020.
4.10	KWJ added that these are areas that will be discussed during the workshop relating to the broader neighbourhood agenda and how we expand the scope of the LCO such as the need to understand the operational aspect of the LCO, what does single line management mean, what does it meant to be part of the LCO. This will be brought back to Bury System Board.

ID	Type	The Programme Board:	Owner
D/11/03	Noted	Noted the report and comments made.	Cllr Jones
D/11/04	Agreed	Answers to questions within GM 10 Year Plan report be brought back to Bury System Board in December following LCO workshop.	Ms Wynne-Jones
D/11/05	Agreed	Presentation at next Bury System Board about the development of neighbourhood working in Bury from a whole public service and community perspective rather than just a health and care perspective.	Ms Wynne-Jones

<b>5.</b>	<b>LCO Short- and Medium-Term Priorities</b>
5.1	CO'G introduced the document and provided additional information to the board advising that the paper was described as quite conservative in its recommendations albeit now changed following previous discussions. The board were advised to consider that at the stage when it was written, it was quite limited in its scope and at that time, the LCO were in the midst of the realignment of its work to focus on three

	transformation priorities; integrated neighbourhood teams, intermediate care and rapid response and palliative care.
5.2	The realignment of these areas followed a period where the LCO had focused on a broad range of services associated with community health services transferred from Pennine Care to NCA and adult social care, looking at the existing the mutually binding agreement to create the assurance and oversight structure to deliver services effectively.
5.3	Following months of work, it was identified that the focus would be best placed looking at several specific areas for both the LCO and stakeholders. The paper therefore is to reaffirm the reasons for the areas currently focused on such as mental health and children's services.
5.4	It is agreed that the expectation that the LCO will embrace a wider range of services as mentioned above, along with the question around the host organisation. The NCA have expressed concerns around quality and safety of some community health services within the in-scope services of the LCO transferred from Pennine Care in July. The LCO have made a temporary adjustment to the single line management arrangements. The director of nursing for NCA, Bury and Rochdale Care Organisation through to clinical leadership arrangements within the community will take a more prominent role in leadership until quality issues are addressed.
5.5	It could be said that this is a compromise of the principle of single line management but one that has been made in order to sustain and develop quality and safety. This will need to be agreed collectively as to the degree we want to reaffirm single line management as a core issue for the future or whether the immediate developments are drawing us in a different direction to a different model for the LCO closer to the lead provider.
5.6	The workshop tomorrow is to try and formulate a more comprehensive and workable proposal for the next year and the year after addressing the issues raised today and the need for this to be completed, so that discussions around the infrastructure and staffing issues can be resolved for future arrangements this year, next and four to five years' time.
5.7	It was agreed that the outcomes of the LCO thinking be shared and discussed at the next Bury System Board.
5.8	JS acknowledged that there will always be continuous change as we move forward however, we need to understand the different parts of the system; <ul style="list-style-type: none"> <li>• JS asked for clarification about the links between the LCO leading on 3 or 4 major transformation programmes and a LCO management team which is broader in its membership and remit.</li> </ul>
5.9	CO'G confirmed there is a definite distinction, but also connection between two different things the LCO does. The management part of the management team is delivery of transformation associated with a defined set of services. There is also a wider group of stakeholders who are fully part of the LCO who do not currently have any services in play. These services are very closely connected however the relationship in the second group is slightly looser and more about the LCO role as a system integrator, as a group trying to develop a single voice on key issues. The LCO wants to try to focus on key areas and overcome organizational barriers to articulate



