

# **The Bury Integrated Care Partnership**

## **The Bury Locality (System) Board**

### **Terms of reference**

#### **1 Purpose**

- 1.1 The Bury Locality System Board (“Locality Board”) has been established to provide strategic direction to the Bury Integrated Care Partnership, to manage risk and to support the Bury Integrated Delivery Collaborative for the performance of the Bury health and care system. The Locality Board will undertake its duties in the context of the agreed Strategic Plan for Health, Care and Well-being for the Borough – the Locality Plan. The primary purpose of the Locality Board is to set the Strategic direction for the reform and transformation of the operation of the health, care and well-being system in Bury, and to manage an integrated budget for the place (including a pooled fund between Bury Council and NHS GM). The Locality Board brings together senior leaders for the NHS (primary, secondary, community and mental health), local authority and the VCFSE (Voluntary, Community, Faith & Social Enterprise).
- 1.2 The responsibilities for the Locality Board will cover the same geographical area as Bury Local Authority.
- 1.3 The Locality Board will have overarching responsibility and manage (subject to reserved matters) all matters relating to the Integrated Health and Care Fund (Pooled Budget) as set out in the S75 Agreement relating to the Integrated Health and Care budget for the borough between Bury Council and NHS GM. The Locality Board will have delegated decision making authority of up to £208.1m (annual spend) with regards to the Pooled Budget of the Integrated Health and Care Fund and any other relevant new funding streams (such as grants).
- In terms of the Better Care Fund; The Health and Well-being Board continues to be responsible for the Joint Local Health Well-being Strategy (JLHWS) which should directly inform the development of joint commissioning arrangements (S75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, which include the Better Care Fund plans.
  - With regard to the Pooled Budget; the Health and Well-being Board does not commission health services themselves and do not have their own budget however play an important role in informing the allocation of local resources. This includes responsibility for signing-off the Better Care Fund plan for the local area and providing governance for the pooled fund that must be set up in every area.

- 1.4 The Locality Board will have overarching responsibility and manage (subject to reserved matters) matters relating to the Integrated Health and Care Fund (aligned and non-pooled budgets).

## **2 Status and authority**

- 2.1 The Bury Integrated Care Partnership is formed of the parties, who remain sovereign organisations, to provide strategic coherence, shared ambition, and operational delivery of the health and care system in Bury, in pursuit of better outcomes for residents and a financially sustainable system. The Bury Integrated Care Partnership is not a separate legal entity, and as such is unable to take decisions separately from the parties or bind its parties; nor can one or more party 'overrule' any other party on any matter (although all parties will be obliged to act in accordance with the ambition of the Strategic Plan for Health and Care in the Borough).
- 2.2 The Bury Integrated Care Partnership establishes the Bury Locality Board to lead the Bury Integrated Care Partnership on behalf of the parties. As a result of the status of the Bury Integrated Care Partnership, the Locality Board is unable in law to bind any party so it will function as a forum for discussion of issues with the aim of reaching consensus among the parties. However the Locality Board will have responsibility via the Section 75 agreement for the operation of the Integrated Pooled Budget for the borough.
- 2.3 The Locality Board will function through engagement between its members so that each party makes a decision in respect of, and expresses its views about, each matter considered by the Locality Board. The decisions of the Locality Board will, therefore, be the decisions of the parties, the mechanism for which will be authority delegated by the parties to their representatives on the Locality Board.
- 2.4 Each party will delegate to its representative on the Locality Board such authority as is agreed to be necessary in order for the Locality Board to function effectively in discharging the duties within these terms of reference. The parties will ensure that each of their representatives has equivalent delegated authority. Authority delegated by the parties will be defined in writing and agreed by the parties and will be recognised to the extent necessary in the parties' own schemes of delegation (or similar).
- 2.5 The parties will ensure that the Locality Board members understand the status of the Locality Board and the limits of the authority delegated to them.

## 2.6 **Statutory framework;**

- 2.7 In respect of the Integrated Health and Care Fund (Pooled Budget), the Locality Board will sit as a **joint committee** established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (“the 2000 Regulations”).
- 2.8 In respect of the NHS GM Aligned Budget (non-pooled) element of the Integrated Health and Care Fund (Aligned Budgets), the Locality Board will sit as a **Committee** of the Integrated Care Board (ICB) of NHS GM on which there is Council and wider partner representation. The Locality Board will fulfil the requirements as outlined in the NHS GM Scheme of Reservation and Delegation.
- 2.9 For the avoidance of doubt, insofar as the Locality Board sits as a joint committee under the 2000 Regulations, Bury Council and/or NHS GM are delegating the making of decisions to the Locality Board and not to their individual representatives on the Board. For the avoidance of doubt where the Locality Board sits as a Committee of the ICB, NHS GM is delegating the making of decisions to the Locality Board collectively and not to their individual representatives on the Board.

## 3 **Responsibilities**

### 3.1 The Locality Board will:

- 3.1.1 Ensure alignment of all organisations to the Bury Integrated Care Partnership’s vision and objectives, as described in the Locality Plan for Health, Care and Well-being , ensuring the delivery of the triple aim of improved population health, improved experience, and financial sustainability.
- 3.1.2 Jointly manage the Bury Integrated Care Partnership Locality Integrated fund – established to reflect the scope of services agreed to be managed at a locality level between the Bury Council and NHS and in accordance with the NHS GM accountability agreements and doing so on the basis of ‘formally pooled, aligned (non-pooled)’.
- 3.1.3 Be responsible for achieving the financial sustainability of health and care services within the borough along with contributing to financial sustainability for NHS GM.

- 3.1.4 Ensure the Bury Integrated Care Partnership delivers on the NHS obligations under the terms of the NHS GM Accountability Agreement with Bury.
- 3.1.5 Secure the delivery of the portfolio of transformation programmes reported through the Integrated Delivery Collaborative Board and as described in the Locality Plan.
- 3.1.6 Ensure the Bury Integrated Care Partnership works as part of the Wider Team Bury approach and in the context of the Let's Do It Strategy for the borough and secures support of all partners including other public services, the business community, and the voluntary sector in addressing health inequalities and population health.
- 3.1.7 Ensure that all partners are actively working to promote the capacity and capability of integrated neighbourhood team working in each of the 5 neighbourhoods teams in Bury and doing so in a way consistent with the principles and values of the Locality Plan – a persona and community asset based approach.
- 3.1.8 Promote and encourage commitment to the integration principles and integration objectives amongst all parties **and in particular create the conditions for high quality integrated neighbourhood working.**
- 3.1.9 Formulate, agree and ensure that implementation of strategies for achieving the integration objectives and the management of the Bury Integrated Care Partnership.
- 3.1.10 Discuss strategic issues and resolve challenges such that the integration objectives can be achieved.
- 3.1.11 Ensure the work of the health, care and well-being partnership in Bury has the voices of patients and residents, and the learning from lived experience, at the heart of the transformation programmes and service delivery.
- 3.1.12 Respond to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Bury Integrated Care Partnership or any parties to the extent that they affect the parties' involvement in the Bury System Partnership.
- 3.1.13 Agree policy as required.

- 3.1.14 Agree performance outcomes/targets for the Bury Integrated Care Partnership such that it achieves the integration objectives.
- 3.1.15 Take collective responsibility for achievement of the objectives of the locality plan with regard to the performance/outcomes, financial position and contribution to population health gain. Working with the Integrated Delivery Collaborative to determine strategies to improve performance, recognise and address unwarranted variation, and work together as a system to address poor performance and outcomes.
- 3.1.16 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 and governance management arrangements.
- 3.1.17 Ensure the continued effectiveness of the Bury System Partnership, including by creating a partnership of trust and common purpose between the parties and between the Bury Integrated Care Partnership and its stakeholders.
- 3.1.18 Ensure that the Bury Integrated Care Partnership support partners to deliver their regulatory requirements through whatever means are required by such regulators or are determined by the Locality Board, including, to the extent relevant, integration with communications and accountability arrangements in place within the parties
- 3.1.19 Address any actual or potential conflicts of interests which arise for members of the Locality Board or within the Bury Integrated Care Partnership, 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).
- 3.1.20 Oversee the implementation of, and ensure the parties' compliance with, this agreement and all other services contracts.
- 3.1.21 Review the governance arrangements for the Bury Integrated Care Partnership at least annually and ensuring compliance and alignment with the governance of legal entity partners.

3.1.22 Ensure consistent representation to the decision making arrangements of the ICS such that the ICS creates the conditions for rapid delivery of the system transformation described in the refreshed locality plan.

#### **4 Accountability**

4.1 The Locality Board is accountable to the each of the parties to the Locality Board. The Locality Board is also accountable to the NHS Greater Manchester Integrated Care (NHS GM), through **the NHS GM Scheme of Reservation and Delegation**, for the delivery of NHS standards and for the NHS GM budget that is part of the Integrated Fund, in which there will be Bury System representation on the GM ICB where appropriate.

4.2 The minutes of the Locality Board will be sent to the parties within 10 working days.

4.3 The minutes may be accompanied by a report on any matters which the chair considers to be material. It will also address any minimum content for such reports agreed by the parties.

#### **5 Membership and Quoracy**

5.1 The Locality Board will have a number of voting members and non-voting members along with officers and key representatives that will be required to attend the meetings as and when required. The voting members reflect senior clinical, political, managerial, and NHS non-executive and executive leadership from across the Bury Integrated Care Partnership. **The voting rights for each decision will be dependent on the budget under discussion, as described in the table as below;**

<b>Role</b>	<b>Organisation</b>	<b>Voting member in relation to Pooled Budget (between Bury Council &amp; NHS GM)</b>	<b>Voting member in relation to Aligned and non-pooled Budget</b>
Leader of the Council	Bury Council	<b><u>Yes</u></b>	<b><u>Yes</u></b>
Executive Member of the Council for Adult Care, Health, and Wellbeing	Bury Council	<b><u>Yes</u></b>	<b><u>Yes</u></b>
Executive Member of the Council for Children and Young People	Bury Council	<b><u>Yes</u></b>	<b><u>Yes</u></b>
Executive Director	NHS GMIC	<b><u>Yes</u></b>	<b><u>Yes</u></b>
Senior Clinical Leader in the Borough	Bury Locality	<b><u>Yes</u></b>	<b><u>Yes</u></b>

<b>Role</b>	<b>Organisation</b>	<b>Voting member in relation to Pooled Budget (between Bury Council &amp; NHS GM)</b>	<b>Voting member in relation to Aligned and non-pooled Budget</b>
(as determined by the Clinical Senate via an election process)			
Senior Nurse Lead for the Borough (as determined by the Clinical Senate via an election process)	Bury Locality	<u><b>Yes</b></u>	<u><b>Yes</b></u>
Chief Executive & Place Based Lead	Bury Council & Bury Locality	<u><b>Yes</b></u>	<u><b>Yes</b></u>
Strategic Finance Group Chair & Joint Executive Director of Finance (S151 Officer)	Bury Council & Bury Locality	<u><b>Yes</b></u>	<u><b>Yes</b></u>
Chair	IDCB	<u><b>No</b></u>	<u><b>Yes</b></u>
Medical Director	NCA	<u><b>No</b></u>	<u><b>Yes</b></u>
Medical Director	IDCB	<u><b>No</b></u>	<u><b>Yes</b></u>
Chief Officer or nominated Exec	NCA	<u><b>No</b></u>	<u><b>Yes</b></u>
Chief Officer or nominated Exec	Pennine Care Foundation Trust	<u><b>No</b></u>	<u><b>Yes</b></u>
Chief Officer or nominated Exec	Manchester Foundation Trust	<u><b>No</b></u>	<u><b>Yes</b></u>
Chair	Bury VCFA (Voluntary, Community, Faith & Social Enterprise).	<u><b>No</b></u>	<u><b>Yes</b></u>
Executive Director of Health and Care & Deputy Place Based Lead	Bury Council & Bury Locality	<u><b>No</b></u>	<u><b>Yes</b></u>
Bury Care Chief Officer	NCA	<u><b>No</b></u>	<u><b>Yes</b></u>
Total number of voters	N/A	<u><b>8</b></u>	<u><b>17</b></u>

The Locality Board will also comprise the following participants who attend the meeting on a regular basis as an attendee and a **non-voting member**:

<b>Role</b>	<b>Organisation</b>
Director of Children Services	Bury Council
Director of Adult Social Services and Community Commissioning	Bury Council

Director of Public Health	Bury Council
Chief Operating Officer	IDCB
Chair	Bury Healthwatch
Director of Finance	NCA
Representative from the Primary Care Network (Lead)	PCN
<b>Invited Members</b>	
Opposition Party**	Radcliffe First
Opposition Party**	Conservative

\*\* Opposition Leaders (if the party holds 5 or more seats)\*\*

5.2 The Locality Board will be quorate (**for decisions made under the pooled budget**) if two thirds of its voting members (**6**) are present. The Locality Board will be quorate (**for decisions made under the aligned/non-pooled budget**), if two thirds of its voting members are present (**12**), subject to the members present being able to represent the views and decisions of the parties who are not present at any meeting. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute and make decisions on behalf of the party that they are representing. Deputising arrangements must be agreed with the Chair prior to the relevant meeting. Representatives / deputies will count towards quorum if the Chair is notified at the start of the meeting and receives confirmation from the core member that the deputy has full authority to act as described above.

