

Meeting: Strategic Commissioning Board

Meeting Date	04 October 2021	Action	Information
Item No	13	Confidential / Freedom of Information Status	No
Title	Bury System / Transition Board Meeting		
Presented By	-		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The paper includes the minutes of the Bury System / Transition Board Meeting held on 19th August 2021.

Recommendations

It is recommended that the Strategic Commissioning Board:

- receive the Minutes of the Bury System / Transition Board Meeting held on 19th August 2021

Links to Strategic Objectives/Corporate Plan

Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:

Add details here.

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 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"/>

Implications						
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?						
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 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 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:						
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					

BURY HEALTH, CARE AND WELL BEING PARTNERSHIP

Title	Minutes of the Bury System/Transition Board 19 August 2021		
Author	Jill Stott, LCO Governance Manager		
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20.08.21	1.0	Jill Stott	
Approved:			
Signature:		

Bury System/Transition Board

MINUTES OF MEETING

19 August 2021, 10.30 – 12.20

Via Teams

Chair – Dr Jeff Schryer

Members Present:

Dr Jeff Schryer – Chair, Bury CCG (JS)
Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
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 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 Catherine Wilkinson, Director of Finance, Bury Care Organisation (CW)

Others in attendance:

Ms Jill Stott, LCO Governance Manager (JMS) - minutes

Apologies

Apologies for absence were received from:

Dr Cathy Fines, Clinical Director, NHS Bury CCG
Dr Daniel Cooke, Clinical Director, NHS Bury CCG
Dr Kiran Patel, Medical Director, Bury LCO
Cllr Eamonn O’Brien, Leader of the Council
Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council
Ms Kath Wynne-Jones, Chief Officer, Bury LCO
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
Ms Lesley Jones, Director of Public Health, Bury Council
Mr Tyrone Roberts, Director of Nursing & Chief Officer, Bury Care Organisation
Mr Ian Mello, Director of Secondary Care Commissioning, Bury CCG

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	JS welcomed those present to the Bury System/Transition Board and 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/Transition Board. None were declared.
3.	Minutes of Last Meeting (17 June 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.
<u>TRANSITION PROGRAMME</u>	
5.	National ICS Transition - update
	<p>WB confirmed that national legislation has not yet been passed and that the HR framework is still awaited. He reported that a process is in place to recruit to the chair and chief executive of local integrated care systems.</p> <p>SE noted there was a document available outlining the timeline for expected guidance.</p> <p>Action: SE to share the document on the timeline for national guidance (ref A/08/01)</p>
6.	GM ICS - update
	<p>WB described the proposition for the GM governance architecture which would comprise an ICS board, alongside a health and social care partnership board, alongside the combined authority; a joint planning committee would support in binding the groups together.</p> <p>WB said it was still unclear how the voice of the localities would be heard as representatives from all 10 localities were not expected to be on all GM committees.</p> <p>WB went on to describe the content of a paper produced by Warren Heppolette on locality working, which has been largely endorsed by localities. This includes:</p> <ul style="list-style-type: none"> • The key elements of a place-based lead, focus on neighbourhoods, locality boards, HWB boards, provider collaborative model • Suggestion that localities refresh their locality plan, which Bury has already done • CCG staff expected to transfer to the GM ICS but, in the main, to be deployed locally • No step back from current models of integrated arrangements at a locality level <p>WB reported that the GM Transformation Board is due to consider funding flows at its meeting on 27 August; this will be around how funding is distributed around the system once received by the GM ICS. It was confirmed there will be one allocation to the GM ICS, rather than 10 individual allocations to localities. Work is being developed on the funding routes which will include local boards, provider collaboratives, direct funding for some specialist services and a separate contract for Primary Care.</p> <p>SE differentiated between the funding flows work and the overall Finance Strategy (which looks at funding gaps, health inequalities and growth). She referred to a draft paper which is being developed and has been through parts of the Bury system.</p> <p>Action: SE to share the paper on future financial arrangements (ref A/08/02)</p> <p>CW noted the need for Bury to ensure its own financial arrangements are agreed before the new arrangements come into force.</p> <p>There was discussion around historical underfunding in Bury and whether this would be addressed. SE noted that GM as a whole is addressing a £650m funding gap, which needs to be resolved as a system. She said that Bury's strong partnership arrangements and its cohesive working as a borough should put it in a good place in any future negotiations.</p> <p>CW said, from the NCA's perspective, the issue was around a fairer and more even distribution of funding. She said a cultural shift was needed on the way we operate and that there was opportunity to shine as a collaborative system of partners.</p>