	a provider wide voice.
5.10	That distinction is reflected within the management team and to some degree reflected on the board however the board operates on one organisation, one vote, which is deliberate, to try to close the gap between services. Urgent Care is a good example.
5.11	CJ queried the comment regarding the quality and safety assurance functions. The CCG have processes in place for such assurances within the health service. The question is whether there is any duplication and are the LCO not mapping out and updating any concerns.
5.12	KW-J added in terms of management teams functioning, the LCO is looking to separate transformation from the broader businesses as well as trying to distinguish agendas. With regards to assurance, it was identified that the LCO attempted to go too far too soon. The LCO did not have the infrastructure beneath to support collecting data together in a holistic way. Moving forward, we need to focus on this piece of work on how we as a system develop a single BI assurance performance function to gather and report once only.
5.13	In addition, regarding quality and safety and not wishing to duplicate assurances, the NCA had expected this to be in place upon transition and are looking into rectifying this as part of their governance and a due diligence process around accepting services they have gained through the transaction.
5.14	JS sought assurance that the new arrangements for assurance of community service delivery was being addressed via the new Outcomes and Performance Group.
5.15	MO'D confirmed that seven meetings have been rolled into one, and the reporting is still going to its original place however there is still working to be done to pull the data together, in to one coherent report.
5.16	KW-J advised following the outcomes from the Strategic Oversight Group, several areas have been slimmed down. The monitoring and evaluation processes have aligned to this and tracking of the transformation schemes is continuing.
5.17	GL added with regards to the role of the LCO, there is a management function to collectively, as one team, manage those services which have been integrated into the LCO and then there is a separate transformation function to transform the system. There are several levels currently:
5.18	<ul style="list-style-type: none"> <li>• The LCO must take responsibility for the transformation of those services which are going into the LCO, the three priorities agreed to be funded, the development of the LCO in terms of mental health and children's which is a task for the LCO management team as a team.</li> <li>• The wider transformation is a shared responsibility, certainly between the OCO and LCO working together and indeed through our arrangements with other public services and should not rest solely with the LCO.</li> <li>• The need to review the project management office, having an project management office that sits between the LCO and OCO in order to mainstream the transformation role.</li> <li>• When we think about the role of the LCO moving forward, it would be helpful to think back in terms of the population and not just services. It is felt that</li> </ul>
5.19	



5.20	<p>currently the LCO is not dealing with the most complex cases and dealing with cases lower level cases, or those at risk becoming more complicated. Moving forward, we need to grow the volume of people the LCO are supporting, to have an impact on shifting demand and resources from acute into the community.</p> <ul style="list-style-type: none"> <li>Finally, GL sought confirmation about the NCA taking direct control for the time being of quality of assurance for community services. The understanding following a meeting with Steve Taylor, was that this was a temporary arrangement whereby there would be an increase into direct control of the community services by NCA whilst the basic problems are sorted out and whilst they put in place the quality assurance processes for professional standards and safeguarding as we have for adult social care. At that point, we would return to full direct line management within the LCO with the benefit of those assurance processes and we did not see this as potentially leading to a position where we would stop the single line management process, longer term.</li> </ul>
5.21	<p>CO'G confirmed he had indicated the more direct control by the NCA to be temporary only.</p>
5.22	<p>CO'G aspired to the 7 Partners within the Alliance "developing a single voice" around system wide developments. Urgent Care proposals may well test this if they potentially have a negative impact on one or more of the Organisations within the Alliance.</p>
5.23	<p>The challenge for an LCO with seven partners with different degrees and types of relationships to Urgent Care and develop a single voice is in part to set aside organizational preferences and priorities in place of the best interest of Bury people and secondly, to develop a relationship of confidence and trust in each other, putting aside organizational interests is not then going to result in exploited behavior from another party.</p>
5.24	<p>KW-J added following 6 months of learning, organisations have been differentially impacted around the arrangements and how much learning and experience exposure of what a single line management arrangement means. We are in a position where some people feel we are revisiting what the initial ambition of the LCO however, from the learning gained and not everyone has been exposed to that level of learning due to the impact of their services. For these reasons, it is essential that we get all partners on the same page, accept the need to revisit and understand what single voice means.</p>
5.25	<p>DJ accepted the reasoning but was concerned that if we sit back and wait, this often leads to things not being dealt with, hence the need for the continuous communication between organisations so that we all understand and learn the bigger need for the borough.</p>
	<p>GL acknowledged and agreed with CO'G wholeheartedly with the need for providers being closer together as part of the LCO and being able to put their organizational self- interests secondary to the interests of Bury people and Bury, the place. The caveat is for areas such as Urgent Care and intermediate tier reviews along with other major changes, these must include the OCO as this is a Bury wide change. Once we start putting transformation into silos i.e. the LCO or the Commissioners, we lose our collective ability to drive change forward.</p>

