

Meeting: Strategic Commissioning Board			
Meeting Date	12 April 2021	Action	Consider
Item No	6b	Confidential / Freedom of Information Status	No
Title	Development of the Bury Health, Care and Well Being Partnership		
Presented By	Kath Wynne Jones		
Author	Will Blandamer		
Clinical Lead	Dr Jeff Schryer		
Council Lead	Cllr Andrea Simpson		

Executive Summary
<p>This paper provides an update on the work to develop the Bury Health, Care and Well Being Partnership arrangements in advance of the establishment of the GM ICS. The paper should be read in conjunction with the paper on the update of the GM ICS development.</p> <p>The paper reminds the meeting of the objectives of the reform and transformation of the operation of the Bury Health and Care and Well Being system. It provides an update on progress on establishing the previously agreed framework for the system. It provides early consideration of the objectives and membership of the Bury Locality System Board and the Bury Integrated Delivery Collaborative Board, and also describes the developing work of on building the capacity and capability of integrated neighbourhood teams in health and care.</p> <p>Finally, the paper highlights some outstanding requirements from the GM ICS system in order for the Bury partnership to operate in conditions to be successful.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Note the update on the developing arrangements. • Consider the proposed membership of the Bury System Board and Bury Integrated Delivery Board

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:	Choose an item.
<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 checked="" type="checkbox"/>	No	<input 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"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input 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?	In line					
How do proposals align with Locality Plan?	The Locality Plan objectives are core to the proposals					
How do proposals align with the Commissioning Strategy?	In line					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment: Under Development						

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>		

The Bury Health, Care and Well Being Partnership System – from 1/4/22.

Update to Strategic Commissioning Board – April 2022

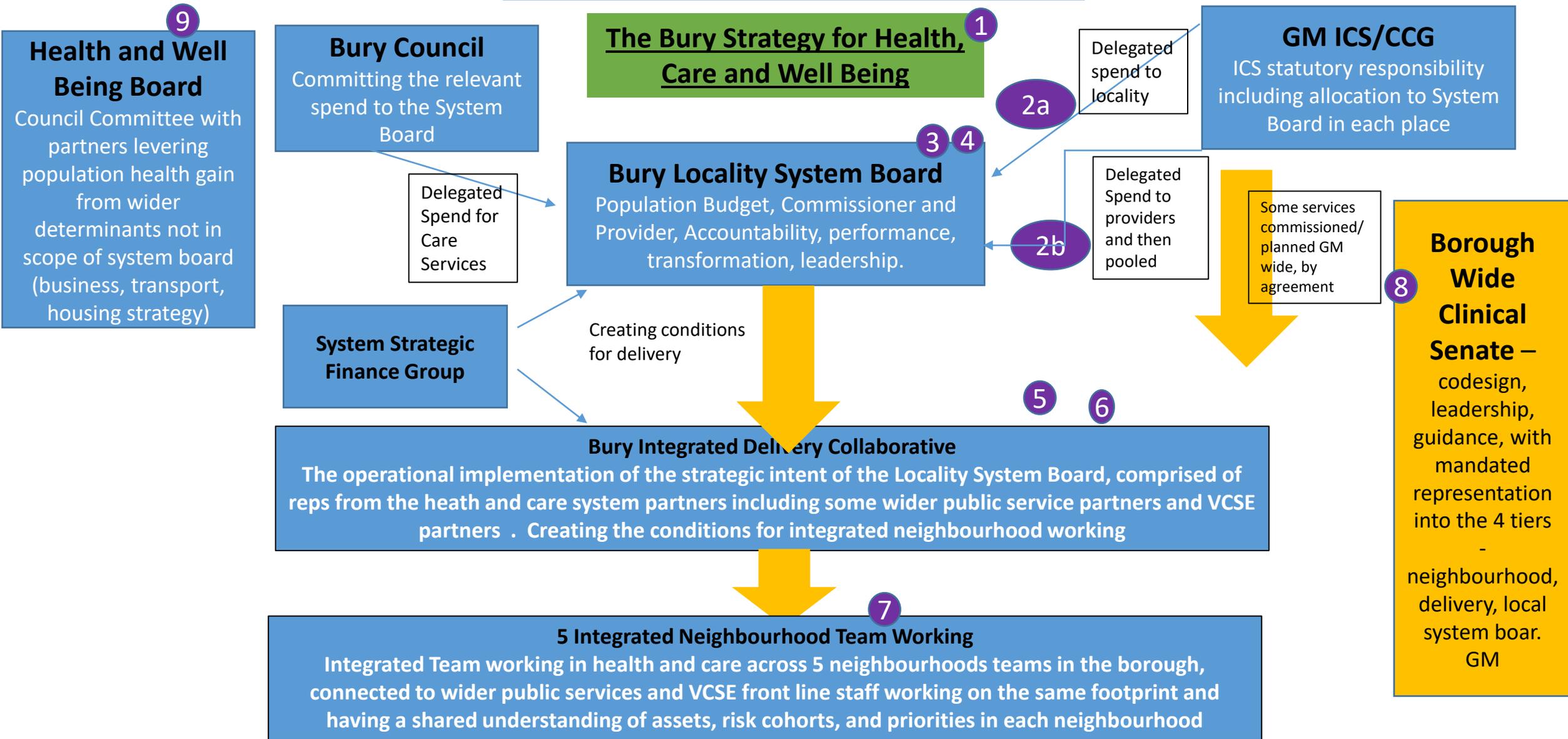
Will Blandamer – Executive Director, Strategic Commissioning