	<p>Responding to JS's query on the potential use of CCG resource to support provider collaboratives WB explained that clarity on this would come once agreement is reached on which services are delivered at which spatial level. He explained this is a GM work stream in development and that he would share the paper on this as it becomes available.</p> <p>Action: WB to share the paper on the spatial level work when it is available (ref A/08/03)</p> <p>Discussion followed on the spatial arrangements topic: LD said that Mental Health (MH) looks likely to be addressed more centrally, with minimum local level focus. She noted this as a risk to integrated working.</p> <p>LD suggested that we need to be clear on how integrated we want MH to be in our system and to articulate this clearly to GM.</p> <p>WB said he was unsure where the decision making around the spatial levels sat and SE gave some background to the possible thinking around MH provision, citing disparity in delivery across footprints and national scrutiny on GM. She suggested that this would be an area worth challenging.</p> <p>WB reported on work around establishing a clinical and professional senate at GM level and CJ said that the medical director and director of nursing posts should be confirmed in October.</p>
7.	<p>Bury Locality Partnership Arrangements</p> <p>WB had shared a summary document outlining the proposed new governance arrangements in Bury, along with a suite of appendices. He explained that these had been developed in readiness for the move to shadow arrangements in September/October and that SCB would be reviewing the same documents at the meeting of 6 September.</p> <p>WB covered the main highlights from each section and Board was asked to discuss and approve.</p> <p>1. Locality Plan This has recently been developed and strengthened and is in keeping with GM's requirement for localities to refresh their locality plan.</p> <p>Board endorsed the refreshed Locality Plan</p> <p>2a. Locality Board – draft terms of reference WB explained the rationale behind the remit of the Bury Locality Board, with its purpose being an amalgam of the work of the SCB, CCG Governing Body and System/Transition Board. The suggestion is that the new board begins in October, with the statutory boards continuing but on a less frequent basis, and dealing only with statutory business.</p> <p>The System/Transition Board would be stepped down.</p> <p>JS agreed that the Locality Board should take on responsibility for the system's outcomes.</p> <p>CO'G said that the proposed ToR were really good and he appreciated that comments from the IDC had been incorporated.</p> <p>CJ recommended an early review date of the ToR in 3 months' time.</p> <p>Board agreed to the proposed Locality Board ToR, to step down the System/Transition Board and to continue with the CCG Governing Body and SCB only as long as their</p>

statutory functions are required

2b. Place-based Lead Paper

Subject to confirmation of GM arrangements WB explained that in the interim period, until at least April 2022, it would be prudent to confirm this role in Bury; the place-based lead would act as the link between Bury and GM

Board approved the proposal of the CCG accountable officer/chief executive of the council to be the place-based lead for Bury.

3.IDC Board – draft terms of reference

CO'G explained that these ToR have been considered by this and the IDC Board on a number of occasions. He said there is clarity on the IDC Board's role and its relationship to the Locality Board.

He described the breadth of work reviewed at IDC Board at its meeting on 18 August.

Responding to Tyrone Roberts' comments on the ToR which had been relayed to this Board CO'G said these had been taken into account from a previous iteration. He noted that the ToR are a schedule X and not a formal agreement. He updated that the mutually binding agreement, to which partners are currently working, will be developed to reflect the new GM landscape and the Bury architecture. This document will be formalised from 1 April 2022.

SE suggested that names be taken out of the document as it was difficult to keep these up to date. She said the job title only would suffice.

Board endorsed the ToR for the IDC Board

4.Health and Well being Board – ToR

These have been reviewed by Board previously.

Board endorsed the ToR for the HWB

5.Clinical and Professional Senate Development and Transition

HH confirmed that a steering group will progress the development of the senate and that a proposed membership list for the interim senate has been shared. He confirmed that representatives would be aligned with transformation pieces, rather than their own organisation.

Responding to Tyrone Roberts' comment regarding rotation of the chair, HH suggested that the IDC Board's medical director would fulfill this role in the interim; he noted that currently this is not a decision-making committee.

