# BURY HEALTH, CARE AND WELL BEING PARTNERSHIP

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| **Title** | **Minutes of the Bury System/Transition Board**<br>**20 May 2021** |
| **Author** | Jill Stott, LCO Governance Manager |
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| **Approved:** | | | |
| **Signature:** | | | ..... |

**Bury System/Transition Board**

| MINUTES OF MEETING |
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| 20 May 2021, 10.30 – 12.45 pm<br>Via Teams<br>**Chair –** Cllr Eamonn O'Brien |

**Members Present:**

Cllr Eamonn O'Brien, Leader of the Council (EO'B)
Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council
Dr Jeff Schryer, Chair Bury CCG
Ms Kath Wynne-Jones, Chief Officer, Bury LCO (KWJ)
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
Ms Lesley Jones
Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
Ms Pat Crawford, Interim CFO, Bury CCG (PC)
Mr Chris O'Gorman, Independent Chair, IDC Board (CO'G)
Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
Ms Catherine Jackson, Executive Board Nurse, Bury CCG (CJ)
Mr Tyrone Roberts, Director of Nursing & (Interim) Chief Officer, Bury Care Organisation (TR)
Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)
Ms Mui Wan, Associate Director of Finance, Bury LCO (MW)
Ms Sam Evans, Executive Director of Finance, NHS Bury CCG and Bury Council (SE)
Ms Lisa Kitto, Interim Director of Financial Transformation, Bury Council (LK)

**Others in attendance:**

Ms Jill Stott, LCO Governance Manager (JMS) - minutes
Ms Helen Smith, Strategic Performance and Intelligence Manager, Bury Council (HS)
Ms Angie Partington, Head of Business Intelligence, Bury CCG (AP)

**Apologies**

**Apologies for absence were received from**:

Ms Julie Gonda, Director of Community Commissioning, Bury CCG/Bury Council
Ms Sheila Durr, Executive Director Children and Young People, Bury Council
Ms Catherine Wilkinson, Director of Finance, Bury Care Organisation
Dr Cathy Fines, Clinical Director, NHS Bury CCG
Dr Daniel Cooke, Clinical Director, NHS Bury CCG
Mr Keith Walker, Executive Director of Operations, PCFT
Dr Kiran Patel, Medical Director, Bury LCO
Ms Lynne Ridsdale, Deputy Chief Executive, Bury Council

## MEETING NARRATIVE & OUTCOMES

| 1. | Welcome and Apologies |
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| | EO'B welcomed those present to the Bury System/Transition Board and apologies were noted as outlined above. |

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| **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/Transition Board. None were declared. |
| **3.** | **Minutes of Last Meeting (15 April 2021)** |
| | The minutes of the previous meeting were agreed as a correct record. |
| **4.** | **Review of Action Log** |
| | The Action Log was noted, and updates were recorded within the log accordingly. |
| | **TRANSITION PROGRAMME** |
| **5.** | **GM ICS Transition** |
| **5(i)** | **Update**<br>An update paper, along with appendices of the Farrar report and programme plan, had previously been shared with the group. GL highlighted the main points from these, giving the background to the current position.<br><br>GL said that he found the White Paper helpful in its suggestion of a move away from a competition model and the commissioner/provider split. He noted its emphasis on integration and of decisions being made at a local level, where "place" means neighbourhood level. Accepting that the White Paper allows more power and resource to a GM level he noted the need for appropriate delegation routes to be agreed to locality level.<br><br>GL noted some of the main challenges which had come out of a series of workshops:<br>• Agreement on the spatial level for planning and delivering services<br>• Money flows<br>• Accountabilities and governance<br><br>He also noted the difficulties in moving away from our current models and their legacy, concerns regarding GM's role and tensions between some acute providers. He said that good leadership is needed to override these issues, moving to a focus on people and place and addressing inequalities.<br><br>GL highlighted Mike Farrar's view that the system needs to be bold in its ambition, even within challenging times; to learn from the Covid work; to continue to make transformational change happen; to align priorities across the system.<br><br>Mike Farrar's report highlighted that the White Paper gives the opportunity to bring providers into the heart of partnership working.<br><br>GL went on to list the 3 main programmes of work:<br>1. Reducing deprivation<br>2. Primary Care's role in pro-active intervention at place level (linking with wider public sector services)<br>3. Joining up of community services and adult social care to enable the flow of care into the community<br><br>GL continued to describe further areas of focus: |

