

Meeting: Locality Board			
Meeting Date	05 June 2023	Action	Receive
Item No.	11	Confidential	No
Title	Bury Integrated Care Partnership System Assurance Committee summary report		
Presented By	Catherine Jackson, Associate Director for Nursing, Quality and Safeguarding (Bury)		
Author	Carolyn Trembath, Head of Quality (Bury)		
Clinical Lead	Cathy Fines		

Executive Summary
This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in May 2023 and the Greater Manchester Quality Strategy
Recommendations
The Locality Board is asked to receive the report and share any feedback to the System Assurance Committee for action

OUTCOME REQUIRED (Please Indicate)	Approval <input type="checkbox"/>	Assurance <input type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	Pooled Budget <input type="checkbox"/>	Non-Pooled Budget <input type="checkbox"/>		

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the NHS GM risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
System Assurance Committee	17/05/2023	Summary to be provided to Locality Board

System Assurance Committee Highlight Report – May 2023

1. Introduction

- 1.1. This report provides the Locality Board with a summary from the Bury Integrated Care Partnership System Assurance Committee meeting that took place in May 2023.

2. Background

- 2.1. This report is a summary of the System Assurance Committee held on 17th May 2023.

3. Headlines from the System Assurance Committee

3.1 Greater Manchester Integrated Care Quality Strategy

- Locality feedback was for wider determinants of health to be included not limited to End of Life Care, social and health inequalities and outcomes and workforce.
- This is set out as part of the Bury LETS (Local, Enterprise, Together and Strength) strategy.
- This also needs to be consider within the context of the Care Quality Commission (CQC) framework both for all health and social care providers linked to funding.

3.2 Information Governance (IG)

- IG policies are being aligned following the establishment of NHS Greater Manchester Integrated Care (NHS GM), though the principle terms won't change just branding.
- Annual Data Protection Toolkit submission to NHS England (NHSE) will be completed for 31st July 2023. This will be a GM submission encompassing the 10 localities.
- GM Data Protection Officer lead role to support General Practice is still being finalised, but local responsibility is being maintained to ensure continuity.

3.3 Medicine Optimisation Team (MOT)

- Key pieces of work have been achieved to improve the health of the population by optimising the use of medicines during 2022/23.
- As well as looking at savings the areas of work where specifically to ensure that medication/prescribing was safe, effective and to improve patient care.
- This has supported health and social care providers to improve their Care Quality Commission (CQC) ratings.
- STOMP (Stop over medication of people with a learning disability (LD), autism or both) case studies will be shared for wider discussion at the LD Partnership Board.
- Work in relation to sustainability, over prescribing and medicines wastage to be taken forward in 2023/24.
- All information relating to Medicine Optimisation work is shared with GPs/primary care

via Sharepoint.

3.4 Pressures in Community Pharmacy

- Community pharmacies have been in financial deficit for a number of years, with no real increase in funding for a number of years, which has led to a net loss of 670 community pharmacies, nationally, since 2016.
- Nationally, Lloyds pharmacy offer which is likely to exit the market later this year. This is already having an impact on supplies and delivery services.
- Community pharmacy consultations saw an increase during the pandemic, and this has not diminished.
- Inflation, overheads and Real Living Wage is also having a major impact on finances across the service as costs can't be passed on due to NHS contractual requirements. This is causing impact on patient care and risks especially where short term closures occur due to staffing issues.
- Joint working to enable mitigation alongside wider pharmacy provision is being undertaken across GM taking into account locality Pharmaceutical Needs Assessment, the Primary Care Networks (PCN) and GP committees.

3.5 Attention Deficit Hyperactivity Disorder (ADHD)/Autism Spectrum Disorder (ASD)

- The previous provider LANCuk ceased to provide a service at the end of December 2022 due to poor performance and an inability to improve their offer which was acceptable to the CQC.
- LANCuk provided a service which covered the boroughs of Bury, HMR and Oldham in GM and were responsible for approx. 4,000 patients, for adults with ADHD and ASD.
- A temporary provider Optimise has been identified to manage some patients, since the LANCuk service ceased, who require medication for ADHD.
- As yet GM ICB is still to commission a robust long-term provider for these services. Now with GM MH Transformation Board.

There remains a current gap in the following provision:

- No adults service for ADHD new referrals
 - No adults service for Autism new referrals
 - People on the waiting list and those who were part way through an assessment do not have a service and cannot be referred to another provider via Right to Choose.
 - Patients with ADHD who have moved to Bury from another area or who stopped taking their medication and need to restart cannot receive a prescription at present as there is no commissioned service however a contract variation with Optimise is being prioritised for these people.
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- No communication has yet been sent so there are patient queries and complaints within the system (especially primary care).
 - Bury has attendance on the GM task and finish group for a new GM ADHD service.

There is no timeframe for this at present and they are not looking at solutions for an alternative provider in Bury or the wider North East Sector in the short term.