There was discussion around the amount of GP/primary care representation as it had been noticed that the clinical CCG chair is not currently included in the membership.

CJ highlighted the need to ensure the appropriate language is used to be inclusive of health and social care.

Board supported the development of the clinical and professional senate and the establishment of the interim transition group, with the addition of the clinical CCG chair role to the membership.

6.Towards a GP Collaborative for Bury

WB explained the background to this work, which is about the GP voice being heard within GM ICS arrangements. He cited models in other areas and explained that conversations with the GP community in Bury had now begun; discussions involving the GP Fed, the LMC and GPs are being hosted by the OCO.

LD suggested this work offered the opportunity for a wider stakeholder session, noting the impact on other parts of the system.

Board supported the process

7. Locality Strategic Finance Group – ToR

The position of this committee, sitting between the IDC Board and the Locality Board was noted. SE explained that the ToR need revising following progress made since April, but that the work and ethos described within them are still current.

CW agreed that the key elements are around transparency, behaviours and what we want to achieve as a collective are still valid withing the document

Board endorsed the terms of reference of the Strategic Finance Group

8. Bury System Assurance Principles

System Quality, Safeguarding and Performance Committee

The position of this committee, sitting between the IDC Board and the Locality Board was noted.

CJ explained the remit of this committee in monitoring the delivery of responsive, high quality services in Bury, as well as meeting GM reporting demands. She said that work around the ToR, membership and a reporting dashboard had been developed over September.

CJ raised the issue of risk and where this should sit in the system.

JS agreed that organisations should be aware of each other's risks as part of collaborative working.

CJ confirmed she was aware of Tyrone Roberts' comments around chairing arrangements for this committee.

Board noted the progress towards establishing the System Quality, Safeguarding and Performance Committee and supported the transition of the CCG quality and performance committee into the new arrangements (subject to completion of statutory CCG duties until 31/3/21)

WB thanked board for their support in approving the key components of the new architecture which will run in shadow form from September/October. He said that the neighbourhood model would follow for approval.

Board endorsed the proposed transition to new shadow arrangements

On behalf of the Board the chair thanked WB for the fantastic job he has done in coordinating this substantial piece of work. He expressed his appreciation for the comprehensive suite of documents produced and the clarity of content within them.

Discussion followed as to how both the public and health and care staff will be assisted in understanding the new arrangements. It was agreed that this should be a work stream in its own right which would be part of the IDC's remit.

8. IDC Update

A progress report and IDC synthesis document had previously been shared with Board. CO'G reported on the main highlights from these including:

- the last 5 months has seen IDC Board develop work on organisational development (OD) and business management

- a set of values, purpose, vision and behaviours is due to be agreed at the September development meeting
- focus for the next 6 months will be on the 14 programmes of work in the IDC's remit
- LD/HH and Kath Wynne-Jones are undertaking a stocktake process with each programme SRO on resource and planning
- Baseline on each programme to be in place by the end of September
- Assurance will be part of the IDC Board's remit and a report from the assurance committee will be received in October or November
- IDC Board are due to start reviewing the CCG's performance and quality reports
- Progress on the governance framework is planned for the end of December, to be finalised by 1 April 2022

CO'G noted IDC Board's awareness of the financial issues around the former Transformation Fund, noting that this materially important issue affected a number of partners.

Discussion around this followed. It was confirmed that the Transformation Fund has now ceased and that CW and MW are working on the recurrent pick up work as a system and where this will sit. It was recognised that it was not appropriate for one partner to hold all the risk around the £3m gap and that it was important to confirm how this would be managed before the new architecture comes into play.

LD noted that there may be some difficult decisions to be made around the £3m gap and that there was urgency around considering a timeline for these.

CW said that consideration needed to be given to both the security of the funding stream for the NCA and also how Bury as a system will manage the deficit.

It was confirmed that the issue is owned by the Strategic Finance Group, which will then report up to relevant committees in the Bury system.

SYSTEM BOARD

No items for discussion

9. Closing Matters

Final Meeting of this Board

As this was JS's last meeting and the final meeting of this Board the chair thanked everyone for the fabulous work undertaken over the last 5 years. Areas of work he commended included:

- Collaborative working
- MDTs
- LCO and OCO development
- Neighbourhood work
- VCFA's work, particularly around mental health
- Development of the community staff model