

Meeting: Strategic Commissioning Board			
Meeting Date	05 October 2020	Action	Information
Item No	19	Confidential / Freedom of Information Status	No
Title	Bury System Board Meetings – 18 June 2020, 21 July 2020 and 19 August 2020		
Presented By	Cllr E O'Brien, Co-chair of the SCB and Bury Council Leader / Dr J Schryer, Co-Chair of the SCB and CCG Chair, NHS Bury CCG		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>The paper includes the minutes of :</p> <ul style="list-style-type: none"> Bury System Board Meetings held on 18 June 2020, 21 July 2020 and 19 August 2020
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> receive the Minutes of the Bury System Board Meetings held on 18 June 2020, 21 July 2020 and 19 August 2020.

Links to Strategic Objectives/Corporate Plan	Yes
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>	

Implications						
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	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
requested?						
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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?						
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?						
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	18 June 2020 21 July 2020 19 August 2020	Minutes being submitted for ratification

Title	Minutes of the Bury System Board 18 June 2020		
Author	Jill Stott, LCO Governance Manager		
Version	2.0		
Target Audience	Members of the Bury System Board		
Date Created	June 2020		
Date of Issue			
To be Agreed	July 2020		
Document Status (Draft/Final)	Draft		
Document History:			
Date	Version	Author	Notes
19.06.20	1.0	Jill Stott	Draft Minutes submitted to MO'D for checking
30.06.20	2.0		With amendments by MO'D
Approved:			
Signature:		

Bury System Board

MINUTES OF MEETING

18 June 2020, 10.30 – 12.30

Via Teams

Chair – Dr Jeff Schryer

Members Present:

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

Cllr Eamonn O' Brien, Leader of the Council (EO'B)

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

Ms Julie Gonda, Interim Executive Director, Communities and Wellbeing (JG)

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

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

Mr Mike Woodhead, CFO, Bury CCG (MW)

Mr Chris O'Gorman, Independent Chair, LCO Board (CO'G)

Mr Dil Jauffur, Associate Director Mental Health and Learning Disability Services, Bury, PCFT (DJ), representing K Walker, PCFT

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

Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)

Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council (AS)

Mr Craig Carter, Director of Finance, NCA (CC)

Ms Leah Robins, Director of Operations, NCA, representing Simon Featherstone (LR)

Others in attendance:

Ms Lesley Jones, Director of Public Health, Bury Council (LJ)

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

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

Ms Tracey Rawlinson, Programme Manager, AQuA (TR)

Ms Rebecca Adjibola, Programme Facilitator, AQuA (observer)

Ms Jill Stott, LCO Governance Manager (JMS)

Apologies

Apologies for absence were received from:

- Dr Cathy Fines, Clinical Director, Bury CCG
- Mr Keith Walker, Executive Director of Operations, PCFT
- Dr Daniel Cooke, Clinical Director, Bury CCG
- Mr Simon Featherstone, Interim Chief Officer/Director of Nursing, Bury Care Organisation

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.
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. KWJ declared her coaching and consulting company as a new declaration of interest which will be added to the CCG's register.
3.	MINUTES OF LAST MEETING (14 May 2020) /ACTION LOG
	The minutes of the previous meeting were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.
4.	Covid-19 Response – latest update
	<p>GL updated the board on the latest number of cases across Bury, noting a slight downward trend of late. He noted that there was no cause for complacency, however, given that Bury has the second highest number of cases per 1000 in GM and 12th highest across 150 local authority areas.</p> <p>GL explained that consistent powerful messages will continue to be communicated, reiterating that the pandemic is not over and that lockdown will be lifted in as safe a way as possible.</p> <p>GL emphasised the need to adhere to the local outbreak plan and to support LJ's work in order to keep the recovery phase on track. He also highlighted the findings from a Public Health England (PHE) report on the impact of Covid-19 on older people, those with long term conditions (LTC), those living in more deprived communities and some members of the black, Asian and minority ethnic (BAME) community. He explained that the approach to population health as part of the Bury 2030 Strategy will include targeted public service interventions across all projects to ensure the cohorts listed above are given the necessary focus.</p> <p>GL reported that the council and the OCO are reviewing an approach to addressing inequalities in BAME representation at senior management level and that further proposals on this will be reported to this board.</p> <p>KWJ confirmed that the inequalities issue is a focus of the LCO's work which is being addressed via the workforce work programme; the intention is to provide a collective response across the system.</p> <p>The topic was discussed at length and the following areas covered:</p> <ul style="list-style-type: none">• Talent management approaches are being explored at a variety of levels in organisations• Fall in numbers of BAME volunteers across Bury

	<ul style="list-style-type: none"> • Jewish community included as part of the BAME community in Bury • Asylum seekers and refugees engaging with the system only at a point of crisis • Role of neighbourhoods and the integrated neighbourhood teams (INTs) in supporting this work • Impact of Covid-19 on aspects of both deprivation and the BAME community to be addressed • Both health and care staff and those cared for to be included in this work • Further work to be done on the definition of “population approaches” and “population health” • Locality to increase its scrutiny of equality and diversity issues <p>GL noted that the priority projects in the recovery phase will be those around population health (to be at the core of the Bury 2030 Strategy) and neighbourhood work (with a focus on issues around ethnicity and deprivation).</p>
5.	<p>Testing and Contact Tracing</p> <p>Local Outbreak Plan</p> <p>LJ had shared the first iteration of the plan with the board; she explained that this will be an on-going piece of work and that the intention is for it to act as a handbook for the Bury system. GM are also working on an overarching plan and a deadline of 30 June 2020 has been set for local authorities to submit their version.</p> <p>LJ explained that additional resource has been provided to the areas of infection prevention and control, communications, data and the hubs. She said that individual organisations (via silver groups) still hold responsibility for minimising risks and managing any consequences.</p> <p>LJ reported on the 3 levels of track and trace (national, regional and local) and the work in progress around responsibilities and data flows between these. She noted the availability and quality of data as being an issue in this work.</p> <p>JG suggested that the clarity of purpose and the ask of individual agencies should be refined in the next iteration of the plan; LJ agreed with this and explained that an increased emphasis on prevention would also be part of the next draft.</p> <p>LJ reported that a communication and engagement plan (both at GM and OCO-level) are in development and that key contacts for the different sectors in the borough are part of this work, ensuring multiple contributions to the plan.</p>
6	<p>Recovery Plan</p> <p>A presentation had been shared with the group by HH outlining the work that has taken place since the last board meeting, challenges and next steps.</p> <p>This included:</p> <ul style="list-style-type: none"> • Sub-groups for the 7 priority groups in place with named leads • Links with enablers to be enhanced • Audit tool to be developed • Visual system map in development • Template for programme reporting in development <p>Challenges outlined in the presentation were around:</p>

