

Meeting: Strategic Commissioning Board			
Meeting Date	07 June 2021	Action	Consider
Item No	7b	Confidential / Freedom of Information Status	No
Title	Update on Bury Partnership Arrangements		
Presented By	Geoff Little, Chief Executive Bury Council & Accountable Officer NHS Bury CCG		
Author	Will Blandamer, Executive Director Strategic Commissioning, Bury CCG and Bury Council		
Clinical Lead			
Council Lead			

Executive Summary
<p>The Strategic Commissioning Board has previously received updates on the implications of the White Paper for the operation and development of the Bury partnership arrangements, and the operation of the GM Health and Care Partnership. The national context is that the legislation is anticipated in the early summer, with moves to transition to GM ICS arrangements in the autumn including the appointment of a Chief Executive and associated leadership roles for the GM ICS.</p> <p>For Bury the focus has been on continuing with the journey of transformation, developing transition arrangements for the operation of the Bury partnership system. Our work with GM colleagues is to ensure that the emergent GM ICS operating model creates the opportunities and authority to maintain and quicken progress to a clinically and financially stable health and care system in Bury creating better quality outcomes for local residents.</p> <p>This paper provides an update on all aspects of the transition work in the Bury System and in the local system, as a core briefing note into a number of Bury System meetings. A summary table is provided confirming progress and next steps on each element of local transition.</p> <p>This paper should be read in conjunction with a paper updating on the development of the GM ICS operating model (Agenda Item 7a).</p>
Recommendations
It is recommended that the Strategic Commissioning Board note the content of the report.

Links to Strategic Objectives/Corporate Plan	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:	Choose an item.

Add details here.

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						

Implications						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
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	<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
Add details of previous meetings/Committees this report has been discussed.		
Bury CCG Governing Body	26/05/2021	
Bury Locality System Board	20/05/2021	

Bury Health, Care and Well Being Partnership.

White Paper Transition Arrangements

Update on Bury Partnership Arrangements

Paper for;

- **Bury Locality System Board - 20th May**
- **Bury CCG Governing Body – 26th May**
- **Bury Strategic Commissioning Board – 7th June.**

Will Blandamer – Executive Director Strategic Commissioning – Bury CCG and Bury Council.

Background

Bury System meetings have previously received updates on the implications of the White Paper for the operation and development of the Bury partnership arrangements, and the operation of the GM Health and Care Partnership. The national context is that the legislation is anticipated in the early summer, with moves to transition to GM ICS arrangements in the autumn including the appointment of a Chief Executive and associated leadership roles for the GM ICS.

For Bury the focus has been on continuing with the journey of transformation, developing transition arrangements for the operation of the Bury partnership system. Our work with GM colleagues is to ensure that the emergent GM ICS operating model creates the opportunities and authority to maintain and quicken progress to a clinically and financially stable health and care system in Bury creating better quality outcomes for local residents.

This paper provides an update on all aspects of the transition work in the Bury System and in the local system, as a core briefing note into a number of Bury System meetings.

A summary table is provided confirming progress and next steps on each element of local transition.

This paper should be read in conjunction with a paper updating on the development of the GM ICS operating model.

Bury Health Care and Well Being Partnership Transition

The term “Bury Health, Care and Well Being Partnership” is used to describe the collective effort of all key stakeholders to a reformed health and care system in Bury – including NHS providers, Bury CCG, Bury Council, the voluntary and community sector, private providers, and patients and residents. Work is progressing across the Bury Health, Care and Well Being Partnership to create the conditions to maintain and quicken our transformation.