	Type	The Programme Board:	Owner
D/11/06	Decision	Noted the report and comments made.	Cllr Jones
D/11/07	Agreed	Outcomes following the workshop of the LCO thinking be shared and discussed at the next Bury System Board	All

<b>6 Alignment of LCO/OCO Roadmaps</b>			
6.1		CO'G introduced the paper which flows from today's previous discussions. The idea of the roadmap is to make real the journey of transformation and not something one part of the system owns and is responsible for, it is the responsibility of system wide.	
6.2		The issue is that the roadmap is currently not very long, and it may be that this is all that is achievable and with the step by step process will begin to shape what the LCO will look like four to five years later. However, there are some practical issues identified which impact on the roadmap; procurement of community health services has always been an issue and not something anybody wishes to implement but nevertheless, remains an obligation. Infrastructure is also a short-term issue from 1st April 2020 resulting in the need to collectively know what the LCO is doing then and identify resources required so that we achieve a workable infrastructure.	
6.3		Discussions about organizational form is one we continue to commit to not having short to medium term and some parties reminding us that this is needed in the longer term for the roadmap to be complete and therefore continued conversations across the system is needed to move forward.	
6.4		GL added in terms of the OCO and the overall roadmap, it was agreed during conversations last summer that we would concentrate on the LCO, then the OCO followed by bringing health and social care reform and that we are on track with this plan.	
6.5		The roadmap needed now, following the information gained from tomorrow's LCO workshop, is to then bring these together to identify key arrangements over the next 3 years. The work from the Bury Strategy and Refresh Locality Plan, what are the key requirements over the next three years in terms of transforming both health and care in the context of wider public services. These discussions would need to take place between now and early next year to get the plan in place.	
6.6		Immediate issues such as procurement of community health is on the agenda and will be addressed at the Strategic Oversight Group, a smaller group which reports to this group and an update will return here next month. JS added that he can visualize the information so far and how this brings us together but also acknowledged how we work differently, where we can create that middle structure, collapse joint services within that, which will also build trust. These issues need to be mapped out during the workshop.	
	Type	The Programme Board:	Owner

D/11/08	Decision	Noted the report and comments made.	Cllr Jones

<b>7</b>	<b>Locality Plan Refresh</b>
7.1	Ms O'Dwyer provided the Board with an update following the focused session during last month's Bury System Board meeting. She reminded the Board of the requirement to submit our refreshed plan by the end of this month.
7.2	<p>Themes echoed were:</p> <ul style="list-style-type: none"> <li>• How do we develop our embryonic health and care integration and take this to the next level and align this with reformed public services. The need for further discussions with LCO during workshop as well as other meetings over the next few weeks.</li> <li>• The need to be brave and focusing on prevention, maintaining the balance between the reactive that we must do and the proactive that will deliver longer term.</li> <li>• How do we focus and target our resources and the wealth of data we have both here and with our partners. This then to be available at neighbourhood level and supplemented with intelligence available at grass roots level so we can target resources where they are most needed.</li> </ul>
7.3	Full clarity on system wide agreements on the development of the LCO will still be being worked up by the time we have to submit, so a direction of travel will be indicated. The hope is to have a first draft of the Locality Plan made available to members of the board by the end of this week for comments.