- Recovery being “the only show in town”
- Injection of pace into the work including appropriate governance
- A system approach to be taken, avoiding organisational protectionism
- Avoiding reverting to previous ways of working

There was much discussion on the topic and the following areas covered:

- UC implementation cannot be done in isolation but needs to include the intermediate care (IMC) and INT offer and other parts of the system (Fairfield, North Manchester, Bolton)
- Clinical and professional engagement key to the work
- Increased pace important but phasing and prioritisation are needed
- Focus to be on objectives without distraction
- Awareness that system demand is starting to increase
- Desire to retain efficiencies of work during the Covid period and not to revert to former ways of working
- Lack of government finance support could be a potential barrier to recovery work
- IT issues could be a potential barrier to recovery work
- Governance to be appropriate to the focus on recovery work and not over-burdensome
- Inequalities regarding access and outcomes to be addressed

GL alerted the board to a number of areas:

- the financial situation is uncertain and a new post-Covid imperative needs to be the focus
- need to sustain the shift of demand from acute to community services, supported by early interventions in the community
- awareness that NHS organisational change is likely, making the need to determine Bury’s future a priority

EO’B suggested an easy way to focus on recovery would be to include a section on the front sheet for any committee papers. He suggested that Bury’s approach should be to demonstrate how a pooled budget approach and devolved power have worked as the best solution.

DJ noted that not all patients are ready or able to accept the digital offer and that equality impact assessments for any projects should take this into account.

JS summarised the main points as:

- Recovery being the main area of focus for Bury
- Focus to be on objectives, work streams to be inclusive but aware of pace of work
- Intention not to twin track governance processes
- Consideration to be given to reporting systems
- Commitment to devolution and working as a Bury system

	<ul style="list-style-type: none"> • Awareness of the threat of NHS re-organisation and its consequences • Need for individual organisations to be aware of the current focus on the 7 priorities
7	<p>Urgent Care Update</p> <p>KWJ had shared a number of papers with the board: a paper on the implementation of the UC recommendations, a GM paper on an urgent and emergency care (UEC) by appointment proposal and the UC recovery programme charter.</p> <p>KWJ updated the group on the UC Project Board which will be meeting on a weekly basis and on the recruitment to an UC programme manager role (interim support to be arranged).</p> <p>KWJ explained that over the next 6 weeks clinical workshops have been arranged to consider UC access via A&E, the clinical assessment service (CAS) and Primary Care. The focus will be on an alternative community offer.</p> <p>KWJ reported that LCO Board have approved this work and briefly updated on the NCA virtual hospital offer and its alignment with the Bury UC work.</p> <p>KWJ asked about savings plans, noting that the original implementation date of October 2020 has been extended. She noted the need to consider the effect of increased demand diverted from Prestwich walk-in service.</p> <p>DJ confirmed that from a mental health perspective there was a commitment to the proposed model and staff were ready to link with the INTs and community hubs as appropriate. He noted the current pressures on the community mental health team due to the number of cases in the system.</p> <p>GL responded to KWJ's overview by confirming that this is a priority project, with a focus on the £2.6m savings expected from it. There was discussion on the leads for the project, with GL confirming that Nicky Parker is available to lead the work until a programme manager is recruited.</p> <p>The success of the virtual hospital project was referred to and KWJ confirmed that this work would be captured as part of the mapping of the alternative out of hospital offer.</p>
8	<p>Strategic Finance Update</p> <p>MW updated the group on the latest financial position:</p> <ul style="list-style-type: none"> • LA - £20m net pressure this financial year with a £27m savings target over the next 3 years • CCG – funded to break even by the end of month 4, with pressures expected during months 5-12, £12m deficit and a £44m gap • Providers – carrying deficits • Review of transformation funds and how they will be used <p>MW explained that the financial position is uncertain and hard to predict, that the health and social care sector is expected to look different in the future, giving freedoms to take opportunities and accelerate transformation programmes.</p> <p>MW suggested that there will be opportunity to influence future finance and</p>

contracting frameworks and that a shared ownership of the financial position is needed, with shared control totals and reports.

CC updated the board on the acute position:

- £4m per month being spent during the Covid period, which has been partly offset by an underspend on UC and elective care
- As recovery develops increased spend on all the above areas is expected, with A&E activity currently at 80-90% of pre-Covid
- Increased scrutiny on finances is expected between months 5-12

There was discussion around the opportunity to work differently and how services may be delivered in an alternative way. KWJ suggested that new contract arrangements may be required and that services and finance need to be aligned. MW confirmed that the Strategic Finance Group is focusing on best value and efficiency, with little priority paid to organisational impact. He suggested that there may be an opportunity to produce our own contracting framework and to consider an alternative flow of funds. He said that the appropriate strategic conversation will need to take place to discuss the sustainability of the LCO.

GL suggested that it was time to move away from a system based on income from increased demand and that place-based budgets and control totals need to be considered on a north east sector footprint with the NCA.

GL confirmed that a new proposition needs to be considered, whereby all health and social care budgets are centralised in the local system and the locality then demonstrates how these have been used effectively. MW suggested that September 2020 would be a realistic time for a model around local control totals to be produced.