- NCA work on which services are provided at what level
- How to link the PCNs into the wider neighbourhood work
- The introduction of a system board for each locality including political and provider members
- A focus in Bury for clinical leadership to be part of the system board
- Consideration on a place-based leader
- Bury's role in playing its full part in the GM ICS
- A desire for 1 board, rather than 2, at GM level
- Staff deployment, with details on which staff would be kept at a locality level
- Acute sector's direct access to national resources in this year and next to address the planned care backlog
- Integrated community services' role in supporting the backlog
- Pooled budgets to remain in place for the next 1-2 years
- Creative use of pooled budgets in influencing the direction of all public services

Responding to the role of PCNs in neighbourhoods KWJ referred to a GM LCO chief officers' meeting, where the link between neighbourhoods and population health was confirmed. The role of PCNs in supporting Primary Care had also been highlighted. KWJ said there was a need to demonstrate the value of the neighbourhood work in supporting core Primary Care services and population health.

GL recognised the huge step forward made around the Integrated Delivery Collaborative (IDC) work. He emphasised that this shouldn't be a hierarchical structure and that the IDC Board should be a part of the Bury system and not reporting into Bury System Board.

EO'B highlighted the role of place-based leadership and the need for devolved powers in our own right.

**5 (ii)**

**Workforce Update**

WB had shared a GM briefing update paper outlining the outputs of the GM-wide Workforce Transition Group, along with 5 further documents covering the following areas:

- Staff engagement
- Employment stability principles
- Approach to equality
- FAQs
- GM ICS update discussion

WB confirmed that CCG staff have been in receipt of this information and that regular update meetings involving CCG and OCO staff are taking place.

He explained that there is a presumption that all CCG staff will be employed by the GM ICS, but that most will be deployed back to localities; this will allow the integration work at a local level to continue. He said that work on the employment conditions of staff was underway.

WB said that concerns around the clinical leaders' role in a future model have been escalated to GM.

Responding to the previous 2 updates AS made the following points:

- Is Bury losing staff due to the current instability in the system?

- Funding to support clinical leadership is required
- Benchmarking on the number of and finances for the joint CCG/council roles is needed
- Agrees that 1 board at GM is the preferred option, but has intelligence to suggest otherwise
- Need to make representations regarding the historical shortfall and underfunding in Bury
- Clarity needed on whether the weighting for deprivation will not work in Bury's favour

WB confirmed that staff are not being lost but the situation continues to be monitored. He said there was clarity on the secondments in place, particularly at CCG senior level and that the GM framework is being followed in addressing this issue.

GL commented that people now want to come and work in Bury due to the successful work taking place on integration. He said that joint roles in BI/Comms/Finance/Performance will be protected for the next 2 – 3 years.

Referring to the issue of 2 boards, rather than 1 GL noted that although the White Paper suggests a separate NHS board is required to provide financial accountability the issue could be overcome; this could be done by following Bury's model of having one committee (currently the SCB) which agrees decisions which are then ratified by separate governance routes. He reported that Mike Farrar is leading work around this topic.

EO'B said that pooled budgets encourage joint decision making, as happens in Bury.

**5(iii)** **Financial Flows**

SE gave a verbal update on current funding information. She thought that this current transition is more challenging than the move from PCTs to CCGs, but that there were positive opportunities as part of the changes.

She explained that the 3 areas for funding from national monies via the GM ICS are:

1. ICS infrastructure
2. Direct payments to providers
3. Direct payments to localities

SE said that the decision making behind this system was the crux of the matter and that it was important to hold on to transformation and innovation across the system.