- There is currently no GM plan for and no identified way forward to commission a service for autism assessments/diagnostics.
- Local mitigation –
 - limited as patient data is held by Heywood, Middleton and Rochdale (HMR - previous lead commissioner).
 - Weekly progress meeting held by HMR with Bury representation.
 - Access to ADHD/ASD services on the locality risk register and reported into the MH Programme Board.

3.6 Health Visiting (HV) and School Nursing (SN)

- Capacity challenges being faced across both services though actions are in place to mitigate risks. Pressures are compounded by increasing demand on universal services.
- Issues raised at the Children’s Strategic Partnership Board in December 2022 in relation to deliverability of the early help (Healthy Child Programme) and safeguarding agendas.
- There are significant competing demands on safeguarding priorities impacting on early help and prevention and delivery of mandatory and statutory service requirements.
- Business case compiled by the Northern Care Alliance (NCA) detailing the level of investment required to deliver the core HV & SN activity, over the next 3 years, to be discussed further at Locality Board.

3.7 Pennine Care NHS Foundation Trust Quality Improvement (QI) Framework

- QI Framework outlines the approach to quality improvement in Pennine Care and sets out standards and processes for how the organisation will manage change, promoting patient/carer/service user engagement, ensuring that colleagues feel supported and have the skills to manage change effectively.
- The Framework sets out the governance and assurance principles for large-scale change through the Trust Programme Management Office (PMO).
- The framework will ensure that leadership and management behaviours support continuous improvement
- There is a golden thread throughout the standards to ensuring that all leaders/teams engage patients, service users and colleagues to increase participation using the Change Champions process.

3.8 NCA CQC Actions

- Trustwide Quality Standards Group now in place and a Communication and Engagement Plan is in development.

- Steady improvement in mandatory training across all staff groups.
- Sepsis steering group has been set up and policies in line with new guidance from the Association of Royal Medical Colleges will be launched in May 2023. Clinical Leads have responsibility to deliver this.
- Revised NCA governance structures have been instituted to ensure joint working and oversight of all service provision.
- Clear focus on staff engagement and morale.
- Deep dives into service development and improvement work planned for 2023/24 through the Clinical Quality Leads forum with localities.

3.9 Learning Disability Annual Health Checks

- Bury overall performance February 2023 – 65.8% (increase from 56.4% in January).
- Some lag in data identified which will further improve compliance against target when resolved with full year reporting.
- Options for future resilience utilising ARRS resources being pursued with Bury PCNs

3.10 Awards

- Persona – Most Improved Large Employer Award at the GM Good Employment Awards for improvements to their employment practices, including becoming real living wage accredited and implementing an innovative new approach to recruitment to become more inclusive.
- Gorsey Clough - Chief Nursing Officer Team Award from Deborah Sturdy for contribution to Adult Social Care Nursing, CQC Outstanding and the care and contribution to residents.
- Municipal Journal award nomination - A whole council approach to tackling health inequalities.

4 **Associated Risks**

- 4.1 Pressures in Community Pharmacy to be added to the locality risk register.
- 4.2 ADHD/ASD risks to be updated linked to ongoing lack of local provision and communication to patients potentially at risk due to LANCuk service cessation.

5 **Recommendations**

- 5.1 The Locality Board is asked to note that, with a new chair the System Assurance Committee and the GM Quality Strategy, the Terms of Reference are under review.

6 Actions Required

- 6.1 The Locality Board is asked to note the contents of the report and to raise any issues for the System Assurance Committee to address.

Carolyn Trembath

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May 2023

Quality Strategy V2.0



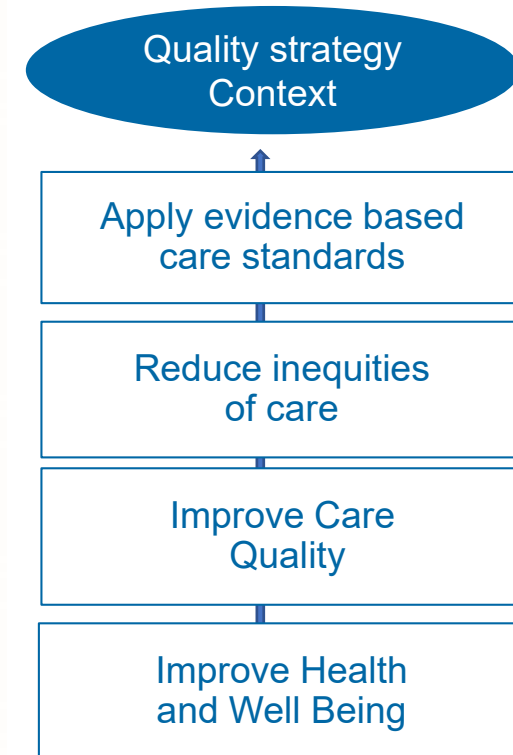
Co-production of this quality strategy has enabled an improved draft to be compiled. Approximately 150 respondents submitted comments and these have been incorporated.