1. The Bury Locality Plan.

Overview

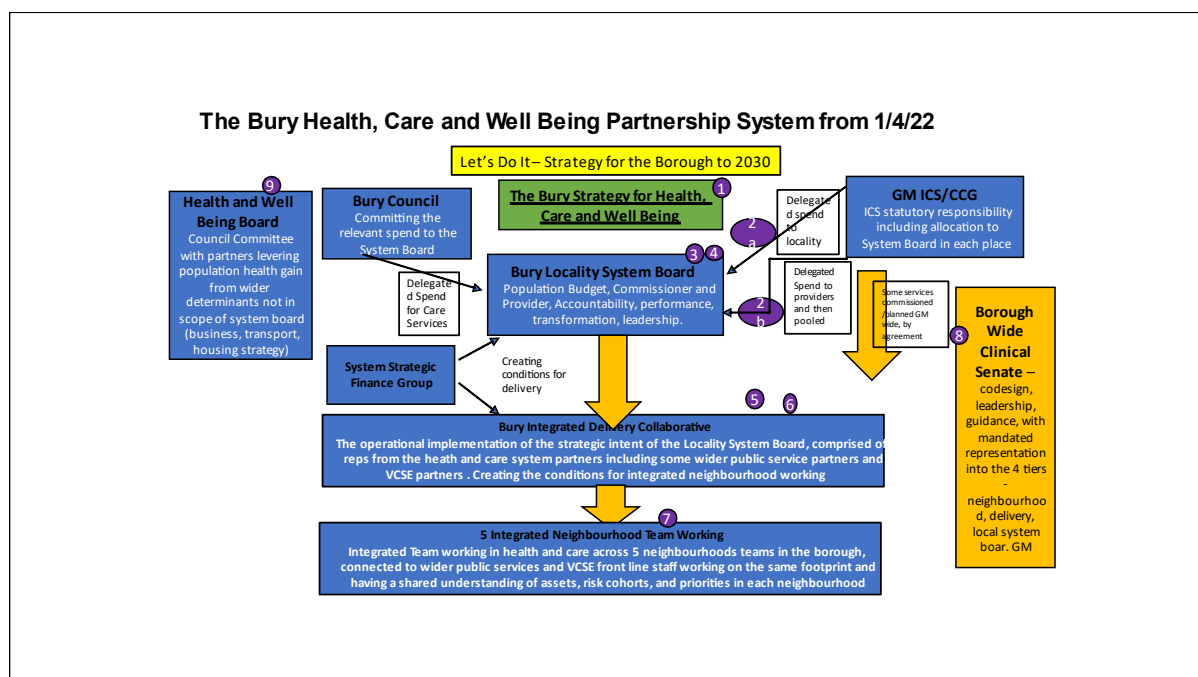
The Locality Plan is the strategy for the health and care system in Bury. It was developed in 2017 and refreshed in 2019. It is important through a period of turbulence to restate and reconfirm the core principles underpinning the transformation – to operate as a touchstone and to remind all partners of what we are trying to achieve and how. This is refresh – reflecting our learning from the Covid 19 pandemic and the new strategic context provided by Let’s Do It – the strategy for the borough to 2030.

Progress

A first draft of the refresh has been shared with the IDCB for comment and circulated to wider stakeholders.

2. Building the new local partnership arrangements.

System meetings endorsed proposed new system partnership arrangements shown below, and progress is being made in this transition year and report to the Bury System Board as a Transition Board.



2.1 Bury Locality System Board

Overview

The current form of the Bury Locality System Board meets informally and will in time need to strengthen its governance to operate as the older of the integrated budget for the borough, including the Council, NHS Providers, and the GM ICS. To some extent the new system board replaces the current role of both the informal system board, and the Strategic Commissioning Board.

Progress.