5.3 The Locality Board will be chaired by the Leader of the Council, the Senior Clinical Leader from the Clinical and Professional Senate. Chairing of meetings will be on an alternate basis and/or in the absence of one of the named chairs. **In the absence of both of the Chairs a replacement Chair will be elected for the duration of the meeting from the Core/Voting Membership.**

## 6. **Conduct of business**

6.1 Meetings will be held **on a Monthly Basis**. **The date and timings of the meetings will be fixed in advance, as part of the agreed schedule of meetings.**



- 6.2 The agenda will be developed in discussion with the Chair(s) and will be developed via agenda setting meetings. The agenda and supporting papers shall be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at the meeting will be kept and circulated to partner organisations within 10 working days. **Papers and Minutes (subject to any applied exclusions) will be published on Bury Council's web site and on the NHS GM web site.**
- 6.3 **Agendas will be structured to clearly distinguish between decisions to be taken in respect of the Integrated Health and Care Fund (Pooled Budget) by the Locality Board.**
- 6.4 **In accordance with the Council's constitution, any Key Decision (*defined at point 6.5*) may not be taken unless Subject to point 7.4 (general exception) and point 7.6 (special urgency), a key decision may not be taken unless:**
- (a) a notice has been published in connection with the matter in question at least 28 days in advance of the decision being taken;**
  - (b) notice of the meeting has been given five clear working days before the meeting.**
- 6.5 **A key decision is a decision taken at a Cabinet meeting, by an individual Cabinet Member, or a Joint Committee of the Cabinet and is:**
- Any decision in relation to an executive function which results in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A decision will be considered financially significant if it results in incurring expenditure or making savings of £500,000 or greater; unless the specific expenditure or savings have previously been agreed by full Council.**
  - Any other executive decision which in the opinion of the Monitoring Officer is likely to be significant having regard to:**
    - (a) the number of residents/service users that will be affected in the Wards concerned;**
    - (b) whether the impact is short term, long term or permanent;**
    - (c) the impact on the community in terms of the economic, social and environmental well-being.**

## **Decisions subject to call in by scrutiny committees**

6.6 “Call in” is a statutory right for members of the Council to call in a key decision after it is made but before it is implemented. Other than decisions taken under the urgency provisions (7.4 and 7.6) Key decisions made but not implemented may be called-in in accordance with the scrutiny rules as set out in the Council’s constitution.

6.7 The Locality Board meetings;

a) will be held in public, subject to any exemption provided by law with specific time allocated for public question time.

b) may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that ]business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

## **7. Decision making and voting**

7.1 The Locality Board will aim to achieve consensus for all decisions of the parties. It is not intended that the Locality Board will seek to ‘outvote’ one partner to the board. Any decision of the Locality board needs to be supported by the governance of each organisation. In the event of one or more partners disagreeing with a decision following consideration within the organisation, it is expected further dialogue and discussion will take place at the Locality Board. **The Chair of the Locality Board will have a second and deciding vote, if necessary and required, however the aim of the Locality Board will be to achieve consensus decision-making wherever possible.**

7.2 To promote efficient decision making at meetings of the Locality Board it will develop and approve detailed arrangements through which proposals on any matter will be developed and considered by the parties with the aim of reaching a consensus. These arrangements will address circumstances in which one or more parties decide not to adopt a decision reached by the other parties.

## Urgent Decisions

- 7.3 General exception - in accordance with the Council's constitution, if a matter which is likely to be a key decision has not been included in the List of Key Decisions, then subject to the Special Urgency rule, the decision may still be taken if:
- (a) the decision must be taken by such a date that it is impracticable to defer the decision until it has been included in the next List of Key Decisions;
  - (b) the Chief Executive has informed the Chair of the relevant Scrutiny Committee, or if there is no such person, each Member of that Committee, and a nominated opposition or majority group member of the Committee as appropriate and the leader of the second largest opposition group in writing, by notice, of the matter to which the decision is to be made;
  - (c) the Chief Executive has made copies of that notice available to the public at the offices of the Council; and
  - (d) at least five days have elapsed since the Chief Executive complied with (b) and (c).
- 7.4 Where such a decision is taken collectively, it must be taken in public.
- 7.5 Special urgency - if by virtue of the date by which a decision must be taken (general exception) cannot be followed, then the decision can only be taken if the Chair of the Locality Board, has:
- (a) obtained the agreement of the Chair of the relevant Scrutiny Committee that the taking of the decision cannot be reasonably deferred;
  - (b) consulted a nominated opposition or majority group member of the Committee as appropriate and the leader of the second largest opposition group. If there is no Chair of the relevant Scrutiny Committee or if the Chair is unable to act, then [the agreement of the Chair of the Council (Mayor), or in his/her absence the Vice Chair (Deputy Mayor) will suffice.
  - (c) Consulted every member, following circulation to every member of appropriate papers and a written resolution.
- 7.6 Such a decision will be as valid as any taken at a quorate meeting but will be reported for information to, and will be recorded in the minutes of, the next meeting.

## **8. Conflicts of interests**

- 8.1 The members of the Locality Board must refrain from actions that are likely to create any actual or perceived conflicts of interests.
- 8.2 The Chair of the Locality Board shall manage all conflict of interest matters. The members of the Locality Board will be asked at each meeting to declare any new or existing actual or perceived conflicts for any items of business **related** to that meeting. The Chair will ensure that a Register of Interests for the members of the Locality Board is established and maintained.
- 8.3 **The Locality Board will formally record its deliberations within relevant minutes. Such minuting will be undertaken by the designated officer support provided, alongside the management of paperwork and version control.**
- 8.4 **Depending upon the topic under discussion and the nature of a conflict of interest disclosed or identified, the member may be;**
- ✓ Allowed to remain in the meeting and contribute to the discussion;**
  - ✓ Allowed to remain in the meeting and contribute to the discussion but leave the meeting at the point of decision; or**
  - ✓ Asked to leave the meeting for the duration of the item under consideration.**

## **9. Confidentiality**

- 9.1 Information obtained during the business of the Locality Board must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g., Performance management, securing competitive advantage in procurement).
- 9.2 Members of the Locality Board are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Bury System Partnership. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.
- 9.3 Given that some Local Authority decision making will go through the Locality Board the provisions of the Local Government Access to Information legislation will apply.

**10. Support**

10.1 Governance/administrative support to the Locality Board will be provided as agreed by the Partnership.

10.2 The Executive Director, Health and Adult Care - Bury Council and Deputy Place Based Lead for Health and Care - NHS GM (Bury) and Bury Council will act as the **lead officer**. Lead officer responsibilities will include ensuring that agendas are appropriate to the work of the Board.

10.3 The programme structure and supporting work groups will be developed and agreed as part of the Locality Board work plan and these Terms of Reference should be read in conjunction with the Partnership Agreement and S75 Agreement.

**11. Review**

11.1 These Locality Board terms of reference will be formally reviewed annually and in the first instance in September 2023.

**Version Control**

Version 1e	30 January 2023

## BURY INTEGRATED CARE PARTNERSHIP AGREEMENT

**Date of Approval: 6<sup>th</sup> February 2023**

Version Control		Date
v0.1	First Draft – Will Blandamer	17/1/23

### 1. PARTNERS TO THE AGREEMENT

**This Bury Integrated Care Partnership Agreement is made between the following partners:**

- 1) Greater Manchester NHS Integrated Care
- 2) Bury Metropolitan Borough Council
- 3) Northern Care Alliance Foundation Trust
- 4) Pennine Care Foundation Trust
- 5) Manchester Foundation Trust
- 6) Bury Voluntary and Community Faith Alliance

### 2. STATUS, PURPOSE AND CONTEXT OF THE AGREEMENT

This document sets out how partners agree to work together as part of the Bury Integrated Care Partnership will work together to improve outcomes for residents.

This is not a legally binding document but seeks to define and clarify how partners aim to strengthen existing collaborative relationships and underpin our arrangements with a clear set of strategic objectives and system characteristics.

This partnership is not legally binding but does provide context for current and future separate legally binding agreements between two or more partners within the partnership – for example in a section 75 agreement between NHS GM and Bury Council.

This Agreement will supplement and operate in conjunction with:

- 1.2.1 Bury Locality Plan for Health and Care (Refreshed 2023)
- 1.2.1 The Let's Do It! Strategy for the Borough of Bury to 2030
- 1.2.2 The Greater Manchester Integrated Care Strategy 2023
- 1.2.3 Locality Board Terms of Reference
- 1.2.4 Services Contracts between NHS GM and Providers and between the Council and Providers of Services.
- 1.2.5 The Section 75 Agreement between NHS GM and Bury Council
- 1.2.6 Integrated Delivery Collaborative Partnership Agreement
- 1.2.7 Integrated Delivery Collaborative Board Terms of Reference

### 3. COMMENCEMENT AND TERM OF AGREEMENT

This agreement will run from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 and will be renewed annually (as a minimum).

### 4. SUMMARY

The “Bury Integrated Care Partnership” (ICP) is a term used to describe the common endeavor of partners in the health and care system in Bury.

This is an agreement of the partners in Bury ICP to work collaboratively to mutual benefit and in pursuit of the objectives of the Locality Plan.

The Bury Locality Plan for Health, Care and Well Being was endorsed by the Bury System Board in August 2021 and its successor body the Bury Locality Board in January 2022. It was intended to operate as touchstone – or a north star - as we recovered from the pandemic and moved into a period of organisational uncertainty. It reminded us, that **securing better outcomes, addressing health inequality, improving access to and the quality of services received, and supporting residents to be well, independent, connected to their communities, and in control of the circumstances of their care and lives is the basis for our transformational ambition.**

In particular the objectives of Bury’s locality plan for the health, care and wellbeing system are as follows:

- We will seek to **influence the factors that improve population health** and well-being and reduce health inequalities and foster inclusion
- We will **support residents to be well, independent, and connected** to their communities and to be in control of the circumstances of their lives
- We will support **residents to be in control of their health and well being**
- We will **support children to ‘start well’** and to arrive at school ready to learn and achieve
- We will **support people to take charge of their health and care and the way it is organised around them, and to live well at home**, as independently as possible
- We will ensure all residents **have access to integrated out of hospital services** that promote independence, prevention of poor health, and early intervention and where front-line staff are working together in 5 neighbourhood teams
- We will work to ensure **high quality responsive services** where people describe a good experience of their treatment
- We will work to **control the overall costs of the health and care system** by earlier intervention, prevention, and working with the strengths within people, families, communities

The Bury Locality System Board (“Locality Board”) operates as the senior partnership group in Bury ICP. It has been established to provide strategic direction to the Bury ICP, to support the actions necessary to deliver the locality plan ambition, to secure better outcomes and to secure a financially sustainable health and care system.

The Locality Board works to ensure all parts of the Bury ICP work effectively together – including the work of the Clinical and Professional Senate, the Strategic Finance Group, the Integrated Delivery Board, and a portfolio of programmes of work delivering and transforming urgent care, elective care, mental health, adult social care, childrens partnership working, Learning Disabilities services, and others.

A particular focus of the Bury ICP is to create the conditions for multi-agency focused integrated working in neighbourhood teams serving all parts of the borough. The ‘integrated neighbourhood teams’ (INT) secure focus in each of 5 places in Bury on preventative and early intervention-based services, rooted to an asset-based approach recognising the strengths of residents and communities. The INT create the conditions for integrated health and care, connected to the reform of wider public services in the borough, which is a priority for the Bury ICP and for this agreement.

## 5. RESPONSIBILITIES OF THE LOCALITY BOARD

The Locality Board is the apex of partnership arrangements in the Bury ICP and is the focal point for the discharge of partner obligations under this agreement. The responsibilities of the Locality Board (as described in the ToR) are to;

- Ensure alignment of all organisations to the Bury ICP vision and objectives, as described in the Locality Plan for Health, Care and Well Being, ensuring the delivery of the triple aim of improved population health, improved experience, and financial sustainability.
- Jointly manage the Bury ICP Locality Integrated fund – established to reflect the scope of services agreed to be managed at a locality level between the Council and NHS and in accordance with the NHS GM accountability agreement and doing so on the basis of ‘formally pooled, aligned and non-pooled’.
- Be responsible for achieving the financial sustainability of health and care services within the borough and contributing to financial sustainability for NHS GM.
- Ensure the Bury ICP delivers on the NHS obligations under the terms of the NHS GM Accountability Agreement with Bury.
- Secure the delivery of the portfolio of transformation programmes reported through the Integrated Delivery Collaborative Board and as described in the Locality Plan.
- Ensure the Bury ICP works as part of the Wider Team Bury approach and in the context of the Let’s Do It Strategy for the borough and secures support of all partners including other public services, the business community, and the voluntary sector in addressing health inequalities and population health.
- Ensure that all partners are actively working to promote the capacity and capability of integrated neighbourhood team working in each of the 5 neighbourhoods’ teams in Bury and doing so in a way consistent with the principles and values of the Locality Plan – a personal and community asset-based approach.
- Promote and encourage commitment to the integration principles and integration objectives amongst all parties and in particular create the conditions for high quality integrated neighbourhood working.
- Formulate, agree and ensure that implementation of strategies for achieving the integration objectives and the management of the Bury ICP.
- Discuss strategic issues and resolve challenges such that the integration objectives can be achieved.
- Ensure the work of the health, care and well-being partnership in Bury has the voices of patients and residents, and the learning from lived experience, at the heart of the transformation programmes and service delivery.
- Respond to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Bury ICP or any parties to the extent that they affect the parties’ involvement in the Bury System Partnership.
- Agree policy as required.
- Agree performance outcomes/targets for the Bury ICP such that it achieves the integration objectives.
- Take collective responsibility for achievement of the objectives of the locality plan with regard to the performance/outcomes, financial position and contribution to population health gain. Working with



the Integrated Delivery Collaborative to determine strategies to improve performance, recognise and address unwarranted variation, and work together as a system to address poor performance and outcomes.

- 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 and governance management arrangements.
- Ensure the continued effectiveness of the Bury System Partnership, including by creating a partnership of trust and common purpose between the parties and between the Bury ICP and its stakeholders.
- Ensure that the Bury ICP support partners to deliver their regulatory requirements through whatever means are required by such regulators or are determined by the Locality Board, including, to the extent relevant, integration with communications and accountability arrangements in place within the parties.
- Address any actual or potential conflicts of interests which arise for members of the Locality Board or within the Bury ICP 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).
- Oversee the implementation of, and ensure the parties' compliance with, this agreement and all other services contracts.
- Review the governance arrangements for the Bury ICP at least annually and ensuring compliance and alignment with the governance of legal entity partners.
- Ensure consistent representation to the decision-making arrangements of the NHS GM such that the NHS GM creates the conditions for rapid delivery of the system transformation described in the refreshed locality plan.

## 6. CHAIRING AND ACCOUNTABILITY OF THE LOCALITY BOARD

### Chairing of the meeting;

The Locality Board will be chaired by the Leader of the Council, the Senior Clinical Leader from the Clinical and Professional Senate. Chairing of meetings will be on an alternate basis and/or in the absence of one of the named chairs. In the absence of both of the Chairs a replacement Chair will be elected for the duration of the meeting from the Core/Voting Membership.