SE noted that although the GM system overall was in deficit GM NHS broke even at the end of the last financial year and that current plans are for the breakeven position to be repeated this year.

SE said that with regard to the CCG's underfund the plan is to roll forward last year's funding. She said there was opportunity to challenge funding decisions, but that knowledge around the locality's specific needs are required to support this process.

SE reported on the intentions of the Bury Strategic Finance Group which include:

- Transparency between partners
- Avoidance of cross shunting
- Removal of inefficiencies in the system

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| | SE said that decision making needs to be kept within the locality, that funding approaches have been affected by Covid, with the acute sector requiring more funding early on. She highlighted the need for a collaborative and integrated approach.<br><br>LJ asked about monies that come into the system via other routes than the GM ICS, e.g additional funding for prevention work. SE said that the System Board allows us to see all funding coming into the system, even if from a number of sources. |
| **6.** | **Bury Partnership Transition** |
| **6(i)** | **Bury ICS Update**<br>WB provided an update on the progress on transition to the new partnership model previously agreed by the system board.<br><br>An update paper had been shared with Board in advance of the meeting. WB explained that a number of committees in the system would review the Update on Partnership Arrangements document, which aims to outline what Bury is trying to achieve and Bury's current position.<br><br>For the purposes of the meeting WB focused on the last part of the document which gave a summary of transition arrangements and their status. These included:<br><br>• System Board terms of reference to be refined, with an aim to start the shadow board in September (recognising that full authority has not yet been received and that current decision-making arrangements remain in place)<br>• Confirmation that the Integrated Delivery Collaborative Board (IDCB) is not subservient to System Board<br>• Work on the Clinical and Professional Senate and the importance of its leadership role<br>• Health and Wellbeing – a focus on population health and thanks to AS and TR for their leadership in this area<br>• Patient voice – work underway with the new Healthwatch leadership team<br>• CCG closedown – including statutory obligations<br>• NCA-wide footprint – programme plan to be delivered<br>• Shift of recovery work to IDC arrangements – thanks to HH for his support this work<br>• Public Health transition |
| **6(ii)** | **Refreshed Locality Plan – Draft**<br>A revised draft of the plan had been shared in advance of the meeting. WB explained that its purpose is to explain what is trying to be achieved in Bury; to act as our strategic framework. He noted the influence of the Let's Do IT strategy and the Covid work in this iteration.<br><br>WB said the document would act as touchstone for the Health and Care Strategy in Bury. He explained that the Strategic Finance Group would own the financial aspects of the document.<br><br>WB welcomed any comments back on the revised plan.<br><br>JS said that a refresh of the plan was a great idea and that there is benefit in spreading our principles across the system. He emphasised the need for the document to speak to all parts of the system.<br><br>WB agreed that the messages within the document should be simple and clear and the aim is for as wide a dissemination as possible.<br><br>**Action: Discussion on the Locality Plan to be an agenda item at the next meeting (ref A/05/01)** |

**6(iii)**

**Establishing System Board**

WB noted the transition arrangements required whilst retaining the safety of current governance and accountability processes. He highlighted the requirement, at some point, for the SCB to recognise the powers of the new System Board.

**The meeting agreed to move to the transitional version of the new system board in the autumn, notwithstanding ensuring the formality of governance through CCG board and SCB and cabinet is maintained as required**.