ID	Type	The System Board:	Owner
A/06/01	Action	Timeline on the proposition for a NES/NCA local control total model to come to the July meeting	MW
9	Values and Behaviours and the Way Forward		
	A short paper had been shared with the group, with a request that a workshop including LCO Board members, OCO leaders and the primary care network (PCN) CD's, takes place to progress this work.		
ID	Type		Owner
A/06/02	Action	Details of the proposed values and behaviours workshop (agreed by GL, COG and KWJ) to come back to the next System Board meeting	KWJ
10	Digital Plan		
	SK joined the meeting and gave a brief overview of the presentation which had previously been shared with the group. He explained the position Bury had come from in the digital agenda and the original aims, reminding the board that the deadline for full digitisation is 2030. He explained some of the current working and the digital changes the Covid period has allowed. He referred to the Bury Digital Strategy		

Group which is due to meet on 24 June and the importance of appropriate representation at this group.

AS expressed concerns about digital exclusion creating health inequalities, from an access to equipment and ability to utilise point of view. MW noted that Digital is a key enabler but in the past there has been limited buy-in to solutions. SK concurred that not all organisations are currently signed up to a shared vision, but that appropriate representation, with the right level of seniority and requisite skillset, at the digital group should improve this situation, allowing the development of the digital opportunities available.

JS suggested that issues around non-attendance at the digital group should be escalated within individual organisations and if necessary to this board.

GL referred to the framework for the digital work stream which had begun pre-Covid. He committed to the necessary capacity to support Kate Waterhouse in order for the Digital Plan to be progressed.

HH suggested some streamlining in the governance in that the digital sub-group of the Sustainability and Recovery Task and Finish Group should be stood down.

11 Palliative and End of Life Care Diagnostic

LD introduced the AQuA representatives to the meeting, explaining their role in this piece of work over the last 6 months. The diagnostic report, 2 appendices and an overview presentation of the work had previously been shared with board.

TR highlighted some of the main findings of the diagnostic work:

- Currently no specific commissioning arrangements in place
- No system wide data set available
- Currently 7 different templates for recording care plans
- No advanced care plan in place
- 10 different IM&T systems of recording in place

TR suggested that there is now a collective opportunity to build on integration, to co-design the patient journey, to strengthen financial and commissioning arrangements and create stronger links with other programmes.

KWJ confirmed that the LCO Board had approved the request to move to the design phase of this work at its meeting on 17 June and rated this programme of work as a high priority.

MO'D pointed out that many of the findings had already been identified in last year's commissioning framework and that the link between these and the AQuA work needs to be made. She said that more detailed data modelling is required to include the capacity needed in, for example, the hospice and the out of hours offer.

LD agreed that capacity and demand are important issues to be addressed, but noted

the difficulty of obtaining meaningful data. She said that design of a new model and contracting re-design were the next steps which needed to happen in tandem. LD remarked on the positive work that has happened between palliative and EOL teams during the Covid period, but noted that to sustain and develop these the modelling and contract re-design work now needs to be developed.

JS suggested that a further conversation needs to take place on where this work programme should sit, suggesting that UC is not the correct place for it.

ID	Type	The System Board:	Owner
D/06/01	Approved	Approved the proposal to move to the next stage of the Palliative and EOL work	LD

12	Closing Matters
	<p>Format of Future Meetings</p> <p>JS suggested that in order to get the best discussion from this senior decision-making group it would be better to avoid presentations and lengthy documents.</p> <p>He asked that future papers are clear in what is being asked of the board.</p> <p>He asked that the Recovery item is given greater prominence and moved higher up the agenda for future meetings.</p>

Next Meeting	Date: 21 July 2020, 10-12, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521

Title	Minutes of the Bury System Board 21 July 2020		
Author	Jill Stott, LCO Governance Manager		
Version	1.0		
Target Audience	Members of the Bury System Board		
Date Created	July 2020		
Date of Issue			
To be Agreed	August 2020		
Document Status (Draft/Final)	Draft		
Document History:			
Date	Version	Author	Notes
23.07.20	1.0	Jill Stott	Draft Minutes submitted to MO'D for checking
28.07.20	1.0		No amendments
Approved:			
Signature:		

Bury System Board

MINUTES OF MEETING

21 July 2020, 10.00 – 11.50

Via Teams

Chair – Dr Jeff Schryer

Members Present:

Dr Jeff Schryer, Chair Bury CCG (Chair) (JS)
Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council (GL)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
Mr Mike Woodhead, CFO, Bury CCG (MW)
Mr Simon Featherstone, Interim Chief Officer/Director of Nursing, Bury Care Organisation
Ms Karen Dolton, Executive Director Children's Services, Bury Council (KD)
Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
Ms Mui Wan, Associate Director of Finance, Bury LCO (for Mr Craig Carter, Director of Finance, NCA) M Wan
Ms Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer, NHS Bury CCG (MO'D)
Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council (AS)
Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
Dr Kiran Patel, Medical Director, Bury LCO (KP)
Ms Sian Wimbury, Deputy Managing Director, PCFT (SW)

Others in attendance:

Ms Catherine Jackson, Executive Board Nurse, Bury CCG (CJ)
Mr Matthew Wright, Strategic Lead, Programme Management, OCO (M Wright)
Dr Sanjay Kotegaonkar, Clinical Lead IM&T Bury CCG (SK)
Ms Jill Stott, LCO Governance Manager (JMS)

Apologies

Apologies for absence were received from:

- Cllr Eamonn O' Brien, Leader of the Council
- Mr Keith Walker, Executive Director of Operations, PCFT
- Dr Daniel Cooke, Clinical Director, Bury CCG
- Mr Craig Carter, Director of Finance, NCA
- Ms Julie Gonda, Interim Executive Director, Communities and Wellbeing
- Mr Chris O'Gorman, Independent Chair, LCO Board
- Ms Kath Wynne-Jones, Chief Officer, Bury LCO
- Ms Lesley Jones, Director of Public Health, 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.
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. None were declared.
3.	MINUTES OF LAST MEETING (18 June 2020) /ACTION LOG
	The minutes of the previous meeting were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.
4.	Recovery Plan - update
	<p>Delivery of the 10 Point Plan</p> <p>GL gave an overview of the Bury 2020/21 Emergency Recovery Plan which had previously been shared with the group. He explained the need to connect the immediate (0-6 months) requirements of this plan with the wider health and care recovery plan, with a focus on controlling infection rates, planning for a Covid-driven recession and building resilience across the Bury system.</p> <p>GL emphasised the 3 key principles behind this work:</p> <ol style="list-style-type: none">1. Targeted support to the individuals, families, communities and businesses most in need2. A collective approach to the work, joining up communities, the voluntary sector, public services and businesses, with the community hubs being a focal point for this3. Pace and decisiveness to be a key part of this work, as has been the case during the pandemic period <p>GL noted the key role that health will play in all of the recovery priorities outlined in the plan and the need for the OCO and LCO to support these programmes of work.</p> <p>GL referred to the health and care priorities and said that focus would be on:</p> <ul style="list-style-type: none">• Integrated Neighbourhood Teams (INTs) being brought back to full strength with the inclusion of the Mental Health (MH) and social prescribing element and a further connection with the community hubs• Active Case Management (ACM) process to be back into operation, using the multi-disciplinary team (MDT) approach• Support to Primary Care, residential care homes and domiciliary work• Support to the Track and Trace programme, particularly for the most vulnerable, who may be required to self-isolate and require support from the community hubs <p>Responding to a question from CJ on how the impact of the priorities would be measured GL explained that KPIs are in development, that the delivery aspects of the plan are clear and accountabilities agreed. He emphasised that many of the issues</p>

are around inequalities and that the intention is for data to provide information on gaps across Bury and comparisons with other areas.

MO'D suggested that baselines needed to be developed for each programme, with greater granularity of detail and that members of this board should hold each other to account against delivery.

Responding to a question from HH on the Bury Council's wider health and care plan and the long term vision for Bury GL explained that the recovery programme will be the same as that outlined for the first 2 years of the Bury 2030 Strategy. He reported that a draft Bury Strategy 2030 document would be available in September or October and that it will align with the 10 Point Plan.

Responding to GL's update LD noted that the INTs have been re-instated and that blending from a number of groups into the INTs is already happening via other programmes. She said that the wider neighbourhood structure now needed to be put in place.

LD suggested that the rehab offer outlined in the plan was wider than the BEATS programme and that a better offer incorporating health aspects could be incorporated into the plan. She also suggested that the section on Urgent Care (UC) would benefit from re-wording.

LD highlighted that the Working Well initiative would link well with the LCO's Workforce Hub initiative due to the offer around health and care jobs. GL agreed with this, but also noted the pressures the social care system will be under and the intention to push for a suitable funding model to support this area.

LD emphasised the need to have clarity of purpose and on the expected outcomes for the neighbourhood work, so that residents are empowered to self-care and the appropriate cohort is targeted for support.

WB suggested that the OCO and LCO should work on a planned programme of alignment on neighbourhoods in the context of the wider ambition of the neighbourhood work so that a single version of the ambition can be described and delivered. He reported that he and Kath Wynne-Jones plan to discuss this further.

SH noted the VCFA's key role in the self-help agenda and asked that the wording on this in the action plan is made more explicit.

Health and Care Recovery Plan

An update presentation had been previously shared with the Board outlining progress to date and detailing the programmes of work in the 3 phases of the recovery work. This included:

- Programme highlight report
- Proposals for removing organisational boundaries across key work streams
- Improved neighbourhoods and population health
- Enabler update
- What does good look like?
- Key interdependencies

M Wright explained that work was underway to demonstrate success factors and their phasing, which would include the impact on services and service users. He reported that increased content is being developed in each of the programmes along with a process to show progress on delivery.

There was discussion around some of the key challenges in this work. MW listed some of these as being:

- A lack of understanding that Recovery is the “only show in town” in Bury
- Concern that following a successful system response to the emergency situation there is now a risk of returning to former ways of working
- Question over the Bury system having the necessary knowledge and skills to develop complex programmes
- Agreement needed on the culture which will facilitate a transformed system

HH noted that most elements of the 10 Point Plan could be easily incorporated into the Health and Care Recovery Plan. He explained that the patient voice would be an integral part of the on-going evaluation work.

SF highlighted the need for key aspects of this work to be done at pace, specifically the work around measurement and potential demands on services given that it is only 8 weeks until the winter period begins. He suggested that unless the pace of the work is increased there will be a challenge in meeting the necessary milestones, both at a local and national level.

GL agreed that this needed to be treated as an urgent exercise given the focus on a number of areas: winter pressures, managing infection rates, reforming the health and care system, potential increases in debt, unemployment and poverty. He explained that the aim is for the 10 Point Plan to be enacted by October/November and that an “attitudinal” approach to change will be a key element to the success of this work.

WB queried whether there was confusion across the system due to the range of recovery plans in place, with individual organisations holding their own plans. HH explained that provider plans will align with the overarching Bury plan, avoiding contradictions between them. He confirmed that there is work to do in the OCO around the messaging to internal teams on the priority of this work.

LD confirmed that the LCO Board and Management Team regularly discuss recovery but it was unclear how the messages were reflected back into individual organisations.

The importance of Communications in this issue was recognised and CJ noted the sometimes competing requirements of GM, NHSE and communications to the public.

As part of his summary of this item JS highlighted the need for a focus on cohort analysis and outcomes/metrics work. As part of this he commended the BI Team on their excellent work on providing data during the Covid period.

LD noted that as part of the cohort analysis work there needed to be an awareness that in some cases baseline information will not be available and that a different approach to measuring outcomes may be required.

ID	Type		Owner
A/07/01	Action	Draft Bury Strategy 2030 to come to this board	GL

		in September or October	
ID	Type		Owner
A/07/02	Action	LD to amend the wording around UC in the 10 Point Plan	LD
ID	Type		Owner
A/07/03	Action	SH to amend the wording around the VCFA's role in the 10 Point Plan	SH
ID	Type		Owner
A/07/04	Action	Communications around Recovery to be an item on the next agenda	JS
ID	Type		Owner
A/07/05	Action	Details on the process for measuring impact in the Recovery work to be an item on the next agenda	HH

5. Children's Recovery Plan

The draft Children's Recovery Plan had been shared with the board and KD explained that this is a working document, so will continue to develop. The plan outlined the plan on a page, risks, a SWOT analysis and the detailed recovery areas and their timelines.