ID	Type	The Programme Board:	Owner
D/11/09	Decision	Noted the report and comments made.	Cllr Jones
A/11/02	Action	The first draft of the Refresh of the Locality Plan to be shared with members of the board by the end of this week for comments.	MO'D

<b>8</b>	<b>Implementation of Strategic Oversight Group – Transformation Fund decisions</b>
8.1	KW-J presented a paper on behalf of LD highlighting closure dates and handover issues. She referred to two current issues around the Falls Prevention and Palliative Care Service and the work the NCA are undertaking with those staff and looking at alternative points for deployment. Other services were more under the OCO and managed by SROs within the OCO.
8.2	GL made a general point around some of the issues identified following decisions on funding have been around workforce and the need to make sure we are sending the right people to the Workforce Engagement Forum to have open discussions with trade unions before getting to more formal processes. He has a meeting coming up with Bury Hospice and requested a briefing on the answers to the inevitable questions he may face.

8.3	<p>In terms of programme closures, MO'D queried:</p> <ul style="list-style-type: none"> <li>• Can we get assurance from a financial point of view, that the programmes that have money available to keep them going until the end their end date, was this factored in to the savings that were identified as part of the overarching discussion on Strategic Oversight Group.</li> <li>• Also, Healthy Care Homes, has been identified as ceasing at the end of January 2020, however there has been an approach to the CCG for bridging funding for February and March because the Primary Care Networks will have resources and go live 1 April 2020 for similar projects.</li> </ul>
8.4	<p>HS added as her role in Head of Assurance, each project would have received a letter advising them that funding would be available up until the end date or whether funding had been reduced along with a cease by date telling them that as of that date there would be no more money. There was no mandate within the letter of when the project should end resulting in variations of end dates when projects cease.</p>
8.5	<p>Some projects have monies remaining and not occurring additional costs as the money had already been profiled. No projects within the paper have reported slippage or savings in terms of how they are closing.</p>
8.6	<p>MWa confirmed the savings were attributable to intermediate care, integrated neighbourhood teams and rapid response and predicated on deflection figures. The actual funding itself assumed that there would be a period to wind down which was incorporated within the figures.</p>
8.7	<p>MO'D sought clarification to understand whether this was purely down to finance which stopped Healthy Care Homes or whether they were not delivering as anticipated. As commissioners, we need to take an informed view as to whether we keep some resource going and avoid losing staff to the Bury System if similar services are to be established from April 2020.</p>
8.8	<p>KP added, there is a contract with Practices requiring 3 months' notice resulting in the closure date of January 2020. As the SRO, he was given a budget to manage the closure of this programme. Figures would not be available until end of January 2020 however they are well within the allocated funding for this programme.</p>
8.9	<p>KP added that the request for an extension has not come from him however, he is aware that there have been open conversations around closing a programme which would be put back in place in April 2020 and whether this is a sensible thing to do.</p>
8.10	<p>JS also added that of the PCN Healthy Care Homes, the provider would also be different. It is not the practices, but the PCNs providing it under a nationally mandated contract.</p>
8.11	<p>JS suggested this would be an opportunity to do some naval gazing, in terms of did we get the process right, what were the lessons we learned, how can we ensure we</p>

8.12	do things better in the future.  It was agreed that KW-J bring back some of the learning to the next Strategic Oversight Group.		
ID	Type	The Programme Board:	Owner
D/11/10	Decision	Noted the report and comments made.	Cllr Jones
A/11/03	Action	To bring back learning as to how we can do things better during programme closures at the next Strategic Oversight Group and Bury System Board meeting.	Ms Wynne-Jones