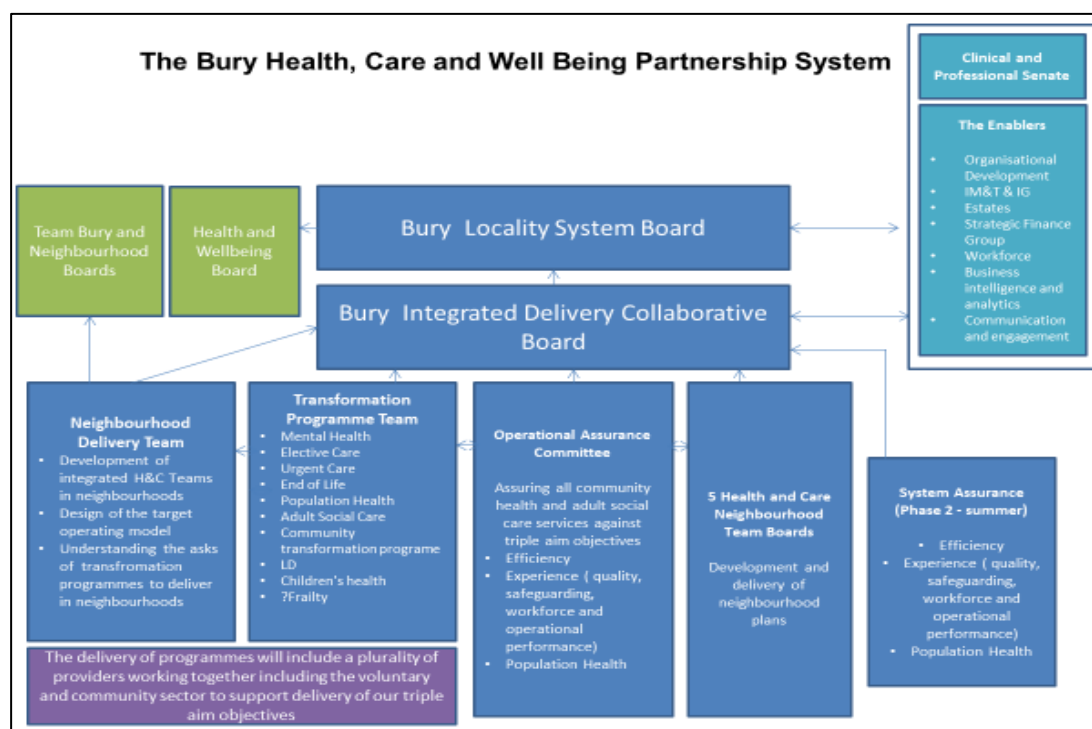
A terms of reference for the new System Board has been drafted and is attached for consideration. It is proposed we hold the first formal system board in transition in September 2021, and host CCG governing Body and SCB on the same day to address decision making in accordance with current duties.

2.2 Integrated Delivery Collaborative Board

Overview

The IDC Board builds on the success and partnership of the Bury LCO, and includes a wider representation of providers and the oversight of the whole of the operation of the health and care system. Its job is to create excellent partnership working in business as usual, and to drive the transformation programme of the partnership as whole on behalf of the System Board and in accordance with the principles of Locality Plan. The IDCB will be independently chaired, as the LCO was, for at least the duration of the transition to April 2022. It has a particular task to create the conditions for integrated neighbourhood leadership team working to thrive.

The role of the IDCB is summarised in this diagram.



Progress.

The IDCB has met once in shadow form as a 'soft launch', and workshops on values, behaviours,

the oversight of the transformation programmes, and the role of assurance and performance oversight

2.3 Integrated Neighbourhood Team Working

Overview

Building and operating integrated neighbourhood team working in each of 5 places, connected to the reform of public services on the same footprint, and infused a spirit of an asset based/ethnographic approach to communities and residents, is a cornerstone of the locality plan.

Progress.

The 5 neighbourhood teams are well established with managerial and clinical neighbourhood team based leadership. Further alignment of services into the 5 neighbourhood team model is progressing (e.g named connections to quality and safeguarding), and an underpinning neighbourhood team profile is in development. The neighbourhood delivery team steering group -reporting to the IDCB is finalising confirmation of vision, leadership team development, programmes of assimilation and alignment, outcomes measurement. The connection to community hubs, early help in children's services, and to wider public service teams on the same footprint is progressing. INTs are also represented through key reform programmes (e.g elective care) and in enabling frameworks (e.g estates

2.4 A clinical and professional senate for the borough

Overview.