KD noted that the plan had been agreed pre-Covid but had now been amended in light of the pandemic; she explained that a key part of the thinking behind it had been about reviewing previous progress and the current position and then planning for the future. She confirmed that elements of the health and care recovery plan are now incorporated into the document.

KD reported that the Children's Strategic Commissioning Partnership had met for the first time last week. This committee includes the Children's Trust Partnership and will report into the Strategic Commissioning Board.

AS raised concerns about the number of children/young adults not in school, training or employment. She highlighted the need for an increase in offers from across the public sector and a further commitment to encourage the private sector to make a similar increase in offers.

JS noted the value of the plan but questioned how it should best link in with other pertinent areas of the system e.g. vaccination programmes, ACM programme

HH referred to the health and care charter for children which includes information from a range of programmes; he suggested that this is shared with KD for review.

LD also referred to the interdependencies of programmes relating to children which are in place across the system, e.g. the UC charter and health teams in the community providing services for children. She reminded Board about the review of the INTs and the ACM process which had taken place at the end of 2019; this included reference to an all-age model for neighbourhoods.

GL suggested that borough-wide Covid recovery would be connected by the timelines in the various plans, but that the focus needs to be on the immediate phase. He said that the neighbourhood model would act as the vehicle for connecting the various programmes of work and that the necessary pace is key to the success of the recovery work. He also noted the importance of relationships across the system, with

a commitment to act as a single team for Bury, working for its residents.

6 Strategic Finance Update

MW's presentation had been shared with the Board in advance of the meeting. He highlighted the main points from it:

- Scale of the challenge - £120m savings required from the CCG/council over 5 years
- Suggestion that work streams are allocated savings targets as a matter of urgency
- Strategic finance work stream is focused on system savings, agnostic of organisational boundaries
- Proposals on an NES control total planned for the end of September
- GM expected to have its own system control total so the NES's to be a sub-set of that
- Unprecedented financial uncertainty in the system with NHS financial operational guidance still awaited
- Uncertainty around whether Transformation funding will still be available
- On-going discussions are taking place with regards to funding for the LCO and its infrastructure

HH pointed out that colleagues are sometimes nervous of developing financial targets and suggested that indicative targets may be a way forward; he noted that increasing secondary care costs may work against these so that the necessary caveats would need to be in place.

MO'D reported back from the NW Covid recovery briefing which she had left this meeting to join: indications are that financial operational guidance is not expected until w/c 27 July and that there are suggestions that block arrangements will remain in place until the end of the year.

LD reported that issues around Transformation funding had been discussed at LCO Board; she highlighted that some schemes are due to end in September next year. She also raised concerns about funding for the UC programme and its implementation, referring specifically to the lack of monies for capital expenditure. LD and CC are due to meet to discuss re-modelling options in the light of this.

Action:

ID	Type	Owner
A/07/06	Action	Monthly Finance update to come to this Board, with details of the NES control total proposal to come to a Sept or Oct meeting

7 Digital Strategy Update

Digital Charter for Health and Care Recovery

SK joined the meeting to outline the main highlights from the programme charter which had been previously shared. He explained that digital programmes are not currently in

alignment and that more work is needed on “what does success look like?”

SR explained that meetings of the Bury Digital Strategy Group have started to take place and the intention is that this will be the forum for finding solutions to digital issues across the system.

HH remarked that the charter still does not feel like a system-wide document and noted the gaps from some of the key organisations.

MW agreed that this is a fundamental piece of work across the system and should be viewed as high risk due to the lack of complete participation by all parties.

GL emphasised the need for full engagement from all partners at the Digital Strategy Group and the requirement for adequate capacity to support this programme of work. He confirmed that he is due to meet with SK and Kate Waterhouse on 24 July to discuss these issues in greater detail.

LD suggested that the virtual hospital work should be included in the Digital programme charter.

In summing up the item JS noted that the Board recognised the charter but noted the need for further development and input from all system partners. The Board also recognised the capacity issue in trying to deliver such an extensive programme of work.

Minutes of the Digital strategy group 24 June 2020

These had been shared for information.

Information Governance

There was discussion around IG and where it should sit in the system. LD referred to the possibility of a joint IG role for the LCO/OCO if the necessary funding remains in place.

It was agreed that the IG work stream should sit within the Bury Digital Strategy Group.

Via the Chat facility LD confirmed that she would be happy to link in with Kate Waterhouse and WB for a joint conversation re IG and progress made via the LCO.

Via the Chat facility SH and SR agreed to connect up to discuss the voluntary sector's involvement the digital and IG agenda.

ID	Type		Owner
A/07/07	Action	Update report on progress with the Digital agenda and capacity to come to the next Board meeting	GL
ID	Type		Owner
	Agreed	It was agreed that the IG work stream should sit within the Bury Digital Strategy Group.	

ID	Type		Owner
A/07/08	Action	Board members to ensure appropriate representation from their own organisation is in place at the Bury Digital Strategy Group	All
ID	Type		Owner
A/07/09	Action	GL to confirm with relevant parties that IG sits within the Bury Digital Strategy Group	GL

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8	Closing Matters
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Bury System Board Term of Reference
 JS alerted the group to personnel changes that have resulted in the current ToR being out of date and a need to review these.

It was agreed that WB, KWJ and Lisa Featherstone should meet to discuss and the revised ToR to be shared at the next meeting.

Thanks to Margaret O'Dwyer
 As this was her last System Board meeting, JS thanked MO'D on behalf of the Board for all her hard work and dedication to making it a success. He referred to her key role in the original design of this Board and wished her well in the future.