1. Bury's objectives: Bury 2030 ('Lets Do It') and Bury Locality Plan

- Step Change in Population Health and in addressing health inequality
- Residents in control of their health and well being, and connected to communities
- People in control of how health and care services are organised around them
- Services delivered closer to home/in home where possible – home first
- Focus on services that are planned and preventative rather than unplanned and reactive
- Front line staff working together in 5 Neighbourhood teams in health & care, and on the same spatial footprint with wider public services, and with communities
- Clinical/professional leadership, political and managerial leadership working together for the residents of Bury
- Collaboration at a NE Sector & across GM where required to transform hospital wide services
- Timely and effective access pathways for more specialist health and care services
- Costs controlled by earlier intervention, prevention, and the strengths within people, families, communities

2. The Bury Health, Care and Well Being Partnership System from 1/4/22

Let's Do It – Strategy for the Borough to 2030



3. System Governance documentation

1	Bury Health, Care and Well Being Strategy - a refreshed Locality Plan – in the context of Lets Do It as the strategy for the borough, that operates essentially as a framework agreement for all partners in the health and care system – where every subsequent agreement can describe its fidelity to these principles – and describing the respective roles of the system board, delivery board and neighbourhood team working, as well as health and well being board and clinical senate.	To be Developed
2a	The accountability agreement between the GM ICS and the Locality System Board for the money allocated via locality	To be confirmed
2b	The mechanism by which provider allocations are pooled	To be confirmed
3	The governance framework for the operation of the Bury Locality System Board – the mechanism by which an integrated budget for the borough (pooled, aligned and in view) will be managed and overseen. It will set strategy, confirm priorities, and create investment propositions between partners to the integrated delivery board. Partners to this are Council, NCA, PCFT, PCN rep, VCFA, and GM ICS lead. The pooled budget at the System Board will be no less than the current level	To be Developed
4.	The terms of reference of the Bury Locality System Board	First Draft available
5	An alliance agreement between partners on the Integrated Delivery Collaborative that describes how they will work together in pursuit of the common ambition, and particularly to create the conditions or neighbourhood working.	Current LCO MOU to be developed
6.	The terms of reference for the Bury Integrated Delivery Collaborative	First draft available
7	A template agreement between an integrated neighbourhood team that clarifies expectations of the Integrated Delivery Collaborative in supporting the neighbourhood team, and the expectations of the competence of neighbourhood teams – leadership, co-ordination, priority setting. With a presumption of supporting further devolution to neighbourhood teams.	To be developed
8	Governance Framework and funding agreement for the operation of the Clinical Senate.	To be Developed
9	Terms of Reference for the Health and Well Being Board– describing specifically the role of the health and well being board operating as a ‘standing commission’ to connect all borough activities (including for example wider determinants) in pursuit of a population health system focused on reducing health inequalities	Council Approved March 2021.