**6(iv)**

**Update from the Integrated Delivery Collaborative**

KWJ had shared her update paper in advance of the meeting; this described the progress with and development plan for the IDC. Areas highlighted were:

- The IDC's role in enacting the System Board's strategy and ensuring that System Board is assured on its aims
- Flow of business into different forums, with a commitment not to delay decision making
- More detail needed on the delegation parameters into the IDC and to neighbourhoods
- Inaugural meeting of the IDCB held, along with 2 development sessions
- Future development sessions to focus on purpose, the MBA, neighbourhood agreement, connection to the Clinical and Professional senate
- Programme work on successes and future plans to be scheduled
- Outcomes work, ensuring that all programmes contribute to these
- Enablers work on their role in supporting delivery
- New groups to be set up, led by LD/HH and Kiran Patel
- Workforce update to follow at a future meeting, with this being led by LD; key activities recognised at GM level
- Management of financial pressures

With reference to the above WB recognised the value of conversations already taking place across the system. He said the next stage would be to specify what the new transformation programmes are and then to invite enablers to make their contribution to achieving the ambition.

WB thanked CJ for her work on quality assurance in the system.

TR confirmed that CJ has joined some of the NCA's quality and safety committees.

CJ said that work in this area was being done at a place level and suggested that TR joins a meeting with her, KWJ and LD.

CJ confirmed that descriptions for quality and safety standards in the new system will soon be available. She suggested that a future update on this comes to a future meeting.

**Action: Information on quality and safety standards to come to a future Board as part of the regular updates (ref A/05/02)**

GL noted the original intention was that the integration of community services would reduce demand on the acute sector but noted that this won't happen over the next 2 years due to the backlog in the system.

He said there needed to be:

1. Clarity on how integrated services will help planned care
2. Recognition that public services as a whole need to be part of the integration of community services, which will lead to a financial benefit for the system, e.g. high-cost placements

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| | GL suggested cohort analysis on financial flows for areas such as housing/schools/the criminal justice system.<br><br>KWJ alerted the group to MW's new role in the community services division in the NCA; she cited this as a good signal of trust and collaboration across the system. |
| **6(v)** | SE recognised the challenge over the next couple of years in measuring what transformation is delivering, e.g. the effect on elective rates. She said it was important to have access to additional monies for the backlog and not to use our own resources to address this work. |
| | **Terms of Reference for IDB**<br>The latest draft of the ToR for the IDB had been shared previously. CO'G explained that the LCO's mutually binding agreement has been rolled over until the end of June; this will be revised and the ToR become a schedule within it. |
| **6(vi)** | CO'G welcomed any comments on the document, noting that those already made have been included in this version. He said that IDB will be asked to approve the ToR before ratification by this Board. |
| | **Update from the Neighbourhood Team development programme**<br>A paper had been shared in advance of the meeting and KWJ noted that this will be a fuller agenda item at the June meeting; a suite of documents to support this session was described in the paper.<br><br>KWJ explained that to date the focus of the INTs has been on the active case management (ACM) referrals. Her paper also described the impact of the social prescribing work.<br><br>She explained that the next focus will be on phase 2, population health needs, led by LD and Kiran Patel.<br><br>Information highlighted from the paper included:<br><br>• Proposed operational model<br>• Each neighbourhood to have its own plan by the end of September<br>• Cordis Bright have contacted LD regarding the successful work described in their evaluation, with a request that this is shared with the London borough of Hackney.<br><br>GL praised the remarkable progress that has been made within the neighbourhood work. He suggested that a variety of methods should be used to engage with local people, e.g. engaging with those living with long-term conditions and seeking opinions from those with lived experience.<br><br>LD said that it was critical to engage with local people; she cited the work of the INT and clinical group, which has focused on how to obtain the patient voice. She gave examples of some of the engagement work happening in the neighbourhood groups and urged members to visit the neighbourhood group meetings if possible:<br><br>• Prestwich – engaging with "what matters to you"?<br>• Whitefield – plans around walking and tailoring this to different parts of the population<br>• North – focusing on dementia and engaging with dementia group representatives<br><br>LD described the engagement work within neighbourhoods as emergent, innovative and embedded.<br><br>WB said there were 2 aspects to the neighbourhood work: building and developing the teams and working on the lived experience outputs and their influence on the model. |