ID	Type		Owner
A/07/10	Action	WB, KWJ and Lisa Featherstone to meet to discuss this Board's terms of reference; revised version to be shared at the next meeting.	JS

Next Meeting	Date: 19 August 2020, 2-4pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521

Title	Minutes of the Bury System Board 19 August 2020		
Author	Julie Hall, Personal Assistant, Bury CCG		
Version	2.0		
Target Audience	Members of the Bury System Board		
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21.08.20	1.0	Julie Hall	Each item forwarded to presenter for checking and amendments made.
25.08.20	2.0	Julie Hall	Minutes forwarded to Chair for any final amendments.
Approved:			
Signature:			

Bury System Board

MINUTES OF MEETING

19 August 2020, 2.00 - 3.30pm

Via Teams

Chair – Dr Jeff Schryer

Members Present:

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

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

Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)

Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)

Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)

Dr Kiran Patel, Medical Director, Bury LCO (KP)

Ms Sian Wimbury, Deputy Managing Director, PCFT (SW)

Mr Craig Carter, Director of Finance, NCA (CC)

Mr Chris O’Gorman, Independent Chair, LCO Board (CO’G)

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

Ms Mui Wan, Associate Director of Finance, Bury LCO (for Mr Craig Carter, Director of Finance, NCA) (MW)

Dr Daniel Cooke, Clinical Director, Bury CCG (DC)

Mr Simon O’Hare, Associate Chief Finance Officer, Bury CCG (SO’H) (representing Mike Woodhead)

Others in attendance:

Ms Lesley Jones, Director of Public Health, Bury Council (LJ)

Apologies

Apologies for absence were received from:

- Cllr Eamonn O’ Brien, Leader of the Council
- Mr Keith Walker, Executive Director of Operations, PCFT
- Ms Julie Gonda, Interim Executive Director, Communities and Wellbeing
- Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council
- Mr Mike Woodhead, CFO, Bury CCG
- Mr Simon Featherstone, Interim Chief Officer/Director of Nursing, Bury Care Organisation
- Ms Karen Dolton, Executive Director Children’s Services, Bury Council
- Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
- Ms Kate Waterhouse, Joint CIO, Bury Council and Bury CCG
- Mr Martin Clayton, Chief Officer, Bury GP Federation

MEETING NARRATIVE & OUTCOMES

1.	WELCOME AND APOLOGIES
	JS welcomed those present to the Bury System Board. Apologies were noted as outlined above.
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. None were declared.
3.	MINUTES OF LAST MEETING (21 July 2020) /ACTION LOG
	The minutes of the previous meeting were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.
4.	Recovery and Transformation Programme
	<p>The Programme Charter for the Bury Health and Care Recovery and Transformation Programme had been shared in advance of the meeting.</p> <p>HH provided an update on the Charter which included the overarching structure which is different to previous versions shared. Two additional sub groups have been added; Childrens, and Community based Health and Care which includes primary care and other pieces of work taking place. It was felt this provided more logical coordination of the work taking place.</p> <p>The focus on recovery and transformation is much clearer now; the overarching Charter is smarter than before. The work from the sub groups will include what success looks like and key points including finance and what this will look like in the new world.</p> <p>WB commented that Bury is working towards a single comprehensive recovery and transformation plan as a system to try and work towards a more connected community health and care service. SRO's are being held to account in the delivery of the programme.</p> <p>The Charter will be strengthened by the objectives and targets within each transformation programme. The work undertaken to commence alignment to financial savings and challenges directly into these programmes of work will be described in more detail in the finance update following this item.</p> <p>JS suggested success needs to be defined and gave reducing 25% of deflections from A&E as an example and asked how the qualitative and quantitative elements will be captured to show a difference is being made. WB reported that Business Intelligence (BI) teams across the system including the LCO are working on an outcomes and performance framework as a whole, to produce a more integrated framework; some outcomes are less easy to quantify than others. The structure of meetings is missing elements around qualitative experience of patients; more work is needed around this in terms of person centred approach models.</p> <p>LD commented that the LCO is keen on a person centred approach and has lots of family and user experience around palliative and end of life care. Discussions are now underway as to how this can be achieved; however the challenges around COVID has affected the speed of this work.</p>

LJ welcomed the idea of a single outcomes and performance framework and suggested ensuring impact on equality and inequity is measured across the different groups.

KWJ suggested the LCO would need to revisit metrics in terms of what the new outcomes framework might look like.

LD queried whether a borough wide approach could be taken; how lived experience could be built into improvement stories and how it would be shown that improvements had been made. The LCO Management Board receives improvement stories on a regular basis, joint work across wider systems could be undertaken on that. HH responded that lived experience and patient experience is powerful way of getting views across. Analysis and a retrospective piece of work is important, it would be expected improvement is seen in the evaluation work that has been undertaken during COVID. It needs to be defined what improvement is sought and whether that has happened or not.

JS commented that improvement can be sequential; the different ways of looking at population experience and the people providing the care needs to be triangulated. The transformation hypothesis which needs to be achieved is a targeted neighbourhood response to reduce health inequalities.

LJ referred to transformation and suggested looking at how to build in action learning in terms of how work is undertaken.

All the components of the above discussion will be brought together as much as possible reflecting qualitative and quantitative analysis for the workshop in 2 months' time whilst recovery and transformation work continues.

ID	Type		Owner
A/08/01	Action	A discussion will be coordinated between WB, KWJ and LD to discuss the performance framework/BI and triangulation of how to show successes and making a difference.	WB,KWJ,LD
ID	Type		Owner
A/08/02	Action	October meeting to be replaced by a workshop looking at recovery, outcome measures and behaviours.	

5.	Strategic Finance Update and the Recovery and Transformation Programme
	<p>SO'H provided a presentation which had been shared with the Board in advance of the meeting. The key points were highlighted:</p> <ul style="list-style-type: none"> • Discussions are taking place across all partners around financial positions and the impact of this for the rest of 2020/21 and beyond. • The 2020/21 Health and Care savings plans developed pre COVID have been mapped across the Council and CCG Recovery and Transformation work programmes. SROs for each work programme to confirmed "cashability" of these in 2020/21 by 26th August and to develop financial values for new opportunities for 2020/21 and beyond by 9th September. • Of these initial plans, within adult care £2.5m of the savings were delivered to support a balanced budget at the start of the year.