### Accountability

The Locality Board will have overarching responsibility and manage (subject to reserved matters) all matters relating to the Integrated Health and Care Fund (Pooled Budget) as set out in the S75 Agreement relating to the Integrated Health and Care budget for the borough between Bury Council and NHS GM.

The Locality Board will have overarching responsibility and manage (subject to reserved matters), matters relating to the Integrated Health and Care Fund (aligned and non-pooled budgets).

In respect of the Integrated Health and Care Fund (Pooled Budget), the Locality Board will sit as a **joint committee** established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 ("the 2000 Regulations").

In respect of the NHS GM Aligned Budget (non-pooled) element of the Integrated Health and Care Fund (Aligned Budgets), the Locality Board will sit as a **Committee** of the Integrated Care Board (ICB) of NHS GM on which there is Council and wider partner representation. The Locality Board will fulfil the requirements as outlined in the NHS GM Scheme of Reservation and Delegation.

For the avoidance of doubt, insofar as the Locality Board sits as a joint committee under the 2000 Regulations, Bury Council and/or NHS GM are delegating the making of decisions to the Locality Board and not to their individual representatives on the Board. For the avoidance of doubt where the Locality Board sits as a Committee of the ICB, NHS GM is delegating the making of decisions to the Locality Board collectively and not to their individual representatives on the Board.

The responsibilities of the Locality Board will be updated and reviewed as the Locality Board continues to develop and grow throughout the changing environment.

## 7. OUTCOMES FOR BURY RESIDENTS

We will continue to measure our overall success against four overarching outcomes for the Locality Plan:

- 1) A local population that is **living healthier for longer** and where healthy expectancy matches or exceeds the national average by 2025.
- 2) A **reduction in inequalities** (including health inequality) in Bury, that is greater than the national rate of reduction.
- 3) A local health and social care system that provides high quality services which are **financially sustainable and clinically safe**.
- 4) A greater proportion of local **people playing an active role in managing their own health** and supporting those around them.

## 8. THE WORK WE NEED TO DO

The Bury Locality Plan recognises a changing context as we seek to continue to transform and progress the health, care and well-being system. These include;

- Emerging from the profound effect of the pandemic and addressing increased demand and system pressures – the enormous challenge of elective care and demand for mental health services (for example).
- New operating arrangements for the partnership arrangements in Bury and in the context afforded by the establishment of the Greater Manchester Integrated Care System arrangements from 1/7/22.
- Coping with the significant financial challenges affecting both council, NHS partners, voluntary sector and others in the Borough.
- Ensuring that the health and care System can play its full part in the ambition for the borough described in 'Let's Do It' strategy.
- Increasing pressures associated with workforce availability across all sectors.
- To enable people and neighbourhoods to be active partners in their health and wellbeing and to build on the strengths of communities, neighbourhoods, voluntary groups and social networks.
- To ensure services are safe, equitable and of a high standard with reduced variation.
- To support, empower and invest in individuals and carers supporting them to manage their own health and to achieve a sustainable system in relation to finance, workforce and estate.

It is important during a time of such change that 'form follows function'. We should remind ourselves of the vision we have for the system, the guiding principles, the way we want to work, and the priorities that we have. In particular we will...

- strengthen the focus on wellbeing across all our services from primary care through to hospital-based care, and in social care provision, including greater focus on prevention and population health.

- continue to redress the balance of care to move it closer to home where possible.
- deliver effective & efficient integrated health and social care across the borough, and in particular build the capacity and capability of 5 integrated neighbourhood teams in health and care – working with other public services on the same footprint
- consider how the ‘anchor institutions in health and care’ use social value to tackle the inequalities around us and create lasting benefits for the people of Bury, improve the local economy, whilst positively contributing (or at least minimising damage) to the environment.
- ensure equality, diversity and inclusion are reflected in our leadership and guide our priorities and all areas of our work.
- ensure that the lived experience of Bury residents and patients is informing and guiding the design and delivery of services, and that the health and care system listens more carefully to those who use its services, and positively creates opportunities for ‘co-design’ and ‘co-production’.
- harness the breakthrough opportunities of digital technology for enhancing existing services and crafting novel services to give better outcomes to citizens and improved value for money.
- secure clinical & financial sustainability across the whole of the health and social care landscape.
- work to proactively identify cohorts of vulnerability and risk – for example identifying those residents at a higher risk of unplanned hospital admission and seek to support those residents and families to change remain well and independent.
- contribute to economic growth and connect people to growth and maximise impact from health innovation and digital.
- work constructively and collaboratively with partners in Bury, and across ‘sub regional footprints’ particularly the 4 localities footprint of the Northern Care alliance which includes Salford, Bury, Rochdale and Oldham),
- work positively and constructively with the NHS Greater Manchester and the wider GM Integrated Care System
- look to address unwarranted variation in services including particularly across mental health, learning disabilities and autism services.
- Recognise the environmental consequences of our actions, and work as part of the borough strategy around carbon neutrality

## 9. THE WAY WE WILL WORK TOGETHER

### *People*

- We will seek to develop and promote self-care and wellbeing
- We will put neighbourhoods at the heart of our work with an emphasis on quality and safety.
- We will emphasise assets and strengths at every level: individual, family and community, encouraging and enabling people to take responsibility for their own health and wellbeing.
- We will seek out, value and learn from the lived experience of local people
- We value and will provide skilled leadership to our services and system which is representative of all aspects of our diverse community

### *Relationships*

- We will prioritise develop and strengthen our relationships including by doing hard things together, such as working through conflict
- We will value creativity and innovation, including but not limited to digital innovation, which improves the personal, social and economic well-being of people in our borough

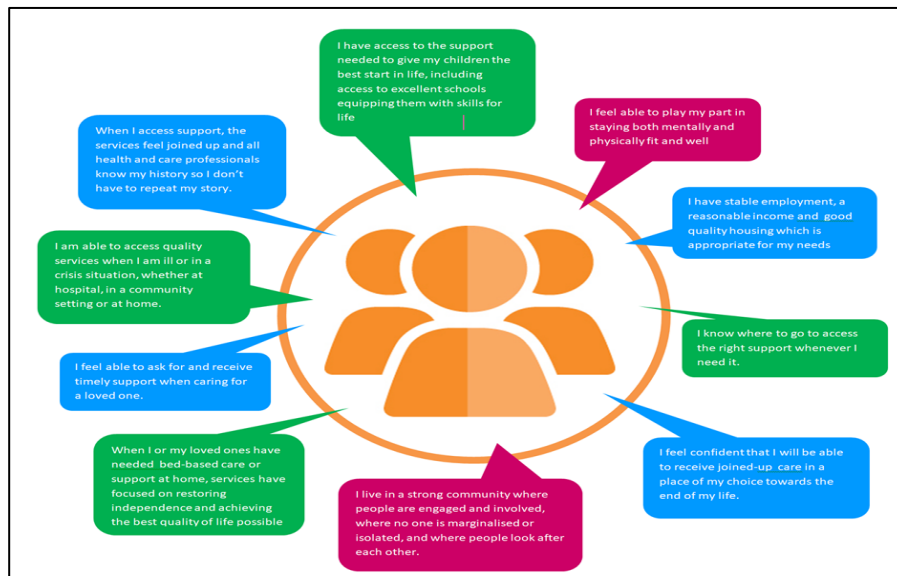
- We will always promote inclusivity, social justice and fairness and we will seek to add social value in everything we do
- We will be accountable in our actions to each other, to the wider system, and to the people of Bury
- We recognise, and seek always to learn more about, each other's pressures, environments, and statutory duties
- We will aim to align our work to our individual organisational priorities

*Decision-making and resources*

- We are committed to working within a jointly developed structure, with a shared purpose, and operating principles
- We will look to the Locality Board and/or the IDC board as an authoritative body when, for example, there is challenge or ambiguity in our work
- We will seek to make the best use of our collective assets, to make best use of the public resources invested in the borough
- We will promote and advocate for the health and well-being of Bury people, and for the resources and access to services that people need, in our work with the Greater Manchester integrated care system.

**10. THE WAY WE WORK IN THE BOROUGH**

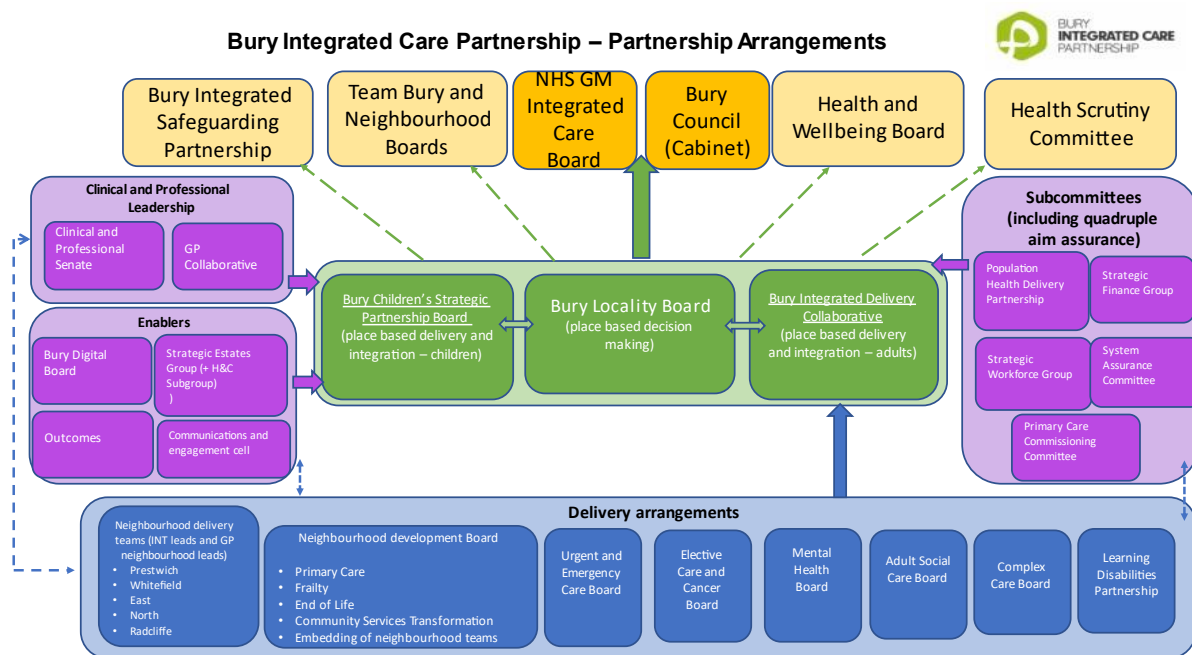
In addition, the way we work will be informed by our deep understanding of the circumstances of people's lives and their ambition for their health, wellbeing, and receipt of health and care services and are described in a series of 'i-statements' that were developed in consultation with residents in the borough.



## 11. OUR PARTNERSHIP GOVERNANCE

The governance and partnership arrangements are important to provide clarity on leadership, vision, and accountability. Our learning from Covid has been to recognise that empowering decision making, more agile working, reducing barriers between organisations, building quality working relationships, and have a shared ambition is hugely important to the achievement.

From 2021 we have developed a revised set of partnership arrangements, and these continue to develop and mature. A pictorial representation of the proposed new partnership arrangements is listed below.



Partners in the Bury ICP will continue to build working relationships based on trust, mutual support, recognition of mutual dependence, and partnership. To support the effective operation of the partnership – to orchestrate the arrangements, the Place Based Leadership Team has been convened as below, led by the Place Based Lead for Health and Care from the NHS GM – also the Chief Executive of the Council.

The key elements of the Bury ICP system are as follows.

- A Locality Board – made up of representatives of NHS providers, the Council and the Voluntary Sector and others – setting strategy, managing performance and delivery, and holding an integrated budget between Council and the NHS (providers and NHS GM) working effectively as a capitated budget for the system.
- The Health and Well Being Board – formally a committee of the Council but with wider representation and operating almost as a standing commission on health inequalities and driving towards the full achievement of a population health system.
- An Integrated Delivery Collaborative Board – an opportunity for all key partners and stakeholders to come together and drive the implementation of all aspects of reformed and transformed health, care and wellbeing arrangements in the borough.

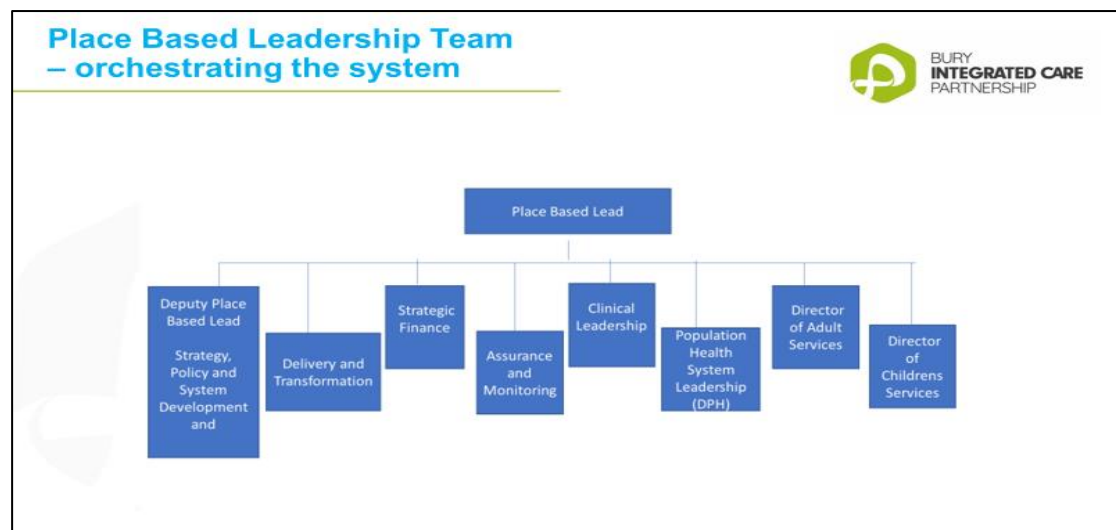
- A children's strategic partnership board – recognising that for children and families the connection between health, care and education services particularly is crucial – so the children's strategic partnership board operates as a 'sister' to the Integrated Delivery Board
- 5 Integrated Neighbourhood Teams in health and care (and connected to wider neighbourhood teams including community hubs and other public services) serving the populations of Prestwich, Whitefield, Radcliffe, Bury town, and Ramsbottom/Tottington.
- A Clinical and Professional Senate – bringing together professional and clinical leadership from all organisations in the borough and ensuring mandate representation into the spatial levels of working described. It is important this drive and leads transformation.

