

Meeting: Strategic Commissioning Board					
Meeting Date	03 February 2020	03 February 2020 Action Information			
Item No	15	Confidential / Freedom of Information Status	No		
Title	Bury System Board Meeting – 12 December 2019				
Presented By	Dr Jeff Schryer, CCG Chair, NHS CCG Bury				
Author	-				
Clinical Lead	-				
Council Lead	-				

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The paper includes the minutes of the Bury System Board Meeting held on 12 December 2019 for information.

Recommendations

Date: 3 February 2020

It is recommended that the Strategic Commissioning Board:

Notes the Minutes of the Bury System Board Meeting held on 12 December 2019.

Links to Strategic Objectives/Corporate	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
Add details here.		

Implications					
Are there any quality, safeguarding or patient experience implications?	Yes	No	\boxtimes	N/A	
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	No	×	N/A	
Have any departments/organisations who will be affected been consulted?	Yes	No	\boxtimes	N/A	
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	No	\boxtimes	N/A	
Are there any financial implications?	Yes	No	\boxtimes	N/A	

Yes		No	\boxtimes	N/A	
Yes		No	\boxtimes	N/A	
Yes		No		N/A	
Yes		No		N/A	\boxtimes
Yes		No		N/A	\boxtimes
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Yes		No		N/A	×
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	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes Yes Yes Yes Yes	Yes No Yes No	Yes No Yes No	Yes No No N/A Yes No N/A No N/A

Governance and Reporting				
Meeting	Date	Outcome		
Bury System Board	12/12/2019	Minutes being submitted for ratification		

Date: 3 February 2020

Title	Minutes of the Bury System Board
	12 December 2019
Author	Jill Stott, LCO Governance Manager
Version	2.0
Target Audience	Members of the Bury System Board
Date Created	December 2019
Date of Issue	10.01.2020
To be Agreed	14 .01.2020
Document Status (Draft/Final)	Final
Document History	V'-

Document History:

Date	Version	Author	Notes
17.12.19	1.0	Jill Stott	Draft Minutes submitted to MO'D for checking
23.12.19	2.0	Alex Cutler	Amendments made and re-submitted to MO'D for checking
Ap	proved:		14.01.2020
Si	gnature:		

Bury System Board

MINUTES OF MEETING

Wednesday 12 December 2019, 10.30 am to 12.30pm Townside Primary Care Centre

Chair - Dr Jeff Schryer

Members Present:

Dr Jeff Schryer, Chair Bury CCG (Chair) (JS)

Mr Geoff Little, Chief Officer, Bury CCG/Bury Council (GL)

Ms Kath Wynne-Jones, Chief Officer, Bury LCO (KWJ)

Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)

Ms Catherine Jackson, Executive Nurse, Bury CCG (CJ)

Ms Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer, NHS Bury CCG (MO'D)

Mr Chris O'Gorman, Independent Chair, LCO Board (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 Mike Woodhead, Joint Chief Finance Officer (MW)

Ms Karen Dolton, Executive Director of Children and Young People, Bury Council (KD)

Mr Keith Walker, Executive Director of Operations, Bury LCO Representative (KW)

Others in attendance:

Ms Alex Cutler, Executive Assistant, Bury CCG (AC)

Ms Nicky O'Connor, Interim Director of Transformation, Bury Council (NO'C)

Ms Jill Stott, LCO Governance Manager (JMS)

Dr Sanjay Kotegaonkar, Clinical Lead IM&T Bury CCG (SK)

Ms Monique Duffy-Brogan, Community & Out of Hospital CIO (Interim), NCA (MD-B)

Apologies

Apologies for absence were received from:

- Ms Lesley Jones, Director of Public Health, Bury Council
- Dr Daniel Cooke, Clinical Director, Bury CCG
- Cllr Andrea Simspon, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
- Dr Kiran Patel, Medical Director, LCO
- Ms Lindsey Darley, Director of Transformation and Delivery, LCO
- Dr Cathy Fines, Clinical Director, NHS Bury CCG
- Ms Tracy Minshull, Interim Assistant Director (Strategy, Procurement & Finance), Bury Council
- Ms Julie Gonda, Interim Executive Director for Communities & Wellbeing, Bury Council
- Cllr David Jones, Leader, Bury Council

MEETING NARRATIVE & OUTCOMES

1. WELCOME AND APOLOGIES

JS welcomed those present to the Bury System Board and introductions took place. Apologies were noted as outlined above. It was noted that the meeting was not quorate.

2. DECLARATIONS OF INTEREST

Members were asked 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.