5. The Bury System Board – Purpose (1 of 2)

1. Ensure alignment of all organisations to the Bury Health, Care and Well-being Partnership vision and objectives, as described in the Strategic Plan for Health and Care in the Borough. noting the triple aim of improved population health, improved experience, and financial sustainability
2. Promote and encourage commitment to the integration principles and integration objectives amongst all parties.
3. Jointly manage the Bury Health, Care and Well Being Locality Integrated fund – established to reflect the scope of services agreed to be managed at a locality level in accordance with the GM ICS accountability agreements, and doing so on the basis of ‘formally pooled, aligned and in view’.
4. Formulate, agree and ensure that implementation of strategies for achieving the integration objectives and the management of the Bury System Partnership.
5. Discuss strategic issues and resolve challenges such that the integration objectives can be achieved.
6. Respond to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Bury Health, Care and Well-being Partnership or any parties to the extent that they affect the parties' involvement in the Bury System Partnership.
7. Agree policy as required.
8. Agree performance outcomes/targets for the Bury Health, Care and Well-being Partnership such that it achieves the integration objectives.

4. The Bury System Board – Purpose (2 of 2)

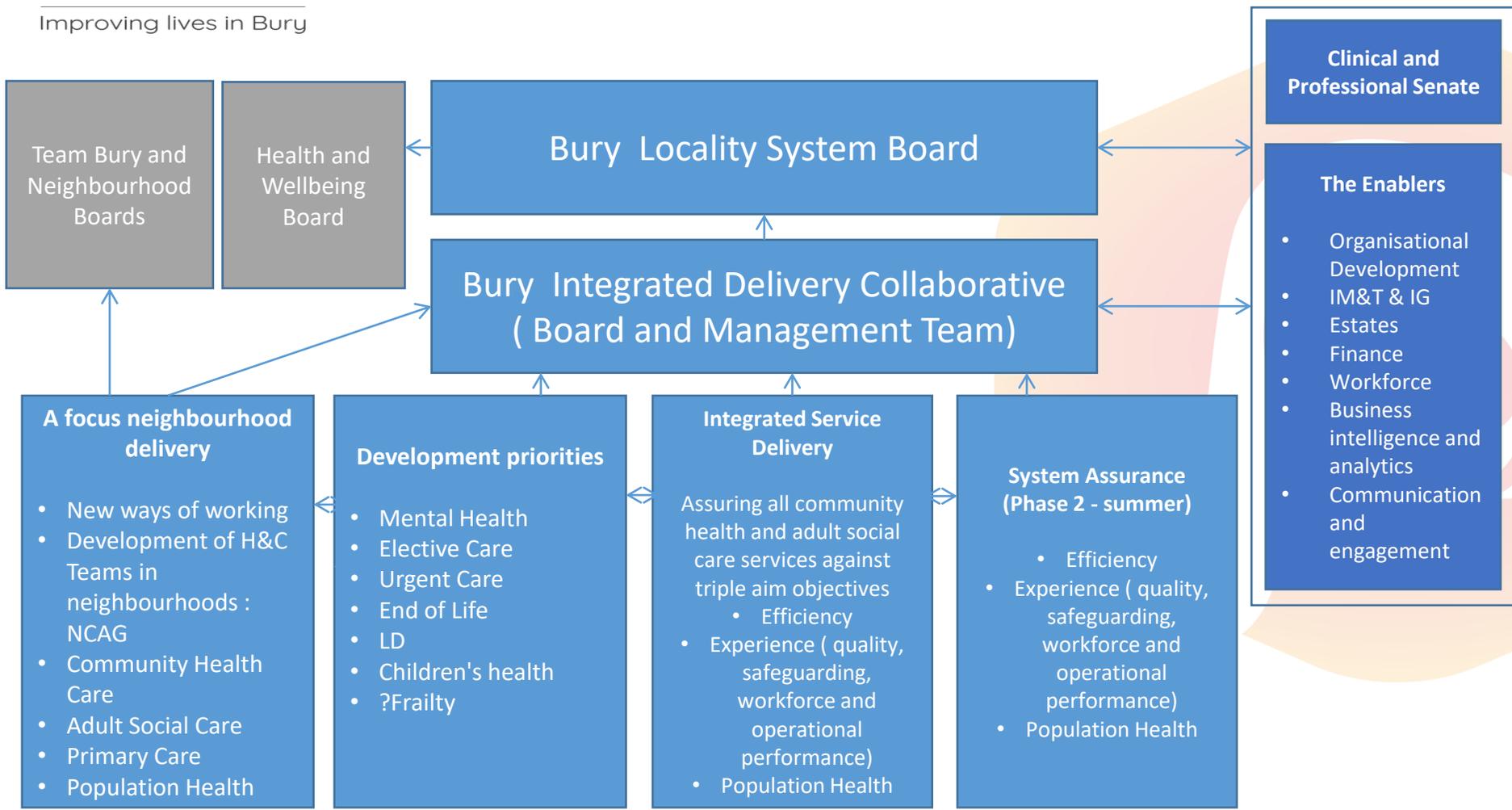
9. Review the performance of the Bury System Partnership, holding the Bury Integrated Delivery Collaborative to account, and determine strategies to improve performance or rectify poor performance.
10. Ensure that the Bury Integrated Delivery Collaborative identifies and manages the risks associated with the Bury System Partnership, integrating where necessary with the parties' own risk management arrangements.
11. Generally, ensure the continued effectiveness of the Bury System Partnership, including by managing relationships between the parties and between the Bury Health, Care and Well-being Partnership and its stakeholders.
12. Ensure that the Bury Health, Care and Well-being Partnership accounts to relevant regulators and other stakeholders through whatever means are required by such regulators or are determined by the System Board, including, to the extent relevant, integration with communications and accountability arrangements in place within the parties.
13. Address any actual or potential conflicts of interests which arise for members of the System Board or within the Bury Health, Care and Well-being Partnership generally, in accordance with a protocol to be agreed between the parties (such protocol to be consistent with the parties' own arrangements in respect of declaration and conflicts of interests, and compliant with relevant statutory duties).
14. Oversee the implementation of, and ensure the parties' compliance with, this agreement and all other services contracts.
15. Review the governance arrangements for the Bury Health, Care and Well-being Partnership at least annually.
16. Ensure consistent representation to the decision making arrangements of the GM ICS such that the GM ICS creates the conditions for rapid delivery of the system transformation described in the refreshed locality plan