The proposed senate will provide assured and mandated leadership to inform, lead, and advise reform and transformation across the borough – creating space for clinical and wider professional leadership from all organisations work effectively together.

Progress.

A draft terms of reference for the senate has been established and a workshop will be convened in June to finalise terms of reference and the operating model. An initial meeting will be convened in July. The work is sighted on the connection to the proposition for a GM wide clinical and professional senate.

2.5 Revised Health and Well Being Board

Overview

The health and well being essentially operating as a 'standing commission' on health inequalities and using the Kings Fund 4 quadrant population health system.

Progress.

The health and well being board has met in this mode now for 2 meetings. Further work to strengthen decision making and action orientation but partners are positive about the progress to date.

2.6 Strategic Finance Group

Overview

With the reduction of the focus on the commissioner/provider split, and the role of the new system board holding essentially a locality capitated budget, it is necessary to establish a Bury System Strategic Finance group including Council, CCG and NHS providers, to develop shared and transparent understanding of system and uni-organisational financial position.

Progress

This group is now meeting regularly.

3. Performance and Outcomes Framework

Overview

The operation of the health, care and well being partnership for Bury will require a single and recognisable performance and outcomes framework. This will be a triangular framework – at its apex identified a small number of key system indicators (e.g healthy life expectancy, non-elective admissions), and working through tiers of indicators and outcomes. It is dynamic – intending to show the effect of one indicator on others.

Progress

This is in development and the System Board of 20th May are receiving a demonstration of the work thus far from the integrated Business Intelligence Team

4. Patient voice and co-design.

Overview

There are a number of excellent examples of patient/resident codesign in transforming services – for example through the SEND transformation programme and working with residents with learning disabilities. It is also at the heart of the work of community hubs. This approach is not however systematically applied.

Progress

We have asked the new leadership team at Bury Healthwatch to work with us to develop some proposition for harnessing their expertise, connections, and experience in working with patients and relatives, and to develop a framework for engagement. Bury Healthwatch will work with other VCSE partners in this work. A paper is due for consideration by the System Board in June. We will in addition adopt a practice from the Bury LCO in bringing lived experience into the room of the work of the Integrated Collaborative Delivery Board.

5. Recovery and Transformation board

Overview

The recovery and transformation board, chaired by Howard Hughes as provided a focal point for the programme management of transformation programmes - on elective care, planned care, community services, end of life care, adult social care transformation etc. However, the meeting schedule itself was stood down during the pandemic from Christmas 2020 onwards.

Progress

We will reconvene the programme management arrangements as part of the Transformation Programme Team working reporting to the IDCB. Work currently undertaken to review and refresh charters, outcomes, and implementation plans across all programmes.

6. Workforce Support and Development.

Work is progressing with HR leads for Bury CCG and Council, and in the context of the developing GM ICS arrangements. In the absence of legislation and a national HR framework communication with CCG staff particularly at a time of relative uncertainty has been challenging. Key actions have been the following:

- Stocktake of all CCG staff contracts and employment arrangements to establish a clear baseline.
- Review of commissioned activity through GMSS
- Regular monthly all CCG/OCO staff briefings
- Reminder to all staff in the context of the wider Council and CCG approach to health and well being support, of the help and support available for all staff.

GM wide HR guidance is being circulated imminently, including FAQs, inclusion policy, staff sustainability policy, position statement on GM operating model development, and HR transition principles.

An area of common concern for all CCGs is the steps being taken to ensure the retention of clinical leadership expertise into the new system in the absence of the current arrangements through the CCG of Clinical Directors and Clinical Leaders. Work is being done locally to review the availability of clinical and professional leadership across all partners in the system and in the context of the establishment of the clinical and professional senate. However, the lack of essentially population based (rather than organisationally based) clinical leadership from senior CCG clinical leaders constitutes an enormous risk and has been escalated to the GM ICS arrangements.