- At this time the NHS financial framework for the rest of 2020/21 and beyond for both providers and commissioners is unknown.
- Across GM the NHS appears on course to spend over £150m more than the resources available to work within; Local Authorities face even greater resource gap of anything up to £300m across the same time period. Therefore there is a significant financial issue with in keeping expenditure within actual and anticipated budgets for the rest of 2020/21.
- SO'H outlined the process for quantifying savings that can be delivered in the timescales highlighted earlier (26th August & 9th September). This will be alongside continuing to pursue activity reductions; the savings may not be deliverable this year or next but by continuing to do these expenditure will fall out of the system at a point.
- The high level timelines for SCB review and sign off of plans were outlined. These need to be firmed up. The amount the CCG is allocated for the rest of the year will have shape the CCG priorities that can be delivered.
- Across GM, the latest position for the phase 3 is that hospitals will be submitting activity numbers, in terms of what they can deliver this year and not what they are mandated to do; this will likely cause some friction and this will not improve the CCG financial position.
- Some likely cost pressures are not included in the £100m - £150m gap were outlined in the presentation.
- SO'H referred to the work being led by the GM Finance Advisory Committee (FAC). The FAC is going to bring forward difficult decisions that will have to be made to close the majority of the GM gap for 2020/21 only. Locally more will have to be done to balance the Bury Health and Care position in 2020/21 and in 2021/22.

HH commented that the presentation was commissioner focused; the System Board challenge is across the system in Bury including providers. CC remarked that he recognises the cashability and can deliver on achieving further improvements to make sure patients are seen in the right place at the right time. In terms of what is cashable, this will not be known until there is a clearer steer at the latter end of the financial year and from the framework going forward. A lot of work has been undertaken which can be shared which is reflective of what is happening on the Provider side across GM. CC reported a £4m per month deficit over and above the existing deficit due to COVID for the NCA. There are over £50m of COVID costs which is causing a stepped change in finances.

HH referred to the process for reviewing savings and determining new targets and commented he would like to see the positive side of the work being undertaken around recovery kept as a separate dialogue. Some things will make savings and have delivered in terms of service redesign; as an aside to that describe why savings cannot be delivered in year but outline what benefit there has been to patients and systems.

SO'H reported that there are plans to describe what can and cannot be achieved and include the positive side in terms of differences in activity and what can be delivered. Non delivery of things that are beyond the CCGs control will be added at the end.

KP asked if the difficult decision/options that may be presented in the next 6 weeks would be shared with this forum or wider. KP also asked if all Providers have been made aware of the situation so they are not hearing about it outside of forums here if there needs to be changes to pathways. Everyone needs to understand the challenges. CC commented Providers will have received messages from the LCO Board; it is not clear what the magnitude of questions will be.

It is difficult to say what action is being taken due to the financial constraints. There is low morale among staff, further correspondence will be shared once decisions are made.

WB commented that the message which needs to continue to be given to colleagues across health and care is to continue to drive and increase the pace of the transformation programme which will be motivating for people and patients.

HH suggested it would be helpful to have on an ongoing basis reports covering the system rather just commissioners. CC agreed to work on this for future meetings.

ID	Type		Owner
A/08/03	Action	Future system finance paper should reflect the system finances therefore include providers.	CC

6. Phase 3 Planning

WB referred to the Phase 3 guidance received recently with regard to starting up activity between now and winter to 90 – 100% levels in addition to winter planning and the work being undertaken on transformation programmes.

A template has been circulated which requires submission to GM; each area will be required to complete its own version of that. BI and Finance teams are currently working on this piece of work. The first submission is to be submitted on the 24 August with a date for the final version to be submitted towards the end of September.

A difficult conversation is to be had between providers and commissioners in terms of the expected activity levels; this is currently being worked through. There are a number of challenges in order to get services stood back up to the required level.

The CCG is keen that the phase 3 submission reflects some of the transformation ambition and hopefully delivery on urgent care and planned care.

The System Board will need to consider and approve the version of the template for submission including the narrative of each element. The date of the next meeting is too late and so the template may need to be circulated for discussion to ensure all parties are supportive of the submission. The submission will then be brought to the meeting in September for formal ratification.

LJ commented that there is a lot in the phase 3 letter beyond activity and the financial elements; will someone be looking at how some components fit with transformation recovery programmes and how that dovetails with the work that is currently being undertaken. WB commented that this element should be looked at.

SW referred to feedback from a GM level and how that would be fed through appropriately. WB reported that the submission would be the same as the Mental Health submission; it needs to be ensured what is happening locally is reflected. WB agreed to pick this up.

ID	Type		Owner
A/08/04	Action	The draft phase 3 submission will be shared with this Board for comment and will be retrospectively signed off at the September meeting.	WB

LJ provided a presentation updating the System Board on COVID, the key points were outlined:

- The North West has the highest percentage of cases across the UK.
- Latest data on the CCG website shows an increase in cases in Bury which can change day to day.
- The 7 day rolling average shows that Bury is holding steady, but this could still increase/decrease in trends going forward.
- Most cases are predominantly in the 18 – 39 age groups.
- Geographically cases are across the borough; however a predictable pattern is beginning to emerge which mirrors geographical inequalities.
- It is hoped the average number of contacts per case will be reduced since restrictions have been brought in.
- The outbreak plan was outlined which includes:

➤ **Testing**

There are various national models which are not fit for purpose. Bury is working on establishing its own local testing sites across Bury to increase accessibility of testing. This is being led by Catherine Jackson, supported by Carolyn Trembath. Seven local neighborhood walk up testing sites are being identified and being set up ready to commence testing. The roll out of wider testing locations commences on the 24 August with the first two sites at the Mosses Centre and Chesham.

➤ **Contact tracing**

There is a GM Proposal to develop locally supported contact tracing, this work is in development. A project team has been set up to support local contacting. The new model will not go live until there is assurance it is safe to go and will be successful; it is hoped there will be additional national resources available to help with this. The aim is to be operational for the 1st September across GM.

➤ **Enforcement**

GMP & the Council are working with partners undertaking proactive work with the hospitality services across the Borough; warning letters issued will be followed up. The 25 highest risk businesses have been identified based on their size, the nature of their operation or historic lack of compliance with health & safety measures. All 25 businesses are being proactively followed up to provide advice and gain assurance they have appropriate COVID-19 measures in place.

➤ **Communication and community engagement**

Proactive work is being undertaken with community groups to get messages out including circulating flyers.

There is a staff briefing on Friday 21 August for all CCG/LA staff, an invite via events team will be forwarded to all staff; for those unable to join the live meeting it will be recorded and made available to staff.