5. Bury System Board – Potential Membership

- Leader of the Council
- Senior Clinical Leader/s including Medicine, and Nursing in the Borough (as determined by the Clinical Senate)
- The Chief Executive of the Local Authority/Place Based Lead for the GM ICS
- Chief Officer NCA Bury Care Organisation
- Senior Officer Pennine Care
- Executive Member of the Council Adult Care and Health
- Executive Member of the Council - Childrens
- Representative of the 4 Primary Care Networks
- Chief Officer Bury Voluntary and Community Faith Alliance
- Strategic Finance Group Chair
- Chair, and Management Lead of Integrated Delivery Collaborative
- Director of Childrens Services
- Director of Adult services
- Director of Public Health
- Others as agreed



Proposed role of the Integrated Delivery Collaborative



The delivery of programmes will include a plurality of providers working together including the voluntary and community sector to support delivery of our triple aim objectives

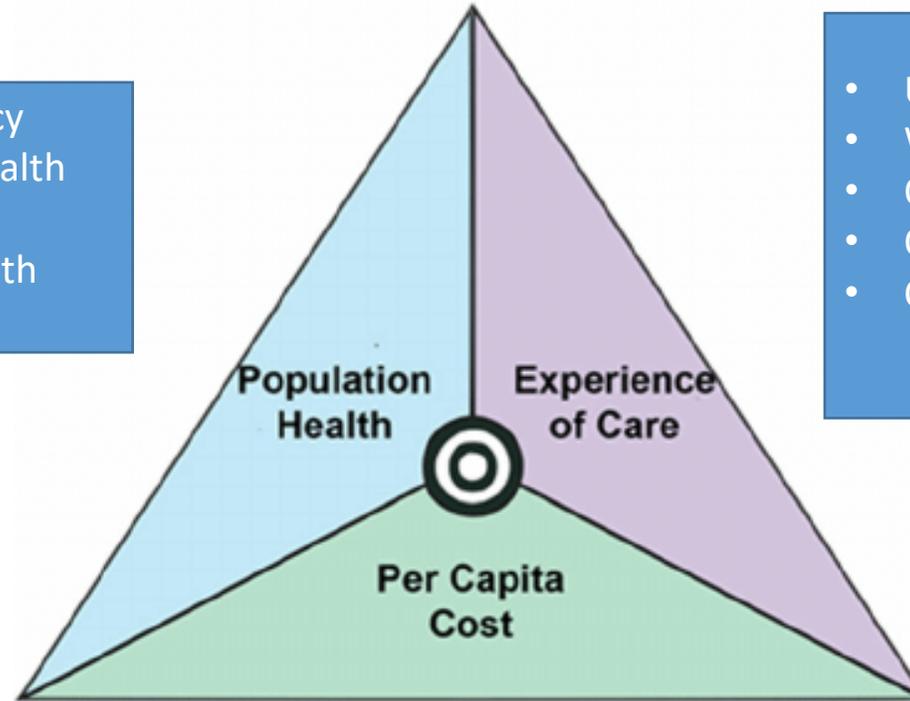
7. Core Objectives for the Integrated Delivery Collaborative