KW noted that as a contract holder for some learning disability services there may be a conflict under item 6.

3. MINUTES OF LAST MEETING (12 November 2019)/ACTION LOG

The minutes of the previous meeting held on 12 November 2019 were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.

4. LCO Development

GM Response to the NHS Long-Term Plan

Paper shared, but not discussed.

Gearing up the LCO for April 2020 and beyond: discussion paper

CO'G introduced this item, referring to an earlier joint LCO/OCO paper on in-scope services and the wider remit of the LCO which had been shared with this board. He explained that this current paper has been produced following an LCO board away day (facilitated by AQuA) on 13 November and a further development session at the end of November. The paper articulates the outputs from these sessions with two main components: integrated provision and system integrator.

KWJ outlined the main points of the report which had previously been shared; as part of this she explained that a proposed LCO PMO infrastructure would be considered by the LCO Board on 18 December. She noted that as part of the LCO's development, Mental Health, some Children's services, assurance, BI and workforce are areas for consideration. She highlighted that the focus before Christmas would be on the proposals in the paper, timelines, challenges and the future infrastructure of the LCO.

GL made a number of points in response to the paper:

- 1. As the LCO will be an on-going organisation he stated that consideration around the funding of its Management Team need to be made by Strategic Oversight Group, in order to give certainty to staff.
- 2. He asked that additions to the objectives in the paper are made to include integration of services around patients, carers and families to ensure that their lives are not made worse.
- 3. He suggested that more work is needed on the health and care workforce across the borough, with a focus on organisational development and feedback

- on initiatives such as strengths based training.
- 4. He asked for further detail on the programme budget approach mentioned in the paper.
- 5. He suggested that a more focused development plan needs to be produced, with details on how mental health and the voluntary sector will be more involved in the model. He said that there needed to be a scaling up of the active case management (ACM) process, using an effective risk stratification tool, which wouldn't result in extra work for GPs. He suggested that the ACM work should link into the neighbourhood model, Early Years work and other programmes of work. His suggestion was that agreement is needed on Primary Care's role in the LCO and that Primary Care should lead on this piece of work.
- 6. His view was that the LCO will have a role in controlling some services but will also act as a system integrator in the future.
- 7. He suggested that the Integrated Neighbourhood Teams (INTs), Intermediate Care (IMC) and Urgent Care (UC) reviews should act as the vehicle for taking the LCO's development plan forward and that End of Life (EOL) should form a strand of the plan.

KWJ agreed that there was urgency around progressing the development plan, noting that a service line review was needed by the LCO/OCO, with decisions to be made on where integration should happen and where a single line management model would be appropriate.

MO'D asked for more detail around the inclusion of children's and mental health services and the need to agree the specifics within scope.

KW updated on the work he is undertaking with Julie Gonda, specifically around IAPT and connecting Bury MH services into the INTs. He reported that stakeholder workshops are due to take place in January focusing on the design of IAPT and accelerating a plan for MH's inclusion in LCO work. He explained that there is work that could be undertaken by PCFT and other stakeholders (particularly the VCFA) which could potentially be implemented in quarter 1.

GL saw the voluntary sector's role as being key to this work, with a suggestion that organisations such as Creative Living could be incorporated into the INTs as part of a future operating model.

There was further discussion around the infrastructure of the LCO and staffing stability; KWJ explained that the model which will be proposed to LCO Board on 18 December remains within the financial envelope provided through the Transformation Fund. She explained that this would be a smaller structure, focusing only on core business, which may eventually broaden out into a broader function.

CJ suggested that requirements across the patch need to be considered, with other teams in the same position as the LCO on funding and staffing.

GL put forward a view that an enabling infrastructure, serving both the OCO and the LCO, could eventually be led from one place.

It was confirmed that assurance and BI work are linked in with the development work and GL noted the need to progress this work as soon as possible.

CO'G clarified that this board had already agreed the Transformation Funding to support the LCO management team infrastructure and that any decisions on a future

model would remain within the allocated budget.

It was confirmed that currently there are no active conversations taking place around some children's services moving to the LCO and thus the discussion on clarifying mental health input to next year needs to be taken forward.

Performance

KWJ noted that currently the LCO only has one member of staff working in this area and that she will discuss this with K Waterhouse and L Ridsdale.