In support of this architecture there will be several enabling functions to support the system working as effectively as possible. This includes:

- A strategic finance group** – professional financial leadership from all relevant organisations understanding the position of each organisation and the mutual dependence between organisation to ensure system wide sustainability
- A strategic estates group** – ensuring a 'one public estate' approach to the best utilisation of available estate, to ensuring that estate development is consistent with the objectives in this plan and creating the estates conditions to support integrated neighbourhood team delivery.
- An IM&T programme** – developing opportunities for integrated patient and residents' records and data flows in support of better clinical and professional decision making and exploring opportunities for residents to be in control of their own records.
- Workforce and Organisational Development programme** – identifying opportunities for system wide approaches to workforce recruitment, retention, and development in a way consistent with transformed health care and wellbeing partnership objectives.
- Comms and Engagement** – bringing together communication and engagement specialists across health and care organisations and with the voluntary sector to listen effectively and amplify messaging where appropriate and consistent with the objectives as described.

## 12. NHS GREATER MANCHESTER CONTRIBUTION

NHS Greater Manchester supports the operation of the Bury ICP through the provision of funding to support the Place Based Leadership Team including a Place Based Lead. The role of the team is to orchestrate the operation of the Bury ICP arrangements, including convening the Bury Locality Board, and to create the conditions for the most effective partnership working possible between health and care system partners. The place-based leadership team is as follows;



In addition, through the scheme of delegated authority from NHS GM to NHS GM (Bury) via the Place Based lead, the duties are expected as follows:

- Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
- Establish governance arrangements to ensure the continuation of joint commissioning and partnership working at locality level of those functions that are apt for inclusion in a s.75 agreement between the NHS GM and local authority.
- Agree a plan to meet the health and healthcare needs of the population within each place, within the context of national strategy, the Partnership integrated care strategy and place health and wellbeing strategies.
- Allocate resources to deliver the plan across the system, determining what resources should be available to meet population need across GM and in each place and setting principles for how they should be allocated across services and providers (both revenue and capital).
- Agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
- Agree place action on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability
- Develop joint working arrangements with partners in place that embed collaboration as the basis for delivery within the NHS GM plan.
- Agree implementation in Locality of People Priorities

In Bury all System Partners have recognised that the role of Place Based Lead is undertaken by the Chief Executive of the Council.



## 13. INTEGRATED FINANCIAL PLANNING AND RESOURCE ALLOCATION

Partners to this agreement recognise the mutual dependence of organisational financial planning and decision making in the context of an integrated health and care system. Positively this can secure partnership commitment to collective ambition and the necessary financial decisions by individual organisations.

Conversely a lack of appreciation of the value of joint financial decision making can create sub optimal reform and outcomes for residents, and potential 'cost shunting' and cost avoidance in the system.

This partnership agreement recognises the role of the Strategic Finance Group in the Bury ICP in ensuring as far as possible that financial decisions that relate to the effective operational objectives of the Bury ICP are in view and aligned.

The Locality Board should have the necessary information to discharge its obligation to ensure the financial sustainability of the health and care system in the Borough. The Locality Board on the basis of the information will therefore understand the work required to effect transformation required to a system prioritising prevention and earlier intervention and away from costly, reactive and institutional care.

As the Locality Board exists to transform services and secure the financial sustainability of the health and care system we will seek to create pooled budgets on the basis of business cases demonstrating the benefits of the arrangements. We will look to identify transformation initiatives which will benefit from a pooled financial approach – for example to the need to jointly fund pump priming and double running costs of new delivery models and the need for pooled budgets to overcome the barriers to scaling new delivery models. A joint, risk share and / or pooled approach and culture will resolve barriers to transformation where, for example investment is required by one partner where the dividend of that investment falls to another, or where there is a time lag between investment in intervention and prevention and return on investment in from reduced demand and lower cost. Risk and gain share arrangements will be key to ensuring the total quantum of resource in Bury is utilised in the most cost effective, efficient and needs based way.

A pooled budget arrangement has worked very effectively on a bilateral basis between Bury Council and what was Bury CCG – where budgets related to the Better Care Fund, and indeed all possible budgets, were pooled. This created incentive for joint working and joint investment and created opportunities for moving investment to mutual benefit in pursuit of commonly agreed goals between clinical and political leadership in the borough. There are other examples in Bury of more informal risk and gain share arrangements with NHS, 3<sup>rd</sup> sector and other system partners.

This agreement invites partners to actively consider opportunities for pooling budgets and developing joint investment agreements in pursuit of common objectives and subject to all necessary individual organisational approval and to continue to build a culture of an integrated financial approach, crossing organisational boundaries by risk and gain share arrangements. It is expected this could be particularly around strengthening the capacity and capability of integrated neighbourhood team working.

The Locality Board will in the first instance have visibility of the formal pooled budget between NHS GM and Bury Council and the total quantum of the Bury health and local authority spend in the borough.

Partners will review the opportunity of more formalised models of integrated financial planning, including opportunities for further pooled budget arrangements and joint investment opportunities.



## 14. ROLE OF THE INTEGRATED DELIVERY COLLABORATIVE BOARD

The Locality Board provides the Strategic leadership of the Bury ICP. The engine room of the Bury ICP is the 'Integrated Delivery Collaborative Board' (IDCB).

The purpose of the IDCB is direct and govern the work of the IDC and to transform the ways in which health and social care is provided and that it successfully and effectively.

- Provides high quality integrated care and support at neighbourhood and borough level to the people of Bury, providing excellent patient experience and outcomes.
- Transforms health and social care services in line with the principles, standards and outcomes set by the Bury Locality Board and the NHS GM, making best use of every pound invested in Bury's health and care services.
- Supports improvements in population health, wellbeing and outcomes and addresses inequalities in health across the borough.

A key aim is to ensure that home and community are the principal place in which health and social care services are provided and that 'institutional'-type care, whether in hospital or in care homes, is 'right-sized' to meet the needs of those whose needs can only be met in such settings.

The IDCB is a partnership board recognised by the Boards of each of the partner organisations as responsible for:

- The achievement of the objectives, goals and outcomes set for the IDC (including system and service transformation objectives), through the management team and staff team.
- Setting strategy and direction, in the context of available resources and the strategic intentions of the Locality Board.
- Managing the effectiveness of the arrangements for the IDC, including the staffing agreement and the execution of delegated powers.
- Holding the Chief Officer and other senior staff to account for the delivery of objectives, goals and outcomes.
- Providing assurance to commissioners and to IDC partner organisations in relation to the effectiveness of the IDC's work and its achievement of goals and outcomes.

We should recognise that the Children's Strategic Partnership operates as a 'sister' to the integrated deliver collaborative, creating the opportunity to connect to wider core partners such as schools, and the same characteristics above are expected of the CSPB.

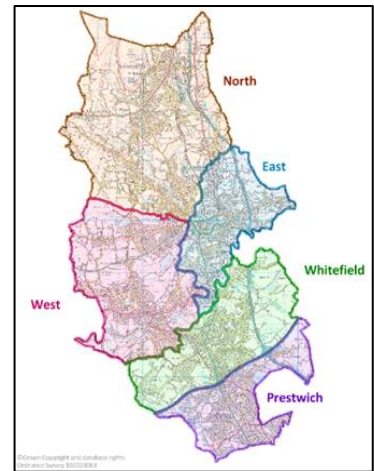
## 15. INTEGRATED NEIGHBOURHOOD WORKING

A particular responsibility of the Locality Board is to create the conditions for successful integrated neighborhood teams.

Integrated Neighbourhood teams (INTs) were created, providing unified management or a coordinating focus across community health services, adult social care and more recently community mental health services, and connected to communities. INTs have focused initially on delivering Active Case Management – proactively identifying residents at risk of future lost independence (for example unplanned admission to hospital) and working together to alter the course.

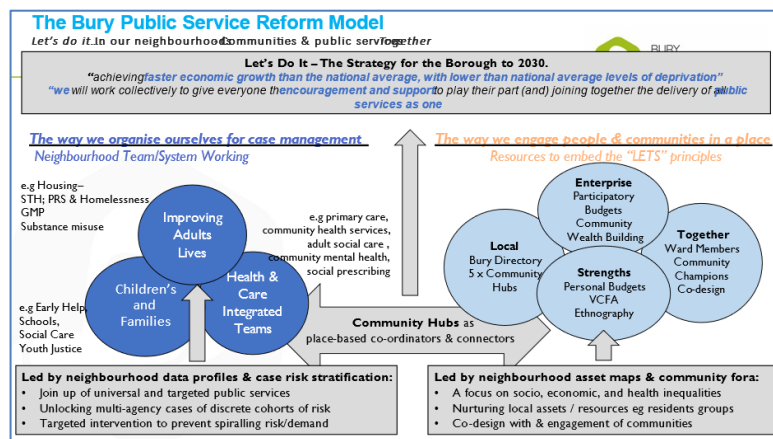
Neighbourhood and place-based working are key in providing the closest connection to the broadest range of factors affecting people's health and wellbeing. Most people will receive most of their day-to-day care for most of their lives in the neighbourhood or locality. The only place where local authority spend and planning, not only on care services, but also on the wider determinants of health comes together with NHS spend is at the locality level.

We will work to ensure that the 5 integrated neighbourhood teams are working in an asset-based way - recognising the talents and hopes of residents, patients and carers, and the asset of local communities. We will also require the enabling groups, particularly IM&T, Estates, and workforce development to work to support the capacity and capability of neighbourhood team working.



The Integrated Neighbourhood teams currently operate primarily for adult services but there are increasing opportunities to connect health and care services to the model. This will be a focus in 2023/24.

Neighbourhood team working in health and care is one part of a wider ambition in "Let's Do It" to build integrated teams of public services, working with communities differently. The other two parts – the work of community hubs, and the work to organise wider public services like GMP, DWP, housing providers, schools etc. This allows us to recognise the contribution many other partners play to both health and wellbeing, and to the demand for health and care services.



## 16. PROBLEM RESOLUTION & ESCALATION

The Locality Board will function through engagement between its members so that each party makes a decision in respect of, and expresses its views about, each matter considered by the Locality Board. The decisions of the Locality Board will, therefore, be the decisions of the parties, the mechanism for which will be authority delegated by the parties to their representatives on the Locality Board.

Each party will delegate to its representative on the Locality Board such authority as is agreed to be necessary in order for the Locality Board to function effectively in discharging the duties within these terms of reference. The parties will ensure that each of their representatives has equivalent delegated authority. Authority delegated by the parties will be defined in writing and agreed by the parties and will be recognised to the extent necessary in the parties' own schemes of delegation (or similar).

The parties to this Agreement agree to act reasonably and in good faith in their dealings with one another. The parties will conduct themselves in the spirit of partnership with the intention of creating a substantial, long-term relationship based on:

- A shared intention to create a sustainable health and social care system in Bury
- A shared ambition to develop the opportunities offered by the GMICB.
- Fair and proportionate distribution of risk and reward
- Shared values and culture of high-quality service to the public

The parties to this Agreement also share the ambition by which health and social care services within a locality are integrated and delivered in a financially and clinically (professionally) sustainable manner and the parties to this Agreement acknowledge the establishment of this new architecture.

The parties will also ensure that the Locality Board members understand the status of the Locality Board and the limits of the authority delegated to them.

## 17. PARTNER AUTHORISATION

By signing this agreement, each partner acknowledges and agrees to the terms of this agreement.

Signed by On behalf of <b>Greater Manchester Integrated Care Partnership</b>	..... Insert role
Signed by Geoff Little On behalf of <b>Place and Bury Council</b>	..... Place Lead <i>and</i> Chief Executive of Bury Council
Signed by On behalf of <b>Northern Care Alliance</b>	..... Insert role
Signed by On behalf of <b>Pennine Care NHS Foundation Trust</b>	..... Insert role
Signed by On behalf of <b>Manchester Foundation Trust</b>	..... Insert role
Signed by On behalf of <b>Bury Voluntary and Community Faith Alliance</b>	..... Insert role

Meeting: Locality Board			
Meeting Date	06 February 2023	Action	Consider
Item No.	5	Confidential	No
Title	S75 Report to the Locality Board		
Presented By	Will Blandamer, Deputy Place Based Lead (Bury Locality) & Executive Director of Health and Adult Care (Bury Council)		
Author	Simon O'Hare – Bury Deputy Locality Finance Lead		
Clinical Lead	Dr. Cathy Fines		

Executive Summary
<p>The purpose of this report is to update the Locality Board on the Pooled fund budget and proposed risk share arrangements for 2022/23.</p> <p>The Local Authority approved a balanced 2022/23 budget at Budget Council on the 23rd of February 2022. The CCG Governing Body approved a draft budget for 2022/23 on 22<sup>nd</sup> June 2022 in line with the allocations received.</p> <p>The CCG ceased to exist as a legal entity from the 1st of July 2022 with NHS Greater Manchester Integrated Care (NHS GM) being the successor entity from the 1<sup>st</sup> of July 2022. NHS GM will therefore be a party to the S75 with the Council moving forward.</p> <p>In view of the structural changes and move to NHS GM working arrangements, the S75 agreement in place between Bury Council and NHS GM needs to be revised in order to cover the health budgets held at Locality level following delegation from NHS GM. It is proposed that the budgets delegated by the Council will not change from the original S75 as these have not been directly impacted on by the move to NHS GM working arrangements.</p> <p>It is recognised that the initial drafting of the revised s75 agreement will include a small list of budget areas where it is already clear that these will be delegated to locality from a decision making perspective. Recognising the strength of partnership and neighbourhood working in Bury the S75 may be further updated once the final delegation of health budgets to localities is confirmed by NHS GM to ensure that the scope remains as wide as is allowable under the revised working arrangements.</p> <p>This report updates the Locality Board on the Health and Social Care revised pooled budgets for 2022/23 in line with National Health Service England (NHSE) guidelines. It should be noted that as part of operating a pooled budget regular monitoring reports are required.</p> <p>It should be noted that the Better Care Fund (BCF) remains included within the pooled fund but is shown separately presentationally as elements of the BCF are within locality budgets with elements retained by NHS GM from a budgetary control perspective. On this basis, the locality NHS budget in this report is reduced to allow the full BCF to be shown separately.</p>