BURY
LOCAL CARE
ORGANISATION

Improving lives in Bury

- Life expectancy
- Population health indicators
- Reducing health inequalities



IHI Triple Aim

- User experience
- Workforce behaviours
- Quality and Safeguarding
- Operational performance
- Clinical outcomes

- System Control Total
- Programme budgets
- ?Neighbourhood budgets

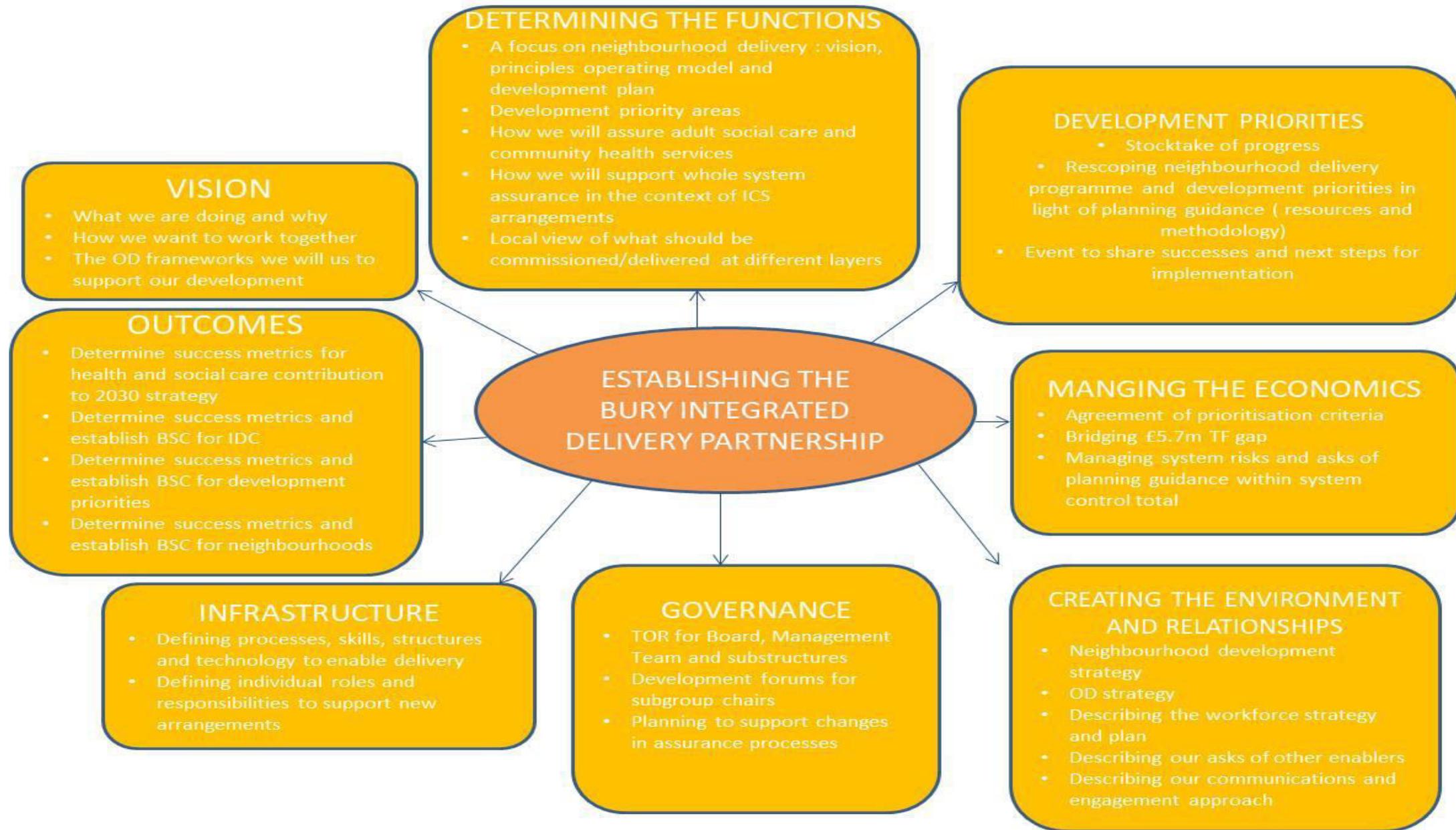
8. Bury Integrated Delivery Collaborative – Draft Terms of Reference

