| Meeting: **Locality Board** | | | |
|---|---|---|---|
| **Meeting Date** | 03 April 2023 | **Action** | Consider |
| **Item No.** | 7 | **Confidential** | No |
| **Title** | Feedback from Development Session with Mike Farrar | | |
| **Presented By** | Will Blandamer, Deputy Place Based Lead | | |
| **Author** | Mike Farrar | | |
| **Clinical Lead** | | | |

| **Executive Summary** |
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| Attached is the report of findings created by Mike Farrar following the Development Session of the Locality Board held on 6th March 2023. |

| **Recommendations** |
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| The Locality Board is asked to consider the information as presented and discuss next steps/actions. |

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| **OUTCOME REQUIRED** *(Please Indicate)* | **Approval** ☐ | **Assurance** ☐ | **Discussion** ☒ | **Information** ☐ |
| **APPROVAL ONLY;** (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget | **Pooled Budget** ☐ | **Non-Pooled Budget** ☐ | | |

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

## Implications

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|---|---|---|---|---|---|---|
| Are there any quality, safeguarding or patient experience implications? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Are there any financial Implications? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☐ | N/A | ☒ |

| If yes, please give details below: |
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| If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment: |
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|---|---|---|---|---|---|---|
| Are there any associated risks including Conflicts of Interest? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are the risks on the NHS GM risk register? | Yes | ☐ | No | ☐ | N/A | ☒ |

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## Governance and Reporting

| Meeting | Date | Outcome |
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| N/A | | |
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# Bury Locality Integrated Health and Care Partnership Board - Development Session

## 6th March - 4-6pm - Bury Town Hall

## From Intention to Action

### Background

The Bury Locality Health and Care Partnership Board met on 6 March for a development session with the following objectives -

- To take stock of the current operating context and establish a shared understanding of the external and internal expectations that will govern its forthcoming programme

- To consider how best the Board could fulfil its potential to deliver transformation of the population health, and health and care services

- To consider how to balance national and local legitimately set priorities within its available resources and management capacity

- To reflect on what would be the implications of a renewed locality plan for the way in which the Board goes about its work

This is the action note from this first development session -

### Section 1 - Understanding the strategic operating context

Following two brief presentations, the Board made a series of important observations about the operating context -

- the Board should focus its work on only that which the Board can do, but, in parallel should be clear about its expectations of its individual constituent members, the provider collaboratives and any relevant GM wide programmes

- the Board need to balance and calibrate the delivery of national 'priorities/must be done' (largely emanating through the NHS route), with local priorities (largely emanating through the Local Authority)

- the Board is in good shape with a real sense of joint working and desire to operate as a highly effective place based leadership group

- the Board currently has a locality plan but this has 8 'all-encompassing' priorities which may be too many and too broad to allow the Board to deliver and measure real impact. It may be better to focus its energy on a smaller set of measurable key priorities

- there is a tendency which the Board wish to avoid to concentrate solely on adult services rather than considering the value of focusing more resource and priority on the earlier years of life/children and young peoples services

- the Board must be mindful of the key constraints it faces. These include: - the need to recognise staffing levels, morale, energy and capacity; the need to find savings and efficiencies in both spend on services and it's own operating expenditure (which is subject to a 30% reduction) in order to live within its means; the need to dovetail with programmes of work undertaken at GM level and by other groups such as PFB GM's provider collaborative

- the reality that in a world of little or no growth money, the Board may have to take bold decisions to move resources around within existing spend, in particular if there is an agreed view as to how this might add value to the existing focus of that expenditure

## Section 2 - Implications for the work programme

Taking into account the earlier discussion of how the Board could increase its effectiveness and operate successfully within the given constraints, members split into small working groups to consider the implications for their work programme ahead. Following a plenary discussion of their work, a summary of key points would be as follows -

## Areas of focus - activity areas/priorities

1) Double down on the strengths based community assets approach by boosting and empowering the neighbourhoods in the patch. This might include redesigning the model if it could lead to enhanced capability and capacity

2) Undertake an exercise with the public and staff in Bury to engage them in priority setting, community engagement and a renewed commitment to health and well being

3) Put in place a clear strategy to address the health of children and young people (mental, physical and social), linked to education, family support and housing etc

4) Use data and business intelligence to create a process for selecting priority programmes, target inequalities and achieve the greatest impact with the resource available

**Areas of focus - required ways of working**

1) Be prepared to move money around within the existing spending to fund effective approaches to managing demand - taking a collective risk to support this approach, but evaluating its impact as it rolls out

2) Above all else keep the Board's programme of work, simple, manageable, impactful and confined to the areas of activity that only it can do

3) Use the agreed work programme based on 1-6 above to set out clear expectations of what the other component parts of the ICS need to do along side the Board's work (eg GM, PFB, Primary Care, Individual Trusts and Providers)

4) Seek to standardise pathways, structures and processes where appropriate and learn from best practice elsewhere in GM

**Conclusion**

The Board agreed to receive and consider the action notes at a future meeting

The Board were urged to consider how adopting a tighter more focused work programme and the application of the required ways of working would impact on the conduct and agenda of the Board and its sub committees. This could be done once the Board settles on its work programme and ambition.

Mike Farrar
March 2023