Recommendations
<p>The Locality Board is asked to note the revised opening budget for Health, the opening budget for the Council and the revisions that are to be made for the increased funding made available for the Adult Social Care Discharge fund that are to be incorporated recurrently into the Better Care Fund (BCF) from 2022/23 onwards.</p> <p>The report also recommends the revision of the S75 agreement for 2022/23 and that the Chief Executive is given delegated authority to sign the documentation for the revised S75 agreement on behalf of the local authority and by the NHS GM Board on behalf of the NHS.</p>

Links to Strategic Objectives	
<b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>	<input checked="" type="checkbox"/>
<b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>	<input checked="" type="checkbox"/>
<b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b>	<input checked="" type="checkbox"/>
<b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the NHS GM Assurance Framework?	<input checked="" type="checkbox"/>

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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" 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:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

## **S75 Report to the Locality Board**

### **1. Introduction**

- 1.1 The purpose of this report is to update the Locality Board on the Pooled fund budget and proposed risk share arrangements for 2022/23.
- 1.2 The Local Authority approved a balanced 2022/23 budget at Budget Council on the 23rd of February 2022. The CCG Governing Body approved a draft budget for 2022/23 on 22<sup>nd</sup> June 2022 in line with the allocations received.
- 1.3 The CCG ceased to exist as a legal entity from the 1st of July 2022 with NHS Greater Manchester Integrated Care (NHS GM) being the successor entity from the 1<sup>st</sup> of July 2022. On this basis, NHS GM will be a party to the S75 with the Council moving forward.
- 1.4 Taking on board the information as listed above, the S75 between Bury Council and NHS GM therefore needs to be revised in order to cover the health budgets held at Locality level following delegation from NHS GM. The budgets delegated by the Council will not change from the original S75. It is recognised however, that the S75 agreement may be further updated once the final delegation of health budgets to localities is confirmed by NHS GM. in order to reflect the strong partnership and neighbourhood working in the borough.
- 1.5 This report also updates the Locality Board on the Health and Social Care revised pooled budgets for 2022/23 in line with National Health Service England (NHSE) guidelines. It is important to note that as part of operating a pooled budget regular monitoring reports are required. Locality Board will receive these monitoring reports going forward.
- 1.6 In terms of the Better Care Fund (BCF), this remains included within the pooled fund but is shown separately due to elements of the BCF being within locality budgets and elements remaining at NHS GM from a budgetary control perspective. Therefore, the locality NHS budget in this report is reduced to allow the full BCF to be shown separately presentationally.

### **2. Areas for consideration**

- 2.1 The pooling of budgets between the two organisations, Bury Council and NHS GM, is in line with NHSE guidelines to progress integration of Adult Social Care and Health and is in accordance with the decision made by Cabinet and what was the CCG Governing Body.
- 2.2 The operation of a formal pooled budget in Bury has been in place from 2018/19.
- 2.3 With regard to alternatives, the operation of a formal pool in 2022/23 builds on the shadow pool that was operated by the ICB in 2017/18 and is in line with 2018/19 to 2021/22 reporting; therefore, there are no alternatives to consider.

### **3. Costs and budget summary**

#### **3.1 Local Authority Revenue Budget 2022/23**



The quarter three report to Cabinet identifies the overall revenue budget of the Council as per the table below:

Directorate	Approved Budget £'000
Business, Growth, and Infrastructure	£3,269
Children and Young People	£45,910
Corporate Core	£14,872
Corporate Core – Finance	£5,169
Housing General Fund	£1,288
Non-Service Specific	£6,349
One Commissioning Organisation	£80,781
Department Of Operations	£19,846
<b>TOTAL</b>	<b>£177,484</b>

It should be noted that the quarter three Cabinet report also identifies a forecast overspend of £3.959m and that departments are working hard to mitigate these overspends as far as possible. These overspends are driven by pressures in adults and children's social care alongside rising utilities costs.

### 3.2 General Fund Summary Estimates 2022/23

	Service	2022/23 Budget £'000
<b>Pooled Budget (s75)</b>	Adult Social Care	£48,718
	Mental Health & LD	£1,890
	Children's Social Care	£7,281
	Other Children's Services	£6,395
	Public Health	£10,857
	Other OCO Services	£19,316
	Other Council Services	£15,529
	<b>Pooled Budget Total</b>	<b>£109,986</b>
<b>Aligned budget</b>	Children's Social Care	£18,135
	Other Children's Services	£14,099
	Business, Growth & Infrastructure	£3,269
	Operations	£19,846
	Other Council Services	£12,149
<b>Aligned Budget Total</b>	<b>£67,498</b>	
<b>Council Total</b>	<b>£177,484</b>	

3.3 In March 2021, the Council set a balanced budget for 2021/22, with an estimated budget gap of £5.127m for 2022/23. In February 2022, the Council set a balanced budget for 2022/23, having addressed the forecast gap through the implementation of a £600k savings programme, a further 1% increase in Council Tax via the Adult Social Care precept, an increase in social care grant funding, and via the use of reserves.

3.4 The Council has a recurrent budget gap of £31.395m in 2023/24 which it has addressed through increased council tax and business rate income, non recurrent grants, savings and efficiencies of £24.261m which will be delivered over a four year period and the use of reserves totalling £4.712m in year.

3.5 **Pooled Fund – Local Authority**

3.6 The pooled fund includes Adult Social Care, Public Health and some Children’s Social Care services from the Local Authority. The table below shows the value of the LA’s pooled budgets by service area: -

	Service	2022/23 Budget £'000
<b>Pooled Budget (s75)</b>	Adult Social Care	£48,718
	Mental Health & LD	£1,890
	Children's Social Care	£7,281
	Other Children's Services	£6,395
	Public Health	£10,857
	Other OCO Services	£19,316
	Other Council Services	£15,529
	<b>Pooled Budget Total</b>	<b>£109,986</b>

3.7 **Health NHS GM Delegated Budgets, BCF and additional Adult Social Care discharge monies**

3.8 The CCG Governing Body approved a draft budget for 2022/23 on 22nd June in line with the allocations received for £363.7m as per the table below which was the basis of the Pooled Fund for 2022/23. This draft budget included a £2.2m surplus as directed by GM and regional colleagues.

<b>Bury CCG 2022/23 Annual Plan</b>	<b>£'000</b>
Acute	£179,930
Mental Health	£39,740
Community	£39,380
Continuing Care	£24,560
Primary Care	£41,470
Primary Care - Co Commissioning	£32,500
Other Programme	£2,290
Running Costs	£3,840
<b>Total</b>	<b>£363,710</b>
Allocation	<b>-£365,920</b>
<b>Surplus</b>	<b>-£2,210</b>

- 3.9 The CCG ceased to exist as a legal entity from the 1st of July 2022. NHS Greater Manchester Integrated Care (NHS GM) is the successor entity from the 1st of July 2022. NHS GM has delegated a proportion of the budgets, to localities and ,as at December 2022, the full year value of the delegated budgets is £91.2m. It is important to note that this figure has been reduced to strip out the locality elements of the BCF, so that these can be shown together with the elements of the BCF that are part of budget held at NHS GM. It is these locality budgets, the BCF and the Adult Social Care Discharge monies that are new in 2022/23 and are funded recurrently, that will form the basis of the revised S75. This gives a total of £100.1m as the basis for the NHS contribution to the pool. The remaining budgets are held by NHS GM and do not presently form part of the revised S75 agreement.

<b>Service</b>	<b>2022/23 budget £000</b>
Community	£6,956
Mental Health	£8,673
CHC	£24,693
Primary Care	£4,062
Prescribing	£34,901
Other	£285
<b>Locality exc BCF</b>	<b>£79,570</b>
Locality BCF	£11,635
NHS GM BCF	£6,987
<b>Total Opening BCF</b>	<b>£18,621</b>
ASC Discharge BCF (new in 2022/23)	£1,872
<b>Total NHS</b>	<b>£100,063</b>

### **Pooled Fund – NHS GM**

3.10 The Health Pooled fund budget for 2022/23 will be revised due to the delegation of budgets from NHS GM to Locality. On this basis and taking into account the national guidance for pooled funds NHS GM will pool £98.6m, including the BCF (£18.6m) and the new Adult Social Care discharge monies. National guidance prevents the pooling of certain services (central drugs in prescribing and certain community services such as Termination of Pregnancy) and as a result £1.5m of the NHS GM budget pertaining to the Bury locality is not able to be pooled. It is recognised that the strong partnership and neighbourhood working in the borough means that the proposal is to expand this pooling further as and when delegations allow.

<b>Service</b>	<b>2022/23 budget £000</b>
Community	£6,579
Mental Health	£8,673
CHC	£24,693
Primary Care	£4,062
Prescribing	£33,772
Other	£285
<b>Locality exc BCF</b>	<b>£78,063</b>
Locality BCF	£11,635
NHS GM BCF	£6,987
<b>Total Opening BCF</b>	<b>£18,621</b>
ASC Discharge BCF (new in 2022/23)	£1,872
<b>Total NHS Contribution</b>	<b>£98,556</b>
Not Pooled	£1,507

### 3.11 **Combined Pooled Fund 2022/23**

3.12 Combining the council budgets and the NHS GM budgets gives a total full year effect pooled budget of £208.1m for 2022/23, with an aligned budget of £67.5m and budgets not able to be pooled of £1.5m.

Service	Pooled 2022/23 Budget £'000	Aligned 2022/23 Budget £'000	Not pooled 2022/23 Budget £'000
Adult Social Care	£48,718		
Mental Health & LD	£1,890		
Children's Social Care	£7,281	£18,135	
Other Children's Services	£6,395	£14,099	
Public Health	£10,857		
Other OCO Services	£19,316		
Other Council Services	£15,529	£12,149	
Business, Growth & Infrastructure		£3,269	
Operations		£19,846	
<b>Council total</b>	<b>£109,986</b>	<b>£67,498</b>	<b>£0</b>
Community	£6,579		£377
Mental Health	£8,673		
CHC	£24,693		
Primary Care	£4,062		
Prescribing	£33,772		£1,129
Other	£285		
Locality BCF	£11,635		
NHS GM BCF	£6,987		
ASC Discharge BCF (new in 2022/23)	£1,872		
<b>NHS GM Total</b>	<b>£98,556</b>	<b>£0</b>	<b>£1,506</b>
<b>Grand Total</b>	<b>£208,117</b>	<b>£67,498</b>	<b>£1,506</b>

### 3.13 **S75. Risk Share and differential contributions**

3.14 Within Bury a risk share has not been applied to the pooled budget and it is recommended to not change this for 2022/23 but to review going forward. The facility does exist for differential contributions to the pooled budget and this has been used in the past, this should remain an option going forward.

## 4 **Risk and Policy Implications**

4.1 The key financial risks to the Pooled fund are the financial impacts of dealing with the COVID pandemic and the continued uncertainty of delegation to locality from NHS GM.

4.2 The risk is noted that the level of confirmed delegated budgets at this stage risks diminishing the strength of partnership and neighbourhood working in the borough. On this basis, a commitment remains to expand the s75 pooling arrangements as and when local and national legislative guidance enables this.

## **5 Recommendations**

- 5.1 The Locality Board is asked to note the revised opening budget for Health, the opening budget for the Council and the revisions that are to be made for the increased funding made available for the Adult Social Care Discharge fund that are to be incorporated recurrently in to the Better Care Fund (BCF) from 2022/23.
- 5.2 The report also recommends the revision of the S75 agreement for 2022/23 and that the Chief Executive is given delegated authority to sign the documentation for the revised S75 agreement on behalf of the local authority and by the NHS GM Board on behalf of the NHS.
- 5.3 The Locality Board is asked to note the ongoing commitment to extensive multi-agency and partnership working across the borough and hence, the commitment to expanding budgetary pooling arrangements as and when this is allowable under the revised operational NHS GM arrangements.

**Simon O'Hare**

Bury Deputy Locality Finance Lead

February 2023

# **Bury Locality Plan**

## **The Bury Strategy for Health, Care, and Well Being 2023 to 2024**

Endorsed at System Board 20/8/21

Re-endorsed at Locality Board January 2022

Refreshed January 2023

Version 3.2 (Draft subject to finalisation by SFG)

## Executive Summary

Significant progress has been made in transforming the operation of the health, care and wellbeing system since the first Bury Locality Plan in 2017, and since its refresh in 2019. However, the context of the work of partners has changed considerably because of Covid 19, and the emergent new partnership arrangements as a consequence of the DHSC White Paper of March 2019 and subsequent legislation. We also have the benefit of the Let's Do It strategy for the borough – the strategy for the place until 2030.

'Form follows function' – and as we progress new partnership arrangements and priorities to respond to the changed context it is imperative to restate and reconfirm the vision, the priorities, and the way we anticipate working together to support better outcomes for Bury residents.

This refreshed and concise Bury Locality Plan for Health, Care and Well Being was endorsed by the Bury System Board in August 2021 and its successor body the Bury Locality Board in January 2022. It was intended to operate as touchstone – or a north star - as we recovered from the pandemic and move into a period of organisational uncertainty. It reminded us, that **securing better outcomes, addressing health inequality, improving access to and the quality of services received, and supporting residents to be well, independent, connected to their communities, and in control of the circumstances of their care and lives is the basis for our transformational ambition.**

This refreshed Locality Plan has been further updated in January 2023 to reflect the formal establishment of NHS GM as the Integrated Commissioning Board, and the wider GM NHS Integrated System Partnership, and consequently the disestablishment of Bury CCG on 30/6/22.