1. Promote and encourage commitment to the integration principles and integration objectives amongst all parties.
2. Implement strategies agreed by the Bury System Board to achieve the integration objectives.
3. Identify and escalate to the Bury System Board strategic issues and resolve challenges such that the integration objectives can be achieved.
4. Implement decisions on the System Board in response to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Bury Health, Care and Well-being Partnership or any parties to the extent that they affect the parties' involvement in the Bury System Partnership.
5. Manage the performance of the Bury Health, Care and Well-being Partnership, accounting to the System Board in this respect.
6. Identify and manage the risks associated with the Bury Health, Care and Well-being Partnership, integrating where necessary with the parties' own risk management arrangements.
7. Implement arrangements through which the Bury Health, Care and Well-being Partnership accounts to relevant regulators and other stakeholders through whatever means are required by such regulators or are determined by the System Board, including, to the extent relevant, integration with communications and accountability arrangements in place within the parties.
8. Address any actual or potential conflicts of interests which arise for members of the Bury Integrated Delivery Collaborative or within the Bury Health, Care and Well-being Partnership generally, in accordance with a protocol to be agreed between the parties (such protocol to be consistent with the parties' own arrangements in respect of declaration and conflicts of interests, and compliant with relevant statutory duties).

9. Bury Integrated Delivery Collaborative – Draft Membership

- An independent Chair
- Dedicated Management Lead/s for the Integrated Delivery Collaborative
- Managing Director- Persona
- 4 PCN Clinical Directors
- NCA Representative – Hospital Services
- NCA Representative – Community Services
- Chief Officer – Bardoc
- Chief Officer – GP Federation
- Pennine Care Operational Lead
- Adult Social Care Lead
- Childrens Services Lead
- Director of Health and Care – Bury Council
- Representative 6 town Housing
- VCFA representative
- GM ICS representative
- Healthwatch
- Borough Public Service Reform Lead