The reopening of schools in September may have an impact on transmission rates to some extent. Workplaces need to be as COVID safe as possible to enable adults to go back to work.

KWJ asked whether schools would reopen in September if GM restrictions were still in place. LJ reported that a priority for Directors of Public Health and national Government is for schools to reopen. All restrictions have potential harm but after

careful consideration not opening schools would be a last resort and it is fully expected they will be reopened as planned.

JS raised a question on behalf of CF relating to the walk up testing centres; particularly in respect of every effort having been made to stop people from turning up for things to avoid queues. The walk up testing centres appear to contradict that effort.

LJ confirmed there are nationally approved protocols and guidance re walk up centres; people will be doing their own test and will be managed via safe queuing. It is not expected that everyone will come via the walk up route, there will be still be drive through testing, and home testing. The walk up testing is for a cohort of people where other options are not acceptable and to make testing as appropriate for local people as possible, i.e single sex sessions etc.

SH queried what impact the recent announcement about changes at Public Health England (PHE) will have. LJ commented that as this is a very recent announcement the implications on the wider role within health protection are still awaited. There is no notable impact as yet; at this moment in time Directors of Public Health are still working in strong partnership with PHE colleagues who are continuing to work with utmost professionalism, drive and commitment.

8 GMHSCP Locality Plan Evaluation - Interim Report (phase 2)

WB presented the report which supports the Locality Plan in 6 out of 10 districts across GM; 4 others made their own arrangements for the evaluation.

The report is an interim report for phase 2 of the work undertaken and relates to the field work undertaken some time ago. Colleagues may recognise the helpful caveats through lessons learned though all ambitious in terms of integrated commissioning and the Locality Plan.

The comments regarding the LCO are reflective of a point in time of the field work undertaken. There is a good story to tell in terms of moving the conversation forward; this was discussed at the LCO Board earlier today.

There are three requests of the System Board:

- 1) To recognise and sign off the interim report as phase 2 in a point in time;
- 2) The report stands alongside the evaluation of Bury's priorities and recovery and transformation plan;
- 3) Are there any reservations from the Board around sharing the report across the other 4 districts.

CO'G commented that the methodology used has not been useful in terms of capturing a wide range of views to enable a critical evaluation of the information. What is in the report about the LCO is not wrong but is not complete as it is a moment in time element.

CO'G also feels that the report should be shared in order to get value out of the money spent but with a caveat that it is recognised it was written in a point in time and the outcome of the method used.

KWJ commented that the report is factually incorrect in terms of the LCO scaling back and becoming integrated; at no time did the LCO stop managing services.

KWJ reported there had been no conversation with her or CO'G around this issue and until today neither had seen the report.

<p>LD commented that it would be interesting to see the evaluations of the other 4 districts. Many of the responses in the report are from the Bury community workforce; there are a lot of positives to draw on.</p> <p>KWJ suggested that when CordisBright undertake any further work they talk to the people who are involved and queried who provided the list of people to interview to CordisBright. LD confirmed it was a colleague in the Bury system who provided the list of Bury nominations.</p> <p>The report was considered as a System Board:</p> <ul style="list-style-type: none"> ➤ There are some reservations re elements of the content and extracts. ➤ The System Board was pleased to see positive reports from the workforce. ➤ It was agreed clarity was needed regarding CordisBright next steps. ➤ The System Board is happy to share the report with the other 4 districts with the caveat as discussed and would like to see their reports in return. 			
ID	Type		Owner
A/08/05	Action	GMHSCP Locality Plan Evaluation report to be shared with the other 4 districts with the caveat as discussed and would like to see their reports in return.	WB

9	GMHSCP Future Review – Managing Engagement Conversations		
<p>WB reported that there are a number of concerns around the GM Partnership arrangements to test and explore their services taking place in challenging circumstances. This is a genuine and appropriate attempt to look at this wider.</p> <p>Appendix 1 contains a set of questions to support the framing of the discussions and to ensure there is an opportunity as a system to reflect on some of the questions and come to the same shared view in response.</p> <p>WB suggested the System Board members reflect on the questions and forward views to him to collate.</p> <p>KWJ reported that the LCO has already provided a full response to the questions which can be shared with the System Board. KWJ comment that support was sought from the Academic Health Science Networks (AHSN) as the LCO does not feel connected it would find it difficult to answer the questions from a commissioner / provider perspective and to know what the impact to GM would be. JS commented it would be useful if the LCO responses were shared. There is an opportunity to reply as a whole system.</p> <p>LJ referred to previous consolidated questions from the Kings Fund and aligning those links. One thing to come out from that was GM cannot see how far Bury has come as a system compared to other places.</p> <p>LJ commented it would be interesting to explore more around how the partnership became an agent rather than another Tier of management and how GM teams locally see how that progresses going forward. There is an opportunity to help shape that relationship going forward.</p>			
ID	Type		Owner
A/08/06	Action	LCO to share its response to the GMHSCP Future Review – Managing Engagement Conversations questions.	KWJ

A/08/07	Action	WB agreed to forward a draft response to the GMHSCP Future Review – Managing Engagement Conversations questions for the Board’s consideration and comments.	WB
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10	Closing Matters
	<p>There were no closing matters.</p> <p>JS commented there had been a useful discussion around transformation programme monitoring going forward and what the outturn might look like; some great work is being undertaken.</p> <p>Key points to note:</p> <ul style="list-style-type: none"> • October meeting to be replaced by a workshop looking at recovery, outcome measures and behaviours. • Digital needs to be a standing item on the agenda, monthly report to be requested from Kate Waterhouse and Sanjay Kotegaonkar. Report should also highlight any problems with engagement from colleagues. • Next meeting will include a discussion about a new TOR for System Board. • System finance paper should reflect the system finances therefore include providers. • Draft response to the GMHSCP Future Review – Managing Engagement Conversations questions to be shared for the Board’s consideration and comments. • The draft phase 3 submission will be shared with this Board for comment and will be retrospectively signed off at the September meeting.

Next Meeting	Date: 16 September 2020, 1.30 – 3.30pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521