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## A. Background

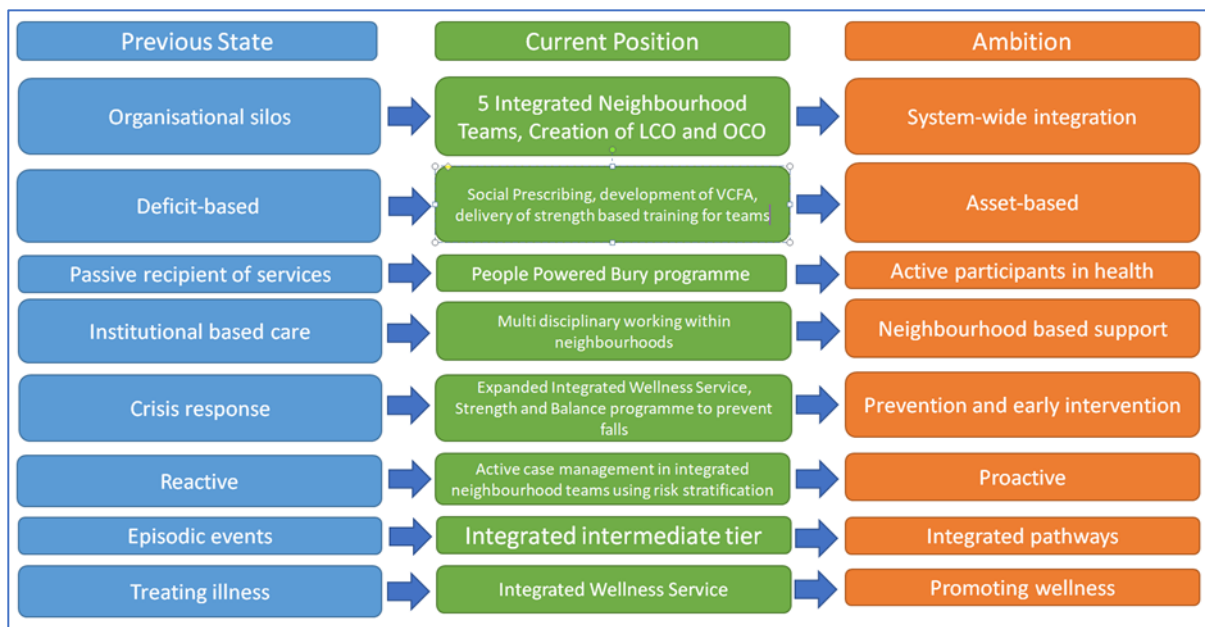
1. In 2017 partners in the health and care system in Bury agreed a strategy for health, care and wellbeing. It was called the 'Bury Locality Plan', and each of the 10 Districts in Greater Manchester had a similar document as part of the wider GM Health and Care Devolution arrangements.
2. The 2017 Bury Locality Plan set out an ambitious programme of work, focusing not only on new models of joined up health and care delivery, but also on the wider ambition to improve population health and reduce inequalities. The plan recognised that achievement on health inequalities was also dependent on work with other public services, and work to support residents to be independent of services as far as possible and connected to their communities. The plan also developed a framework for potential investment from the Greater Manchester held Transformation Fund – to help establish new ways of working and to cover some 'double running' costs. Importantly, it indicated that without concerted and system wide action the size of the financial gap in the health and care system was predicted to be £76m in 2022.
3. In 2019 the Locality Plan was refreshed. The refresh recognised considerable progress – in beginning to build neighbourhood teams for health and care staff in each of 5 places, in building the partnership of providers as a 'local care organisation' (LCO), in standing up some borough wide transformation programmes (e.g in Urgent Care), and in the work tackling entrenched health inequalities in the borough. It referenced the work being done to substantially improve the working relationships between Council and CCG in the borough through the proposed establishment of the One Commissioning Organisation (OCO). The OCO changed some line management arrangements into integrated team and was also an ethos of collaboration in commissioning between Council and CCG – joint appointments, an integrated (pooled and aligned) budget, and the establishment of the Strategic Commissioning Board – where decisions from Council Cabinet and CCG Board were delegated for shared and joint decision making by clinical and political leadership.
4. The 2019 Locality Plan was comprehensive in describing a range of new programmes and initiatives. And it constituted a step change in integrated commissioning arrangements through the OCO, and a new forum for partnership and collaboration and delivery through the LCO. It also acknowledged some areas where progress from the 2017 plan was not as advanced as hoped, and it recognised the anticipated 2022 financial gap was now £85m.
5. Nevertheless the 2017 Locality Plan and its refresh in 2019 were pivotal in the Bury Health and Care System. They created ambitious transformation programmes in the delivery of health and care, they focused strongly on improving population health as a means of improving outcomes and contributing to the financial sustainability of the system. They constituted a step change on our journey of integration. And they confirmed a commitment to building and developing neighbourhood teams of health and care staff. They also recognised that simply re-designing the way health and care services are provided isn't enough – we need to engage with people and communities in a different way, support residents to be in control of their lives and in control of the way health and care services are organised around them.

## B. Context

6. Much of the locality plan refresh of 2019 stands true today. But the context for a strategy on health, care and wellbeing in 2021 for Bury changed fundamentally for the following reasons:
  - a. The global Covid 19 pandemic from 2020 has been an appalling tragedy for so many people and families, and the consequences in terms of health, and the economy will be felt for years to come. However, it is also true that the response to the pandemic has taught us much – it has starkly exposed health inequalities particularly by ethnicity as well as socio-economic deprivation, it has required a community-based response, it has demonstrated the best of how a health and care system can work together effectively, it has seen rapid deployment of technology, and it has reminded us of the important role of social care provision as part of an integrated system.
  - b. The focus of the NHS in response to the pandemic has of course been the urgent care system, but the consequence has been an enormous backlog of elective/planned care that needs to be addressed. There is also likely to be a hidden cost in terms of health inequalities– lost opportunities to prevention harm or to intervene earlier (for example in cancer diagnosis). Finally, we are likely to see a growth in demand for services, particularly in mental health, as consequences of the pandemic itself, and as a consequence of the very severe economic position currently being experienced.
  - c. The financial position of the health and care system predicted in the locality plan of 2017 and its refresh in 2019 is becoming evident. For the year 21/22 both Council and CCG remained very financially challenged – the Council due to significantly reduced income due to the pandemic, and both council and CCG facing significant demand growth.
  - d. Very positively, Bury Council and CCG have worked with partners to produce ‘Let’s Do It’ – the Strategy for the borough until 2030. It has a focus on combining economic ambition with a relentless focus on tackling the inequalities in health and life chances that hold many residents and communities back in making a full and positive contribution to the future of the borough and being in control of the circumstances of their lives. Let’s Do It provides a clear strategic framework within which our sectoral strategy on health and care can sit, and mutually reinforce other strategies around economic ambition, climate change, wider reformed public services, and community vibrancy and connectedness.
7. The refreshed Locality Plan of 2021 has been further updated to reflect the implementation of the NHS White Paper of March 2021 has signalled a shift in the focus of the system – from competition to collaboration in the NHS, to a focus on ‘place’, to a blurring of the commissioning/provision distinction. The core objectives and priorities of the locality plan remain true, and the system has since 2021 built and operating a new model of partnership working reflective of establishment of the GM ICB, the disestablishment of Bury CCG, and changed financial flows and incentives.

## C. Progression of the Health and Care System

8. In addition to the changing context, it should be recognised that the locality plan refresh of 2019 anticipated a progression in our collective thinking about priorities and objectives. It described moving from a state of organisational silos and crisis response, through to a system displaying more joined up working as exemplified by the OCO and LCO. It also describes the future – system wide, integrated, preventative, connected to communities and neighbourhood team based.



9. Of course, progress across these three 'states' isn't linear, and there are examples of where our current practice and working arrangements are ahead or behind the 'current position'. The 2019 set out the progress since 2017 and conditions to move beyond to fulfil the overall ambition. But this diagram is prescient – if the first locality plan of 2017 responded to the characteristics of the 'previous state', and the locality plan refresh of 2019 created the conditions for our 'current state' then this 2021 locality plan refresh is intended to recognise the new context and circumstances and move to realise the characteristics of 'ambition'.
10. The diagram above could be updated to reflect an additional dimension that has become apparent during Covid and has increasingly informed our response to pandemic – on issues of inequality and inclusion. The Let's do It strategy has escalated our collective ambition on addressing health inequalities, and all partners are working on a stronger inclusion focus.

- **Previous state – one model for everyone**
- **Current position – improved understanding of different populations needs**
- **Ambition – services that are designed to meet all populations**

## **D. The purpose of this ‘Locality Plan for Health Care and Well Being’ Refresh.**

11. This refresh of the 2021 Locality Plan recognises a changing context as we seek to continue to transform and progress the health, care and well-being system.

- Emerging from the profound effect of the pandemic and addressing increased demand and system pressures – the enormous challenge of elective care and demand for mental health services for example
- New operating arrangements for the partnership arrangements in Bury and understanding our part of the Greater Manchester Integrated Care System from 1/4/22.
- Coping with the significant financial challenges affecting both council and NHS partners and others in the Borough
- Ensuring that the health and care System can play its full part in the ambition for the borough described in ‘Let’s Do It’.
- Increasing pressures associated with workforce availability across all sectors.

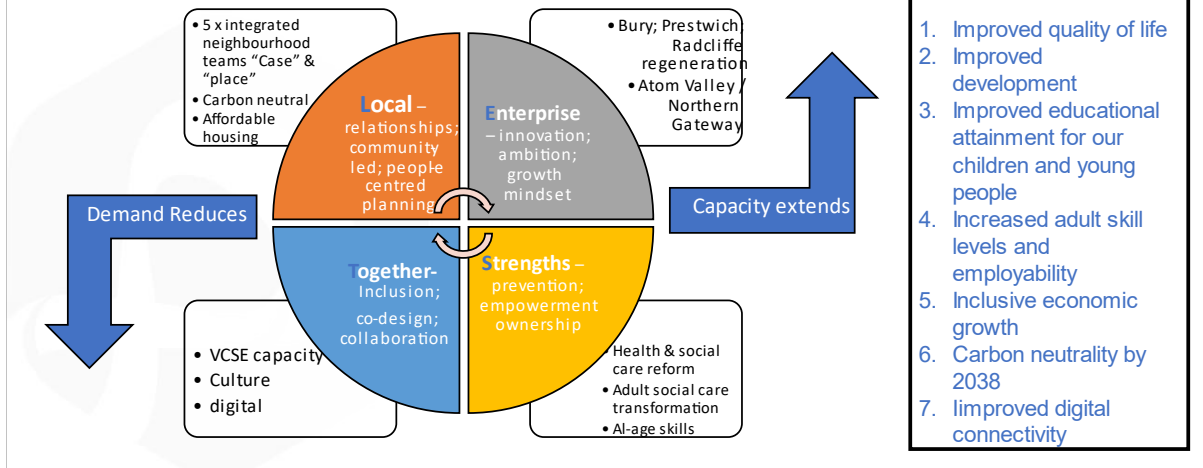
12. It is important during a time of such change that ‘form follows function’. We should remind ourselves of the vision we have for the system, the guiding principles, the way we want to work, and the priorities that we have. And that we use this opportunity to ‘refresh’ our ambition in a way that cements all partners to common goals and priorities. Once this ‘function’ is re-described, we can push on and further mature the partnership arrangements we will use to deliver it.

## E. “Let’s Do It” – the Strategy for the Borough to 2030 (February 2021)

13. This document is a refresh of our strategy for health and care and well being in the borough. It sits in the context of the overall strategy for the borough – “Let’s Do It”. Delivering the strategy for the borough to 2030 requires a mutually reinforcing alignment of several different strategic frameworks reflective of different sectors, for example on economic growth, on housing strategy, on employment training and skills, and on the reform of wider public services. Let’s Do it also described the way we want to work - Local, Enterprising, Together, and Strengths based. All of these contribute to, for example, health inequalities, and the effective operation of the health and care system has an important contribution to make to the achievement of other strategic intent.
14. The Let’s Do It strategy provides a consistent framework that binds these strategies together. The Bury 2030 Strategy is for everyone who has a stake in our Borough’s future: local people, community groups, organisations of every sort, whether public, private or voluntary. The strategy is a call to action for everyone in our Borough to get behind the change we all want to see and do all we can to make it happen. It is a commitment to a decade of reform; a bold ambition to tackle deprivation and improve growth through a programme of work that covers people; places; ideas; infrastructure and the business environment.
- **Let’s** This is a framework for joint endeavour. It proposes a partnership involving everyone in our six towns and the communities within them, aimed at creating the right conditions for people to make better lives for themselves. It is a plan to co-design our own futures and those of our communities. Bury is a proud Borough made up of six individual townships and distinct community groups including those of faith. This strategy seeks to recognise and develop the unique identities of each of our towns and individual communities and faiths but working towards one overarching ambition for the whole place.
  - **Do** This is a call to action. The truth is that without everyone’s participation this strategy won’t work. We all have a role to play, and we must give permission and the right delivery structures for individuals, communities and neighbourhoods to act towards building kinder, more resilient communities. We know that at times it can be daunting to bring about change so this plan also contains some key behaviours that will serve as a guiding light to us all. We have made specific proposals for how we will work together and the key things we will commit to delivering over the next two years.
  - **It** The ‘It’ in ‘Let’s Do It’ means having a shared focus on what we want our Borough and its residents to be in ten years’ time. Doing ‘it’ means recovering in a way that achieves our vision of tackling deprivation and inequality whilst securing economic recovery and ultimately securing ambitious growth. Our definition of success will be equal life chances for all our residents across every township and at a level which surpasses the England average. All residents in the Borough will have a healthy life expectancy with the current gap between our Borough and the England average closed by 2026. We will be known as public service thought leaders, working system-wide to tackle the determinants of a quality life. ‘It’ is the vision which we are going to create together, and that means we need it to include everyone’s voice.

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

**“Driving faster economic growth than the national average, with lower than national average levels of deprivation”**



The Locality Board, operating as the apex of the Bury Integrated Care Partnership, works as part of the ‘Team Bury’ architecture to make a contribution to the objectives of the Lets Do It Strategy for the borough. The Locality Board works alongside other key partnership – on community safety, in business leadership, and the children’s strategic partnership board – to achieve these aims.