The working assumption nationally, and in GM, is that most CCG staff will be employed by the GM ICS but deployed in localities to continue the work on local transformation. This will allow us to continue our transformation working – for example

- integrated teams in support functions like business intelligence, finance, comms etc,
- CCG commissioning capacity in primary care and secondary care building different working relationships with providers in the context of the transformation programmes described,
- expert CCG capacity in quality improvement, safeguarding working as part of whole system assurance processes
- corporate core capacity supporting the new partnership meetings established.

It is possible that in some areas there will be a GM wide ambition to centralise some CCG staffing deployment – where the current work on spatial levels of planning and delivery concludes that GM wide consistent approaches aggregation of expertise from individual CCGs. We will regard this as exceptional, as even in these circumstances the integration with local services remains crucial.

7. Place Based Lead.

Overview

The White Paper highlights a potential role for a 'place-based leader' – the person co-ordinating the partnership working in local systems. In Greater Manchester, it is also presumed (given the strong focus on the balance between the work of 10 localities operating within one ICS) that the GM ICS will seek named leadership in each of the localities with the responsibility for the locally devolved budget in the place.

There is not yet clarity on whether it would be expected the place-based lead, and the GM ICS lead in Bury, would be one and the same person.

Progress.

This has not been discussed in the Bury System and a fuller paper will developed on the options available, (including as a transitional arrangement pending the confirmation of GM ICS arrangements)

8. CCG Closedown

Overview

The System Transition plan agreed by the Bury System Board included an element to review the closedown arrangements of the CCG.

Progress

Guidance is awaited.

9. Working on the NCA Footprint

Overview

The 4 localities of Bury, Rochdale, Oldham, and Salford are bound together through the connection to the Northern Care Alliance footprint of delivery for a substantial volume of acute and community health services. It is important to create a mechanism for transaction business together where it relates to particularly acute reconfiguration and transformation on that footprint – for example in relation to proposal around urology, or community diagnostic hubs. At the same time, it is apparent there is a strong shared philosophy with NCA that priorities a locality focus (e.g through the borough specific 'care org' model of managerial and clinical leadership. There is also a strong focus on health inequalities.

Progress

The Carnall Farrar report scoped the opportunity of the locality focus but also the opportunity of the NCA footprint collaboration, and also the opportunity to influence GM wide ICS development. Further work with NCA colleagues is underway to describe a formalised programme of work and a partnership working arrangement.

10. Public Health National Transition

Overview

With the announcement of the abolition of Public Health England, the national public health leadership architecture is changing, and it is important to ensure the strong public health focus

locally.

Progress

An update paper is being considered at the System Board on 20th May.

Summary of Local Transition Arrangements

The following table provides a summary of the narrative above in section 2.

Action	Progress	Next Step
Refreshed Locality Plan	Drafted	For agreement
Locality System Board	Terms of Reference developed	Convene Shadow meeting Sept
Integrated Delivery Board	First meeting held in shadow form	Operating model workshops in development
Neighbourhood Team Development	Steering Group meeting	Development plan to be finalised
Clinical and professional senate	Broad system endorsement	Workshop to finalise working in June.
Revised Health and Well Being Board	Operational	Strengthened focus on outcomes
Strategic Finance Group	Operational	Further development of single transparent oversight of system
Performance Outcomes Framework	In development	Presentation to System Board May 2021
Patient Voice and Co-design	Healthwatch proposition in development	Presentation to System Board June 2021
Recovery and Transformation Board	Agreed to be Connected to the IDCB	Workshop to review whole programme connected to IDCB in June 21.
Workforce Support	On going	All CCG staff briefing 3 rd June based on latest GM HR guidance
Place Based Lead Officer	Not discussed in Bury	For discussion – forum to be advised
CCG Closedown	Under Review	Awaiting national and GM guidance
Working on NCA wide footprint	Carnall Farrar report delivered	Develop programme plan
Public Health Transition	Update paper developed	For System Board May 2021