Local "checklist"

Covered within appendix 2 of the above paper

ID	Туре	The System Board:	Owner
D/12/01	Agreed	Agreed that following discussion at LCO Board on 18 December any risks around reduced funding coming out of the agreed future infrastructure of the LCO PMO would be shared with SOG	CO'G
D/12/02	Agreed	Agreed that the next stage of the LCO development plan (including work stream leads and timescales) needs to be completed with input from OCO colleagues	KWJ
A/12/02	Action	A paper on "the future development of the LCO Programme for 2021/22" to be an agenda item at February's System Board meeting	KWJ
A/12/03	Action	KD, along with MO'D, to progress the work on children's services, ensuring that the NCA are included in any discussions; work on MH also to be included in the distribution	KD/MO'D/ KW/KW-J

5. Approach to Developing a System-wide IM&T Strategy

KWJ tabled a list of current IM&T priorities for the borough, with questions around the LCO's connection with them, the strategic direction of the locality and the associated resource.

She questioned the current role of IM&T in the governance structure and asked whether the IM&T Enablement Group is still in operation.

SR responded by referring to the NHS Long Term Plan which expects trusts to have a high level of digital maturity by 2023; he noted the need for a high-level system leader to support these intentions.

There was recognition of some of the failings around IM&T in the system which included:

- Poor attendance at groups
- Lack of an escalation process
- Silo working in organisations
- Teams attempting to share data but working on different systems
- Lack of ownership around IM&T issues

Having outlined some of the issues in the system MD-B suggested that a specialist

architect role across the North East Sector (NES) was required and that GM needs to agree to one data sharing agreement, rather than a number of these being drawn up separately.

JS suggested a board-level IM&T lead role was required, with a group sitting beneath that person and that it would be helpful to learn from best practice across GM. KWJ suggested the role needed to be held by someone with strategic oversight for the borough as a whole. GL stated that SK, MD-B and Kate Waterhouse (as Chief Information Officer (C.I.O.) for the council) needed to be involved in the work.

It was suggested that NO'C, who has previously led on the GM IM&T Strategy, leads on this area for Bury, with a remit to bring leaders together, identify resource and priorities as part of a scoping/stocktaking exercise.

NO'C noted the challenges around this work, but thought that there was learning to be gained from Bolton and elsewhere across the GM footprint. She referenced the assumed consent model and pointed out that digital solutions will form the way forward for health and social care.

(MO'D left the meeting)

HH asked about the source of strategic leadership in this programme of work and providers' role in this. MD-B suggested that the NES C.I.Os' report to the NES Board may need to be revitalised. She referred to a business case that is being developed to bring funding into the system and the need for a clinical nurse lead to be identified as part of this work. She highlighted the positive work around Graphnet that is taking place and the value of EPR once this is introduced.

SK reminded the group that this work stream is designed to improve the lives of the locality's population.

	Туре	The System Board:	Owner
D/12/03	Agreed	NO'C to provide board leadership around IM&T	NO'C
A/12/04	Action	Scoping exercise for IM&T on a NES basis to take place	NO'C
D/12/04	Decision	This group to take responsibility for IM&T issues in Bury	All
A/12/05	Action	Progress update on the scoping exercise to come to the next meeting	NO'C

6	Service Reviews Update				
	INT, Urgent (Care, IMC and LD Respite were covered un	der item 4.		
ID	Туре	The System Board:	Owner		

7	Finance Report
	MW joined the meeting to outline the main points of her report; she reported on a forecast expenditure of £6.7m, which includes a movement of £300k, mainly from slippage in Programme 6. She noted that although there were still issues around
	recruitment there had also been some successes in this area. She explained that

there is evidence that services are positively impacting on the system and that a methodology exists to show the link between posts recruited to and their effect.

She explained that other indicators are in place and being measured in order to show the effect of the LCO initiatives in the locality.

Referring to the slippage reported above MW said that this would need to be clearly defined and that GM needs to be made aware of the details. He confirmed that there needed to be clarity around the evaluation assumptions against Rapid Response and Intermediate Care.

CJ asked for detail on the modelling for the services; MW explained that evidence-based modelling was available, which can be further tested as schemes develop and mature.

ID	Туре	The System Board:	Owner
A/12/06	Action	MW to share the modelling for RR and IMC services	MW

8	Assurance					
	CJ asked that in future this item should be called "performance" and not "assurance" Due to sickness absence and staff capacity issues a report had been tabled (via email) to the meeting. CO'G highlighted the ACM caseload numbers and also the noteable increased activity in rapid response service.					
ID		Туре	The System Board:	Owner		
A/12/07		Action	Asked members to review the assurance report and forward any comments back to CO'G	All		

9	Closing Matters
	None discussed

Next Meeting	Date: 14 January 2019, 1.30 – 3.30pm, room 504,Townside
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