## Financial Strategy

**(note this is subject to further review by Strategic Finance Group February 2023)**

15. The previous iterations of the locality plan highlighted significant financial pressures of the Bury health and care system, reflective of Council budget, CCG budget, and that of NHS provider organisations. During the COVID-19 pandemic the financial regime of the NHS was altered to focus on the delivery of care in these times, with significant non recurrent resources made available to both the NHS and to Local Authorities. At the time of the last update to the locality plan (June 2021), the CCG had an annualised financial gap of £4.2m, the council had a savings target of £8m and £12m use of reserves. The NCA had an efficiency target of £55m, with Bury Care Organisation (BCO) accounting for £4.9m of this and Pennine Care had an annual trust deficit of £19.1m, with an annual efficiency target of £5m and top-up funding to bridge this gap.
16. The changes to the NHS architecture, described elsewhere in this paper, have resulted in the annualised locality budget, that was formerly a CCG budget, reducing from around £365m to just over £100m, with the balance being held and managed centrally by NHS GM.
17. The main components of the Bury locality budget are prescribing, continuing health care / individualised placements, non NHS elements of community services and mental health placements and discretionary primary care expenditure. Set against this in 2022/23, the locality has been allocated a savings target of £6m (6%) and is on track to deliver this, though it should be noted that £4.5m of this has been delivered non recurrently. The size of the financial gap for the whole of NHS GM in 2023/24 is not known but it is known to be significant and requiring a substantial contribution from all partners, including localities. These discussions are ongoing at the time of writing.
18. For the NCA the recurrent efficiency target for 2022/23 currently stands at £77.3m (5%). Of the £77.3m, £6.3m is allocated to Bury Care Organisation (BCO), excluding estates, facilities, procurement and other corporate functions. At December 2022 BCO have identified c£4.8m of schemes, of which £1.7m are recurrent. The NCA financial position as at 31st December 2022, is a deficit of £16.8m compared to a planned deficit position of £9.6m, £7.2m worse than plan YTD. The BCO overall year to date position is £10.7m adverse and forecast to be £12.8m adverse (£6.5m adverse excluding clinical income). Therefore the NCA is utilising reserves and other means to mitigate the Care Org financial position. Planning for 2023/24 is underway, at this stage contract values and expected income is not known but the financial position is expected to be at least as challenging as 2022/23 if not more so.
19. The 2022/23 efficiency target for PCFT is £11.3m (5%), £5m of which is a recurrent target. The Trust is forecasting delivery of the target in full but will have a shortfall of £1.6m against the in-year recurrent target. The budget deficit for the Trust is c£23m before the application of the efficiency target and top up funding. The Trust is currently forecasting a break even position for 2022/23. While financial planning for 2023/24 is in the early stages, indications are that 2023/24 will be extremely challenging in terms of both revenue and capital plans.
20. (Council)
21. The CCG and the Council have, since 2019/20 had a pooled budget arrangement regulated via a section 75 agreement. This is continuing in 2022/23 and into 2023/24 but will be a reduced value from

previous years due to the reduction in locality NHS budgets, but will still include the Better Care Fund (BCF) even though elements of this are now within central NHS GM budgets. The pooled budget is part of a wider Integrated Care Fund (ICF), with current assumptions relating to the ICF, suggesting an overall expenditure budget of £278m split between the 3 budgets as:

- pooled budget £206m – all health, social care and health related functions it is possible and appropriate to pool.
- aligned budget £70m – all health, social care and health related functions that are not pooled but remain within the scope of local system responsibilities
- Not pooled £2m – NHS budgets where pooling is legally not permitted.



## F. Our refreshed plan for Health, Care and Well Being – Objectives

22. ‘Let’s Do it’ provides a permissive and supportive context for the transformation of the operation of the health and care system, and our work on reducing health inequalities. It.

- has reducing inequalities as a prime objective.
- focuses on the circumstances of the lives of residents and communities and recognises that its in relationships and connections that health and well being thrives.
- recognises that supporting residents to be in control of their lives is central to wellbeing.
- recognises that people’s lives and hopes are not determined by their connection to public services but joined up public services are important to create the conditions where it is possible for prevention of harm and early intervention to reduce dependence on high-cost public services is possible.
- celebrates and promotes the diversity of the borough, and the importance of the pride that residents feel in their communities and in their connections to each other.
- and finally, is it ambitious and challenging – that there is an unprecedented opportunity to “build a fairer society with no-one left behind by tackling our climate emergency, social inequality and unequal access to opportunities”.

23. In this context the objectives of a refreshed locality plan for the health, care and wellbeing system are as follows:

- 1) We will seek to **influence the factors that improve population health** and well-being and reduce health inequalities and foster inclusion
- 2) We will **support residents to be well, independent, and connected** to their communities and to be in control of the circumstances of their lives
- 3) We will support **residents to be in control of their health and well being**
- 4) We will **support children to ‘start well’** and to arrive at school ready to learn and achieve
- 5) We will **support people to take charge of their health and care and the way it is organised around them, and to live well at home**, as independently as possible
- 6) We will ensure all residents **have access to integrated out of hospital services** that promote independence, prevention of poor health, and early intervention and where front-line staff are working together in 5 neighbourhood teams
- 7) We will work to ensure **high quality responsive services** where people describe a good experience of their treatment
- 8) We will work to **control the overall costs of the health and care system** by earlier intervention, prevention, and working with the strengths within people, families, communities

24. We will continue to measure our overall success against four overarching outcomes for the Locality Plan:

1. A local population that is **living healthier for longer** and where healthy expectancy matches or exceeds the national average by 2025.
2. A **reduction in inequalities** (including health inequality) in Bury, that is greater than the national rate of reduction.
3. A local health and social care system that provides high quality services which are **financially sustainable and clinically safe**.
4. A greater proportion of local **people playing an active role in managing their own health** and supporting those around them.

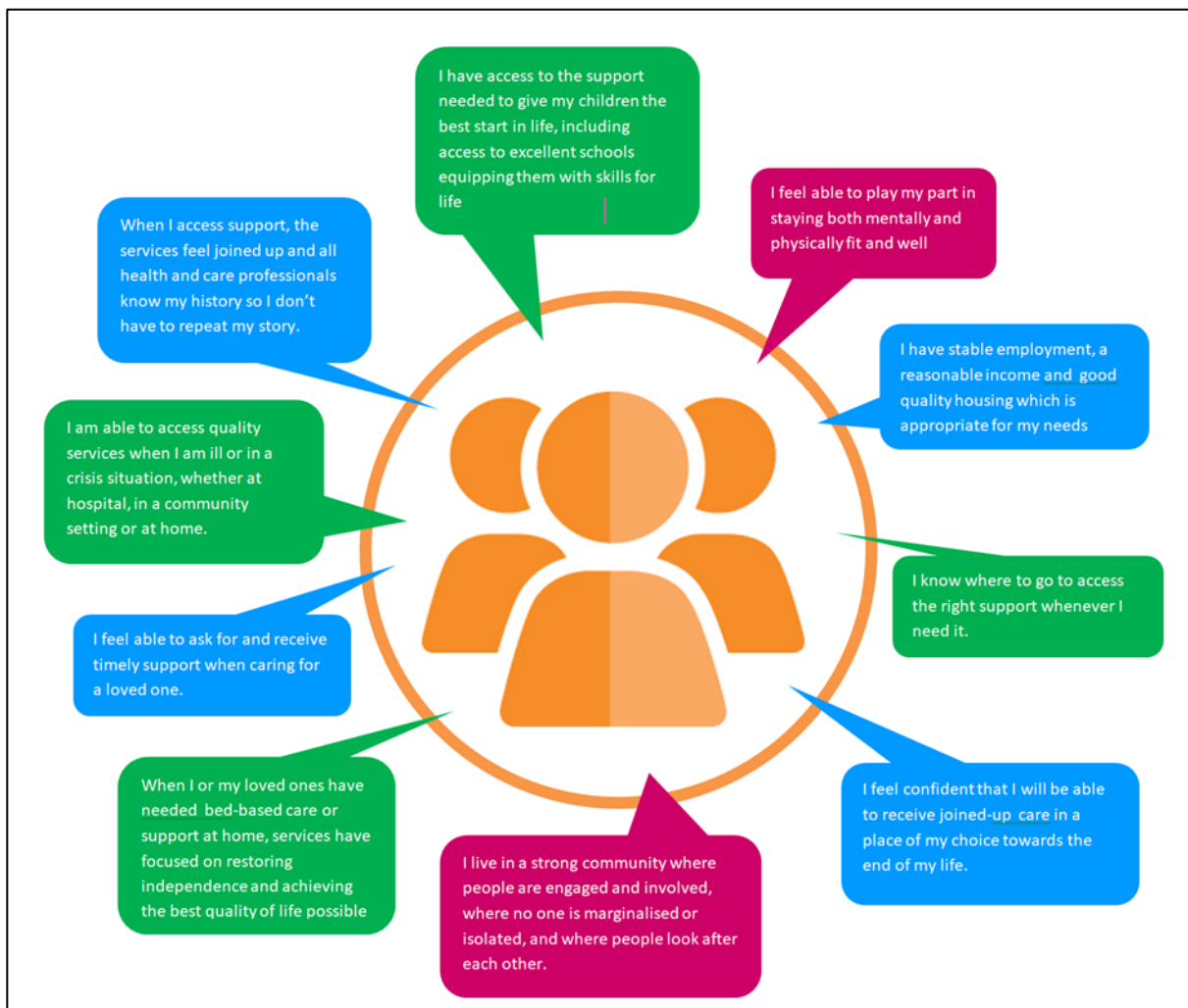
## G. Our refreshed plan for Health, Care and Well Being – The Way We Work

25. In pursuit of these objectives, we will work together as a system in the following way:

- strengthen the focus on wellbeing across all our services from primary care through to hospital-based care, and in social care provision, including greater focus on prevention and population health.
- continue to redress the balance of care to move it closer to home where possible.
- deliver effective & efficient integrated health and social care across the borough, and in particular build the capacity and capability of 5 integrated neighbourhood teams in health and care – working with other public services on the same footprint
- consider how the ‘anchor institutions in health and care’ use social value to tackle the inequalities around us and create lasting benefits for the people of Bury, improve the local economy, whilst positively contributing (or at least minimising damage) to the environment.
- ensure equality, diversity and inclusion are reflected in our leadership and guide our priorities and all areas of our work
- ensure that the lived experience of Bury residents and patients is informing and guiding the design and delivery of services, and that the health and care system listens more carefully to those who use its services, and positively creates opportunities for ‘co-design’ and ‘co-production’.
- harness the breakthrough opportunities of digital technology for enhancing existing services and crafting novel services to give better outcomes to citizens and improved value for money.
- secure clinical & financial sustainability across the whole of the health and social care landscape.
- work to proactively identify cohorts of vulnerability and risk – for example identifying those residents at a higher risk of unplanned hospital admission and seek to support those residents and families to change remain well and independent.
- contribute to economic growth and connect people to growth and maximise impact from health innovation and digital.
- work constructively with partners in Bury, and across ‘sub regional footprints’ particularly the 4 localities footprint of the Northern Care alliance which includes Salford, Bury, Rochdale and Oldham),
- work positively and constructively with the NHS Greater Manchester and the wider GM Integrated Care System

- Recognise the environmental consequences of our actions, and work as part of the borough strategy around carbon neutrality

26. In addition, the way we work will be informed by our deep understanding of the circumstances of peoples lives and their ambition for their health, wellbeing, and receipt of health and care services. In the previous locality plan, these ambitions were described in a series of ‘i-statements’ that were developed in consultation with residents in the borough. Residents described a health, care and wellbeing system where...

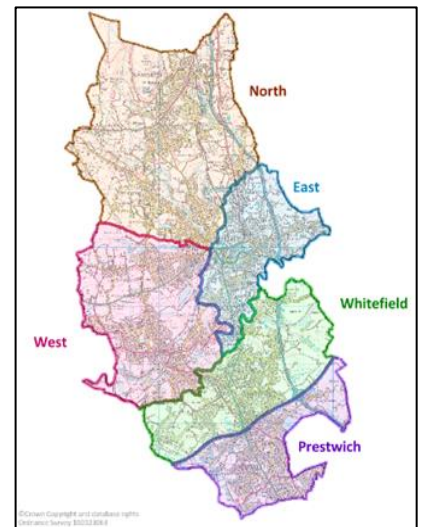


27. We have several excellent examples of co-design and co-production of transformed services that reflect these “I statement” with residents, carers and patients, for example in the SEND transformation programme, and in our work with residents with learning disabilities. However, we recognise that much can be done in the way we involve and engage people in the way services are organised around them. We will work the voluntary and community sector and will ask Healthwatch Bury to co-ordinate and challenge the way we transform service, including mechanism for structured engagement with those living with long term conditions.

28. We particularly recognise the challenge on health inequalities and inclusion that have been highlighted by the Covid 19 pandemic. The Council and CCG and wider health and care partners will work to ensure an inclusive approach and voice for those communities that may not previously have been heard, and the full implementation of the Council and CCG inclusion strategy (2021)

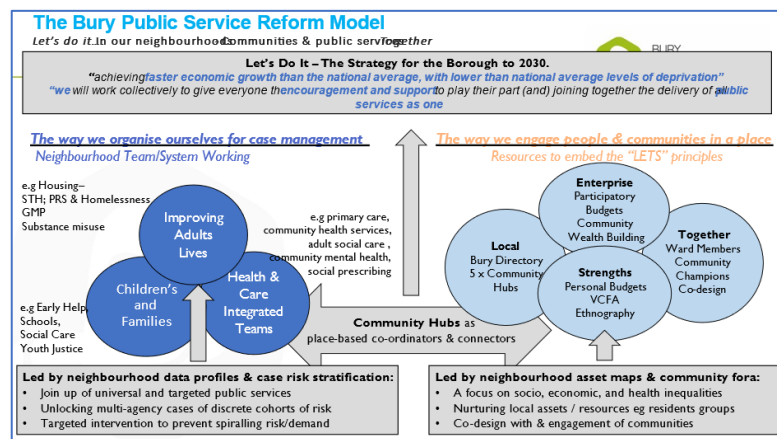
## H. The Way we work – Neighbourhood Team Working

29. The 2019 locality plan proposed the establishment of neighbourhood team working in the health and care system working on 5 spatial footprints in the borough. The intention was to create for front line staff the opportunity to know each other, work with each other, reduce duplication and ‘hand offs’, and have a shared understanding of particular vulnerability and harm in the area, as well as a shared understanding of the assets of communities.
30. Integrated Neighbourhood teams (INTs) were created, providing unified management or a coordinating focus across community health services, adult social care and more recently community mental health services, and connected to communities. INTs have focused initially on delivering Active Case Management – proactively identifying residents at risk of future lost independence (for example unplanned admission to hospital) and working together to alter the course.