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| | KWJ referred to the success of the strengths-based training, which 880 staff have taken advantage of. She said that there has been recognition by health staff in particular of the benefits this offers. She noted the ethnographic training which is also in train. |
| **7.** | **Bury Partnership Transition – Clinical and Professional senate**<br>**Bury Proposal – update**<br>HH informed the group of the work currently in progress in this area; he explained that WB has offered to capture current thinking in a paper which will be shared over the next few days. He described the dual track process being employed and reported that workshops are planned for July and September. HH explained that the plan is for an interim senate to meet in the near future. He welcomed any feedback on the plans.<br><br>EO'B noted that the clinical and professional senate would be an integral part of the new system.<br><br>**The meeting agreed to move to an initial meeting of key stakeholders in July to help co-design the transitional clinical senate to be operational by the end of the calendar year**. |
| **8.** | **Public Health System Reforms**<br>LJ had shared a paper with the Board alerting them to the national and local changes in the PH system. Highlights included:<br><br>• Introduction of a cross-government ministerial board on prevention<br>• Learning from the Covid experience – success in being locally-led and nationally supported<br>• Health inequality work embedded in Bury, putting us in a good position for future modelling<br>• GM DsPH are developing a framework<br><br>Responding to TR's question on whether LJ sees the reforms as a positive move she expressed concern at the possibility of fragmentation at national level; however, she said that the local team will work in a pragmatic way to ensure a locally-led system, drawing on available expertise.<br><br>EO'B offered the system's support to LJ and colleagues. |
| | **SYSTEM BOARD** |
| **9.** | **Bury Local Care Approach: Final Evaluation** |
| | The Cordis Bright final evaluation report had been previously shared with Board. Due to a shortage of time WB suggested that the item be deferred. He noted, however, that the Bury system has already moved beyond the recommendations of the report. |
| **10.** | **Update on the Systems outcome framework** |
| | HS and AP joined the meeting for this item. HS presented on the Bury Performance Framework Hierarchy, which outlined the monitoring of outcomes of the 7 key CCG/council indicators.<br><br>HS noted that currently the provider elements of the system are not incorporated into the work and that discussions with KWJ and her team would need to take place to rectify this.<br><br>HS said that the system would provide both formal reports and self-serve dashboards.<br><br>AP then gave a brief demonstration of the reporting system; via a cog system this aims to show the status of the whole system on one page. The functionality is available to then drill down into individual areas in much greater details. |

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| | AP emphasised that this is a bespoke system which can be tailored depending on what information is required.<br><br>The demonstration was well received; EO'B said he was impressed by its adaptability. KWJ said there was a need to tie in the outcomes conversations with the IDC and System Board into this work so that there is alignment across the system. She said the June workshop focusing on outcomes will be a critical session, where we confirm as a system what we are trying to achieve.<br><br>SE said that there was good information coming from the Tableau system, but that consideration needs to be given to which parts of it we use, to whom we provide the information and the best way of using risk stratification. She suggested that we don't lose sight of the work underway at North Manchester.<br><br>HS explained that there is a mapping exercise underway, aimed at identifying which reports are needed and where.<br><br>MW reported on her work with the BI team around the urgent care work stream; this had shown that all self-referrals at Fairfield had come from one neighbourhood and this allowed more focused work on the causes of this. She said that different neighbourhoods may require bespoke information to use in the best way for them.<br><br>EO'B suggested that a focus on how to use performance data could be a focus for a future System Board meeting. |
| **11.** | **Closing Matters** |
| | **Change to schedule of this meeting**<br>As GP colleagues (Dr Patel, Dr Fines, Dr Cooke) are unable to attend meetings on a Thursday due to their clinical work HH asked if the schedule could be re-arranged.<br><br>EO'B said that options to amend or rotate the days for this meeting would be looked at, hopefully in time for the next Board.<br><br>**Action: schedule for this meeting to be reviewed (ref A/05/03)** |

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| **Next Meeting** | **Date: 17 June 2021, 10.30-12.30pm, via Teams** |
| **Enquiries** | e-mail: jill.stott@nhs.net<br>Tel: 07770 896 521 |