9	Clinical Cabinet/Professional Congress – Future Working arrangements		
9.1	HH provided a brief update. The CCG since its inception, had a Clinical Cabinet at the heart of its decision making and moving through to the new Strategic Commissioning Board, a recognition of having leadership from people who worked on the ground.		
9.2	The LCO has had a professional congress with a mixture of clinicians and social workers however, it seems illogical to set up two different bodies advising the LCO and OCO and that a system body would be more beneficial.		
9.3	GL commented instinctively the more clinical and wider professional input into one place feels better however, if we have a collaborative approach in Bury, we need to get the colleagues right. The critical issue is how we manage the decision making at clinical and professional level and the flow of business through the Strategic Commissioning Board needing to be expertly managed to achieve the right flow of conversation.		
9.4	HH agreed that the proposed group needs to be responsible to both the Strategic Commissioning Board but also the LCO Board.		
9.5	The board agreed for discussions to take place within the Strategic Commissioning Board, separately with LCO board and once outcomes available, to be brought back to Bury System Board.		
ID	Type	The Programme Board:	Owner
D/11/08	Decision	Noted the report and comments made.	Cllr Jones
A/11/04	Action	To update the board of the outcomes following discussions at the Strategic Commissioning Board and LCO Board on the proposed development of a Professional Reference Group	Mr Hughes

10	Service Reviews Update		
10.1	MO'D shared review papers with the board to ensure the system board is sighted on the latest position in terms of what the reviews encompass and the detailed scrutiny of the plans falls to The Health and Care Recovery Board which HH chairs. The Governing Body asked for detailed implementation plans to enable us to be fully assured of all elements that are required in a worked-up plan.		

10.2	Within Urgent Care and Intermediate Care there are crossovers and as models are being developed, there is a need to be in sight of both emerging models to see how they work.
10.3	JG acknowledged the interdependencies between Intermediate Care and Urgent Care review and recognised by SRO's and project leads. Conversations are taking place to ensure timings and consultation / engagement happen simultaneously. Learning Disability Respite Services is a review across both Council and CCG for and adults children and is focused on an individual customer needs approach.
10.4	KW-J added on behalf of LD regarding Integrated Neighbourhood Teams, as part of the LCO, the revised governance in place around delivery of transformation programmes not where it wants to be in terms of systems of measurement through the active case management process. The LCO is working with neighbourhoods to increase referrals. As part of the first stage review looking at processes with neighbourhoods, quality frameworks with outcomes is in progress. Discussions are taking place with team leaders who are helping to drive this forward. The management team huddle is now in place with the Neighbourhood team leaders to work together with this piece of work for the next few months.
10.5	KP added neighbourhood teams aware of the challenges ahead to work on the refresh model. A much clearer understanding of what the next cycle aims to achieve.
10.6	It was agreed that as each cycle takes 90 days, LD bring the operational model for Integrated Neighbourhood Teams in preparation for the 1 <sup>st</sup> April 2020 back to Bury System Board in January 2020.
10.7	GL also referred to reporting back of the other 3 reviews are partly finance as well as performance driven. In terms of setting up budgets next year, the need for a high level update to the December meeting would be essential. If no update from the IM&T review, then at least some metrics on current impact would help with thinking about the budget process. MWa added those discussions are already underway to bring something back and in terms of Urgent Care Review and key interrelations, the key relationship is to include Intermediate Care Transform Review as it is not currently included and the need to avoid duplication of savings.
10.8	MO'D stated that it was the understanding that it was a key relationship in Intermediate Care and included. MWa noted that the report just states Intermediate Tier Review but there is also the Intermediate Care Transformation scheme predicated on deflections and savings within Urgent Care, and we need to ensure savings are not counted twice.