10. Integrated Delivery Collaborative - Programme of Development



11. Integrated Delivery Collaborative success factors : The 1st 12 months



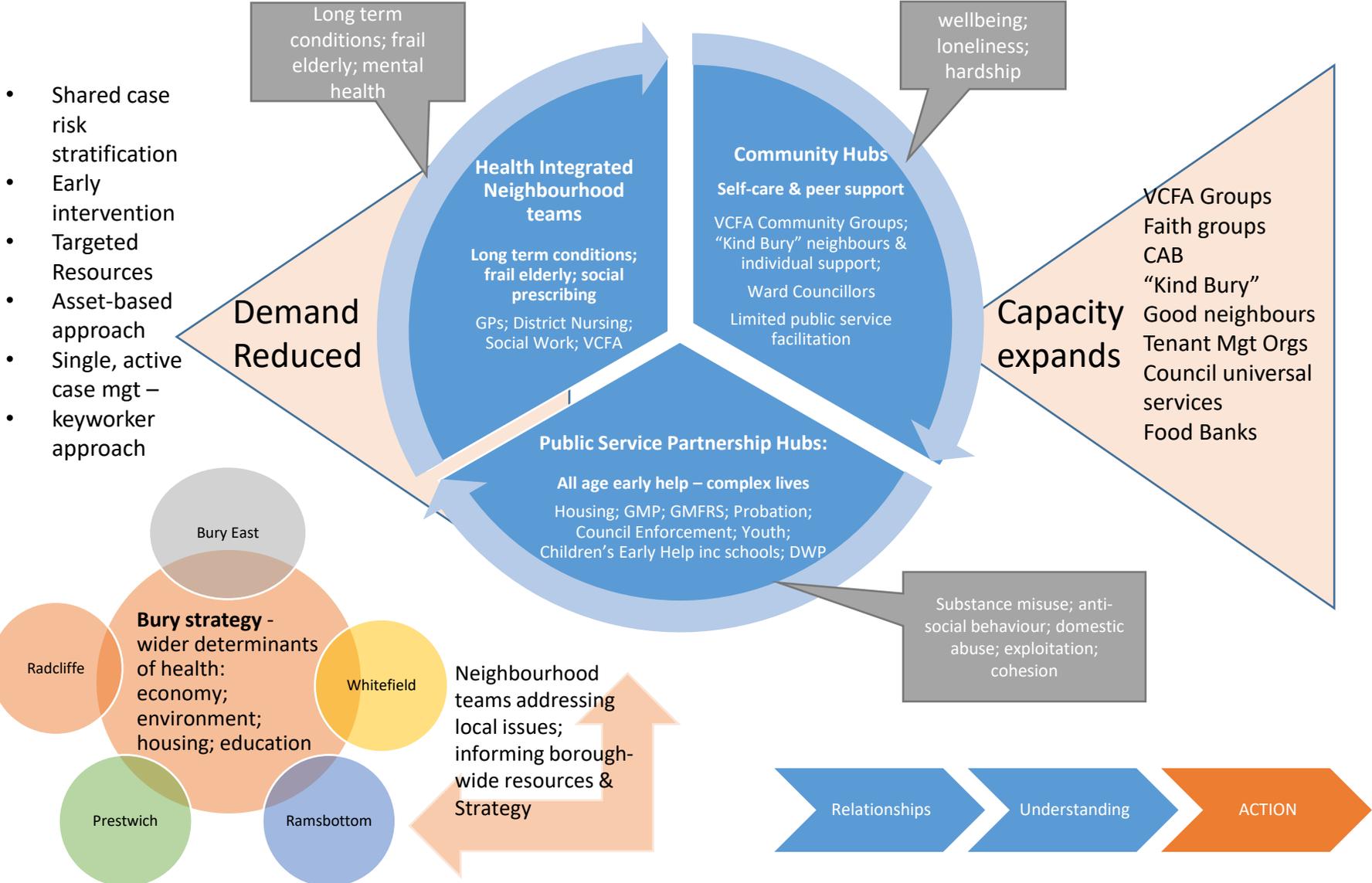
BURY
LOCAL CARE
ORGANISATION

Improving lives in Bury

- Improvement in strategic triple aim outcomes: short term measures to be agreed
- Full commitment of all partner organisations (including primary care) recognising neighbourhood teams as a currency of delivery: 360 assessments
- Increased income to the Borough through external funding sources
- Strong relationships with partner organisations outside of health care, users and the public
- Neighbourhood team understanding and developing local priorities for their population
- Practical evidence of teams working differently together
- Infrastructure (people and governance) is viewed as effective to support our move towards the new ICS arrangements
- Agreed OD and workforce strategy ,with implementation plan underway: short term measures to be agreed including a proposal for the 'way we do things in Bury'

12. Neighbourhood Team Development - Components of a Neighbourhood Team

Three Components of one team in each neighbourhood



13. Key Issues in developing integrated neighbourhood teams ...

1. Making this real – “lets do it” – where neighbourhood team development and delivery is at the heart of everything we are doing.
2. Further Service alignment to neighbourhood team model
3. Integrated neighbourhood teams knowing the assets of communities – and knowing how to support residents to connect.
4. Knowing cohorts of risk and vulnerability – including models of risk stratification
5. Connection to Primary Care Networks
6. IM&T and data sharing
7. Governance required to genuinely devolve power, responsibility, budget.

14. Outstanding Issues at GM level that determine our capability

1. The mechanisms by which money arrives into the system board. Currently described in two ways – from GM ICS directly into a locality, and from GM ICS via providers into a pooled budget. The relative balance and content of each is crucial.
2. The scope of services considered primarily rooted to localities, and those services that are best planned and commissioned at a GM level. This should determine the size of the pool.
3. The retention and expertise and capacity in the locality to drive forward the transformation. We need clarity on the CCG workforce transition to a GM ICS and the sense of continued accountability to the place with the required skills and expertise available to us
4. Ensuring the availability of clinical leadership (CCG clinical leadership not included in the ‘employment promise’) to drive transformation from a population health perspective.
5. The decision making governance of the GM ICS arrangements, ensuring localities influence the shape and direction of implementation and the allocation decisions that underpin them.