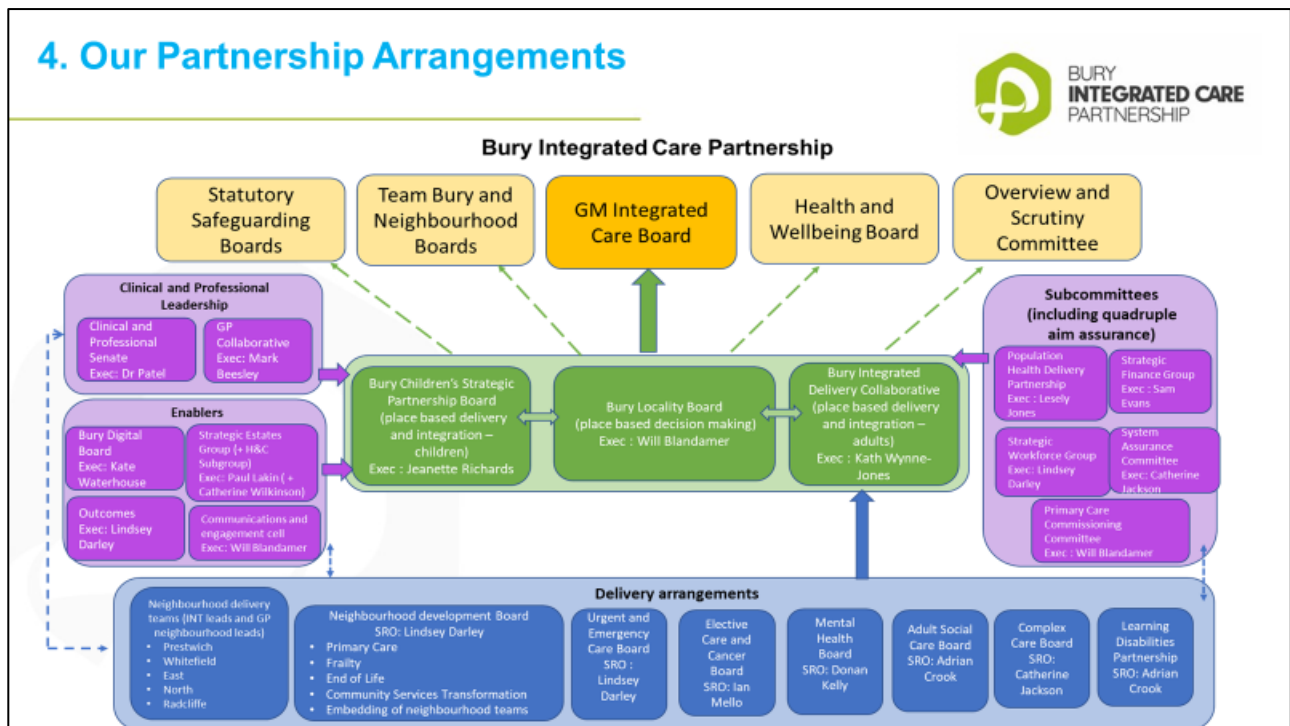
31. We intend to build on this excellent start and ensure that neighbourhood team working in health and care becomes a default setting across the breadth of the transformation programmes we have. We expect more services and staffing to be aligned into the model of neighbourhood team working and building a wider cohort of cases to deploy the benefits of neighbourhood team, and in so doing creating opportunities for staff in neighbourhood teams to work together more effectively, and for neighbourhood teams to take greater power to organise and control services that reflect the priorities of the communities they work with.
32. We particularly will work to ensure that the 5 integrated neighbourhood teams are working in an asset-based way -recognising the talents and hopes of residents, patients and carers, and the asset of local communities. We will also require the enabling groups, particularly IM&T, Estates, and workforce development to work to support the capacity and capability of neighbourhood team working.

33. Neighbourhood team working in health and care is one part of a wider ambition in “Lets Do It” to build integrated teams of public services, working with communities differently. The other two parts – the work of community hubs, and the work to organise wider public services like GMP. DWP, housing providers, schools etc. This allows us to recognise the contribution many other partners play to both health and wellbeing, and to the demand for health and care services.



## I. Our Partnership Arrangements for the Bury Health, Care and Well Being System

34. From 2021 we have developed a revised set of partnership arrangements, and these continue to develop and mature. A pictorial representation of the proposed new partnership arrangements is below.



35. The partnership in Bury is referred to as the “The Bury Integrated Care Partnership” and the key elements of this partnership system are as follows:

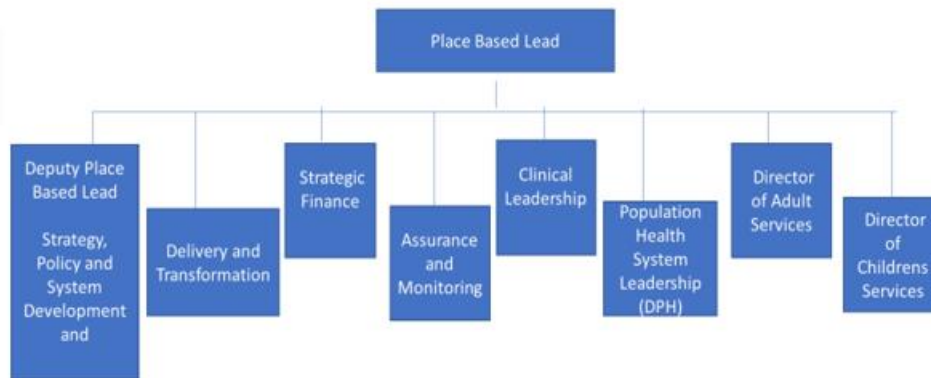
- A Locality Board – made up of representatives of NHS providers, the Council and the Voluntary Sector and others – setting strategy, managing performance and delivery, and holding an integrated budget between Council and the NHS (providers and GM ICS) working effectively as a capitated budget for the system.
- The Health and Well Being Board – formally a committee of the Council but with wider representation and operating almost as a standing commission on health inequalities and driving towards the full achievement of a population health system
- An Integrated Delivery Collaborative Board – an opportunity for all key partners and stakeholders to come together and drive the implementation of all aspects of reformed and transformed health, care and wellbeing arrangements in the borough.

- 5 Integrated Neighbourhood Teams in health and care (and connected to wider neighbourhood teams including community hubs and other public services) serving the populations of Prestwich, Whitefield, Radcliffe, Bury town, and Ramsbottom/Tottington.
  - A Clinical and Professional Senate – bringing together professional and clinical leadership from all organisations in the borough and ensuring mandate representation into the spatial levels of working described. It is important this drive and leads transformation.
36. In support of this architecture there will be several enabling functions to support the system working as effectively as possible. This includes:
- a. **A strategic finance group** – professional financial leadership from all relevant organisations understanding the position of each organisation and the mutual dependence between organisation to ensure system wide sustainability
  - b. **A strategic estates group** – ensuring a ‘one public estate’ approach to the best utilisation of available estate, to ensuring that estate development is consistent with the objectives in this plan and creating the estates conditions to support integrated neighbourhood team delivery.
  - c. **An IM&T programme** – developing opportunities for integrated patient and residents’ records and data flows in support of better clinical and professional decision making, and exploring opportunities for residents to be in control of their own records
  - d. **Workforce and Organisational Development programme** – identifying opportunities for system wide approaches to workforce recruitment, retention, and development in a way consistent with transformed health care and wellbeing partnership objectives.
  - e. **Comms and Engagement** – bringing together communication and engagement specialists across health and care organisations and with the voluntary sector to listen effectively and amplify messaging where appropriate and consistent with the objectives here.
37. The governance and partnership arrangements are important to provide clarity on leadership, vision, and accountability. But our learning from Covid has been to recognise that empowering decision making, more agile working, reducing barriers between organisations, building quality working relationships, and have a shared ambition is hugely important to the achievement. Partners in the Bury Integrated Care Partnership will continue to build working relationships based on trust, mutual support, recognition of mutual dependence, and partnership. To support the effective operation of the partnership – to orchestrate the arrangements, the Place Based Leadership Team has been convened as below, led by the Place Based Lead for Health and Care from the NHS GM – also the Chief Executive of the Council.





## Place Based Leadership Team – orchestrating the system



## J. Our Transformation Programmes

38. This refreshed locality plan has described our vision for the Bury health, care and well being system, and the way we intend to work together – for example in neighbourhoods, with an asset-based approach, and with a focus on inequality. In this context we have the following programmes of transformation that will provide focus to our joint work.

- **Urgent and Emergency Care** – to progress the ‘phase 2’ of our transformation of the operation of the urgent and emergency care system in Bury – focusing on ensuring residents are seen appropriately and in a timely manner, bringing more certainty to the operation of the system, moderating the season challenges in demand, reducing demand through focus on prevention and early intervention, strengthen discharge arrangements from hospital services. This more planned flow of urgent care will also support the achievement of challenging waiting time target for urgent care
- **Learning Disabilities** – working together and with residents and carers to transform the circumstances and opportunities of those with learning disabilities, maximising independence, and supporting more joined up and integrated services working across the life course.
- **Elective care** – working with Northern care Alliance and other providers of services to transform the way elective care services are organised – moving from traditional outpatient’s services, supporting GPs with advice and guidance, supporting patients to initiate follow up appointments as required, ensuring patients are as fit and well as possible for elective surgery, and addressing the very challenging waiting list issues caused by the pandemic.
- **Cancer Services** – ensuring the whole cancer pathway – from prevention, early intervention, screening (and reviewing opportunities for community-based screening), GP access, 2 weeks wait for specialist cancer opinion, and where necessary into medical intervention is as effective as possible
- **End of Life Care Pathway** – a whole system partnership review of how effectively partners work with patients and families to support a dignified and pain free death where possible in a place of their choosing – often at home rather in hospital.
- **Primary Care** – our primary care system, particularly GP services, have been under significant pressure during the pandemic but have responded magnificently, for example in embracing new technology and in PCN delivery of the vaccination programme. There are also opportunities with a new focus on primary care networks
- **Mental Health** – Bury has an excellent mental health strategy - “ithrive” – and significant progress has been made in developing new models of service delivery across all 4 quadrants of that framework. But further work is required to hasten the pace of reform and development, from a focus on well being through to the availability of specialist services. In addition, there needs to be

a specific recognition of the challenge to childhood mental health and well being as a consequence of covid, and an increasing demand for services.

- **Community Services** – Community health-based services – for example community nursing services and community therapy services, have been cornerstones of our covid 19 response and we will work to reflect on progress made in terms of connection to neighbourhood teamwork, and to learn from best practice nationally to further strengthen the community health services arrangements.
- **Adult Social Care** – Adult Social care provision is inherent to many of the other programmes, but we have (through the council budget strategy) articulated a range of transformation initiatives, around asset-based working, technology deployment, new models of housing provision, strengthen partnership working private providers of in home and care homes services.
- **Childrens health and care.** Equally, children’s services are to be found throughout many of the transformation programmes above. But there are important transformation programmes to be connected – from the outcome of a recent review of maternity services, through to the ongoing work on SEND, on addressing the growth in demand for children’s mental health services, for the focus on ‘starting well’. In all of this we will recognise the crucial role schools and pre-school services play, and we will connect work on children’s health and care reform to the work of the wider borough Childrens Strategic Partnership Board. We will look to the neighbourhood model as the basis of our integration approach, with a focus on early help, prevention, early intervention, and also as a focus on the first 1000 days. We will also focus on targeted, holistic support for our vulnerable children and young people, including Looked After Children, Care Leavers, SEND and youth offending.
- **Public Health Improvement Programme.** A framework to co-ordinate the implementation of key public health priorities including the Bury Food Strategy, the physical activity strategy, the sexual health strategy, good work charter, NHS health checks and other key interventions.

39. The programmes above are intended to transform the way key services work. There are, in addition, very many important programmes of work that reflect a business as usual – our work on safeguarding arrangements with partners and in the context of the Bury Integrated Safeguarding Partnership, or work on Continuing Health Care. All our work together will be infused with the principles described in this document.

## K. A Population Health System Approach in Bury

40. This refreshed Locality Plan – like its predecessors - has at its core the ambition to fundamentally improve population health and wellbeing, and to reduce health inequalities. This is important to ensure Bury residents can lead the lives they want, but also to create a financially sustainable health and care system that is characterised by prevention of poor health, and early intervention, rather than reactive and costly service provision.
41. To do so requires us to lever health and gain and equality out of all levers available to us. In this we have recast Bury Health and Well Being Board to focus on developing the population health system as its unique role in the partnership arrangements. It will provide the necessary leadership, vision and grip on the step change in population health and well-being required. Importantly it will provide a focal point for our work on addressing pernicious health inequalities in the borough – in circumstances where we know progress in improving life expectancy has stalled and there is evidence of rising health inequality – almost certainly to be exacerbated by the consequences of the pandemic.
42. A framework for the work of the Health and Well Being Board on the population health system is the Kings Fund (2019) four quadrants diagram.

<p>The Wider Determinants of Health e.g.</p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Quality Work</li> <li>• Air Quality</li> <li>• Educational Attainment</li> </ul>	<p>Health related Behaviour e.g.</p> <ul style="list-style-type: none"> <li>• Substance Misuse</li> <li>• Food &amp; Nutrition Obesity</li> <li>• Physical Activity</li> </ul>
<p>An Integrated Health and Care System</p> <ul style="list-style-type: none"> <li>• Secondary prevention long term conditions</li> <li>• Screening &amp; imms uptake</li> <li>• Equity of access &amp; outcomes</li> </ul>	<p>The places and Communities we live in and with</p> <ul style="list-style-type: none"> <li>• Addressing Loneliness</li> <li>• Vibrant Communities</li> <li>• Peer Support</li> </ul>

43. The Health and Well Being board will therefore operate as effectively a ‘standing commission’ on health inequalities and population health and will explore how to maximise the impact of interventions across all 4 quadrants. It will work closely with ‘Team Bury’ – the multi-agency leadership team for the borough reflecting public service, business leadership, and the voluntary and community sector – and will focus specifically on the work on health inequalities and wellbeing.
44. In undertaking its work, the health and well being board will have regard to the Independent Commission on inequalities in GM (2021), and the GM wide Marmot Review (2021) into health inequalities.