ID	Type	The Programme Board:	Owner
D/11/09	Decision	Noted the update within the report.	Cllr Jones
A/11/05	Action	To bring the operational model for Integrated Neighbourhood Teams in preparation for the 1 <sup>st</sup> April 2020 back to Bury System Board in January 2020	L Darley
A/11/06	Action	To ensure that there is no duplication of savings across the IMC review and the IM	Ms Wan



<b>11 Finance Report</b>	
11.1	MWa summarised the month 6 report with a revised £7.6m gap. Agreed with GM a cash drawdown of £7m. Within the plan a contingency of £456K and currently, the transformation plan for next year of assumed recruitment of 70% up until September 2020. Currently we are ahead of the schedule and assume all staff will be in post before September.
11.2	The trajectories, the savings agreed at Strategic Oversight Group highlights what the transformation fund would be funding, potential savings from schemes and when schemes would pay for themselves. The report highlights planned savings and planned assumptions agreed at Strategic Oversight Group.
11.3	JS asked at what point savings will be seen to enable transition into core funding and whether a timetable has been constructed around this.
11.4	KW-J stated that the end point of evaluation would be September 2021 however the LCO would constantly be re-evaluating the impact against each plan from now. JS suggested that as a group we agree some form of timetable around evaluation and decision making.
11.5	A plan to be brought back to Bury System Board along with timescales for achieving the long-term plan within Bury prior to project closure and investments going forward so that decisions can be agreed within 6 months. HS added the monthly assurance report should support as part of information.

<b>ID</b>	<b>Type</b>	<b>The Programme Board:</b>	<b>Owner</b>
D/11/10	Decision	Noted the update.	Cllr Jones
A/11/07	Action	A plan to be brought back to Bury System Board along with timescales for achieving the long-term plan within Bury prior to project closure and investments going forward so that decisions can be agreed within 6 months	KW-J

<b>12 Assurance</b>	
12.1	HS asked the Board to note the contents of the report, in particular those listed within section 5.
12.2	The Board advised that we need a system wide approach to assurance.
12.3	KW-J stated at previous meetings it was agreed to continue with current methodology. She suggested there is a question about the reviews and what is the totality of our transformation resource and how do we assure and utilize this across the economy. HS agreed and added that her understanding from Strategic Oversight Group was that there are three LCO programmes however there are parts of the locality plan remaining which also need to be monitored.



12.4	GL added that we need strong assurance as to whether all of our Health and Social Care Transformation as a whole is adding up to and achieving deflections from the acute sector but also from expensive residential care. We need to agree that we want a central Bury Wide central resource rather than spread out throughout different areas.
12.5	HS added the need for key system leads for each neighbourhood programme that are not governed or reporting to a central system function. GL confirmed that we are in the process of reinstating the System Estates Group and to be lead by Paul Lakin, IM&T would be lead by Kate Waterhouse and Workforce would need a wider conversation. GL and HS to have a further discussion outside of this meeting to decide key system leads for estates, comms and workforce.
12.6	Evaluation; HS briefed the board of the contents within the paper around Evaluation Update which requires sign off from the board if in agreement. KW-J agreed the areas are the priority areas and noted a couple of areas did not have an evaluation in place although others did and requested a discussion outside of this meeting to go through all areas.
12.7	MO'D asked what might be within the content in the interim report in March 2020 as this might be useful information moving forward. HS advised there would be an update of the baseline report and the work completed so far along with interim results. MO'D advised that data on the impact early on would be helpful to support future decision making. HS advised that she suspects this may not be available but will ask the question.
12.8	The board to share comments for the 3 <sup>rd</sup> report to be shared outside of the meeting.

ID	Type	The Programme Board:	Owner
D/11/11	Decision	Noted the information.	Cllr Jones
A/11/08	Action	To share comments with HS relating to 3 <sup>rd</sup> paper not discussed today.	All

13	OCO/LCO Outcomes and Performance Terms of Reference for sign off
13.1	MO'D shared the final draft of the OCO/LCO Outcomes and Performance Group Terms of Reference as it reports to the System Board.
13.2	KW-J commented on the 2 <sup>nd</sup> bullet point within appendix 1 whereas following conversation held at board last week, all district services will remain within LCO, and child services would fall under the NCA for temporary control and assurance until 1 <sup>st</sup> April 2020. MO'D agreed to amend this particular point in light of this very recent change.
13.3	JS questioned where the assurance of those services would sit. MO'D advised it sits in the Outcomes and Performance Group and any significant risks or issues must be brought to the System Board. KW-J added that effectively somebody from the NCA needs to sit on the Outcomes and Performance Group as well as somebody from the LCO who manage specific services that assures the community services out of scope from the LCO.
13.4	JS added the need for this to be reflected within ToR document. MO'D will seek a formal statement which will be added within the ToR, shared with the group for sign off.

ID	Type	The Programme Board:	Owner
D/11/	Decision	Noted the paper and agreed actions.	Cllr Jones
A/11/09	Action	To include comments/suggestions agreed today within the ToR paper and share with all members.	M O'Dwyer

<b>14</b>	<b>Closing Matters</b>		
14.1	Nothing raised.		
ID	Type	The Programme Board:	Owner
D/11/11	Decision	Noted the information.	Cllr Jones

<b>Next Meeting</b>	<b>Date: 12 December 2019, 10.30am – 12.30pm at Townside</b>
<b>Enquiries</b>	e-mail : <a href="mailto:alex.cutler@nhs.net">alex.cutler@nhs.net</a> Tel: 0161 253 7865

## Transformation Programme Board Action Log – November 2019

### Status Rating



- In Progress



- Completed









- Not Yet Due



- Overdue

Meeting Date	Action	Lead	Status	Due Date	Update
15 <sup>th</sup> August 2019	A/08/05 - Discussions around the components needed in order to move forward.  10/09 requested that this be changed to Communications about involving patients and self-care as well as the LCO agenda.	Ms Darley		September 2019	Engagement with the public, comms meeting taken place but will update at next meeting. Change the subject for the action.  10/09 – agreed to change the action subject. Update to be shared at next Bury System Board meeting in October.  16/10 commenced a small group to take discussions forward and manage this piece of work relating to best practice moving forward. To remain on action log until work completed and Board updated.
16 <sup>th</sup> October 2019	A/10/07 - Vacancies should be separated from the figures within the table of the Finance Report	Ms Wan			
16 <sup>th</sup> October 2019	A/10/08 - To identify the most appropriate team to discuss the approach to procuring community services	Ms O'Dwyer			
12 <sup>th</sup> November 2019	A/11/02 first draft of the Refresh of the Locality Plan to be shared with members of the board by the end of this week for comments.	Ms O'Dwyer			Issued to Board members and Final draft submitted 27 <sup>th</sup> November 2019

Meeting Date	Action	Lead	Status	Due Date	Update
12 <sup>th</sup> November 2019	A/11/03 - To bring back learning/naul gazing as to how we can do things better during programme closures at the next Strategic Oversight Group and Bury System Board meeting.	Ms Wynne-Jones			
12 <sup>th</sup> November 2019	A/11/04 - To update the board of the outcomes following discussions at the Strategic Commissioning Board and LCO Board on the proposed development of a Professional Reference Group	Mr Hughes			
12 <sup>th</sup> November 2019	A/11/05 - To bring the operational model for Integrated Neighbourhood Teams in preparation for the 1 <sup>st</sup> April 2020 back to Bury System Board in January 2020	Ms Darley			
12 <sup>th</sup> November 2019	A/11/06 - To ensure that there is no duplication of savings across the IMC review and the IM Transformation funded scheme.	Ms Wan			
12 <sup>th</sup> November 2019	A/11/07 - A 6 month timetable so that we can achieve savings within Bury's long-term plan be brought back for discussion and agreement in order to receive national funding.	Ms Wynne-Jones			
12 <sup>th</sup> November 2019	A/11/08- To share comments with HS relating to 3 <sup>rd</sup> paper not discussed today.	All			

Meeting Date	Action	Lead	Status	Due Date	Update
12 <sup>th</sup> November 2019	A/11/09 - To incorporate last minute changes within the ToR paper and share with all members by the end of this week.	Ms O'Dwyer	