There was general consensus from respondents that the strategy is generally representative of the collective ambition in relation to quality.

This high-level Quality Strategy is designed to sit within the suite of other strategies that are guiding the business of the ICS localities and thematic workstreams

It remains the responsibility of each organisation to manage how they deliver good care, however this strategy creates the opportunity to coordinate the intentions of individual services and organisations of all sizes across the 10 localities to improve the experience of care for all across Greater Manchester.

Please submit any final observations to anitarolfe@nhs.net
This final version will be submitted to the June Quality and Performance Committee



Quality strategy

All stakeholders and partners across **Greater Manchester Integrated Care** agree that we are committed to the shared purpose of people experiencing good quality care.

For the next 5 years, our collective ambition for quality is to improve people's experience through the delivery of good quality, safe and effective care.

We will do this by the:

- ✓ Good governance of Quality and a common understanding of quality data
- ✓ Delivery of our agreed system wide priorities
- ✓ Delivery of our agreed locality priorities
- ✓ Demonstrating where improvements have been made by measuring our progress.
- ✓ The triple aim of improving health & wellbeing, quality of care and ensuring efficient/sustainable use of resources

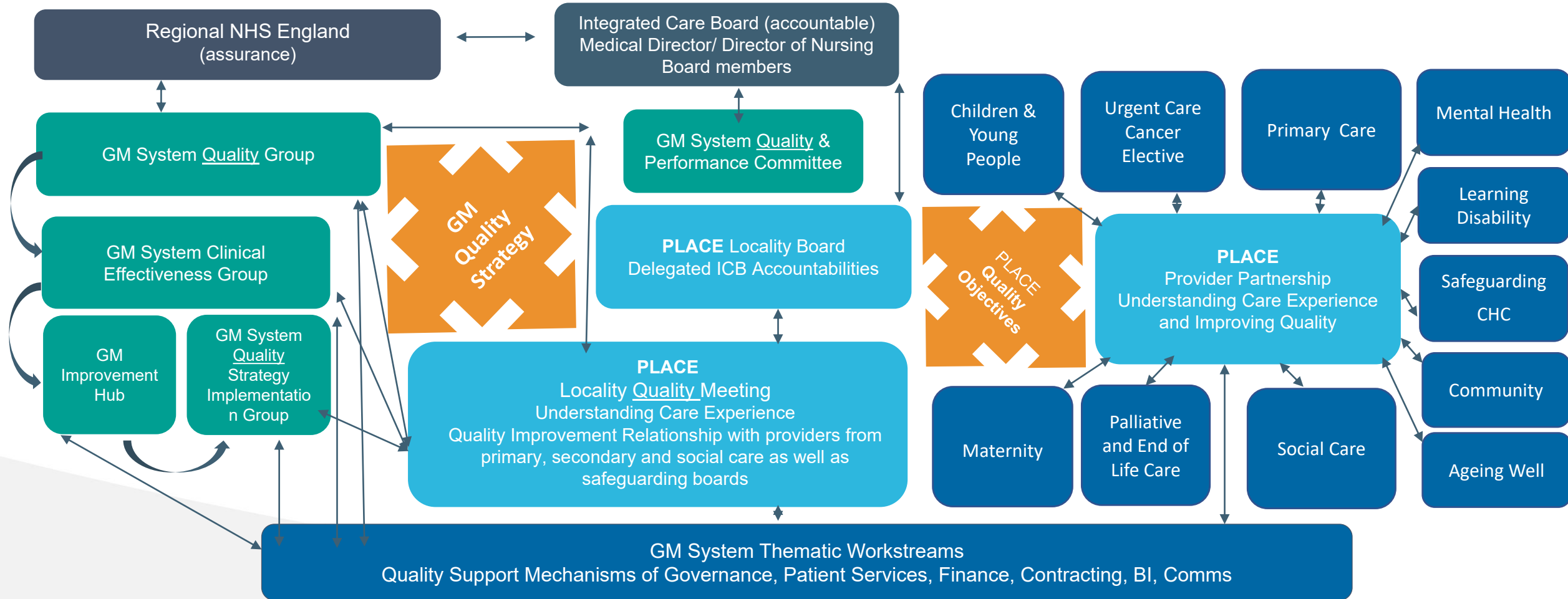
These NQB evidence-based principles are commonly featured in other system quality strategies as referenced in the following slide

Delivering Quality. The 6 Key Principles for 23/24 Priorities

Based on learning from systems to date, there are six key principles that should underpin decisions around quality in health and care systems:



GM Quality Architecture – A joined up approach



The architecture is complex due to the size of the GM system and the expectation of all partners to improve care and reduce inequalities in care experience

Quality strategy

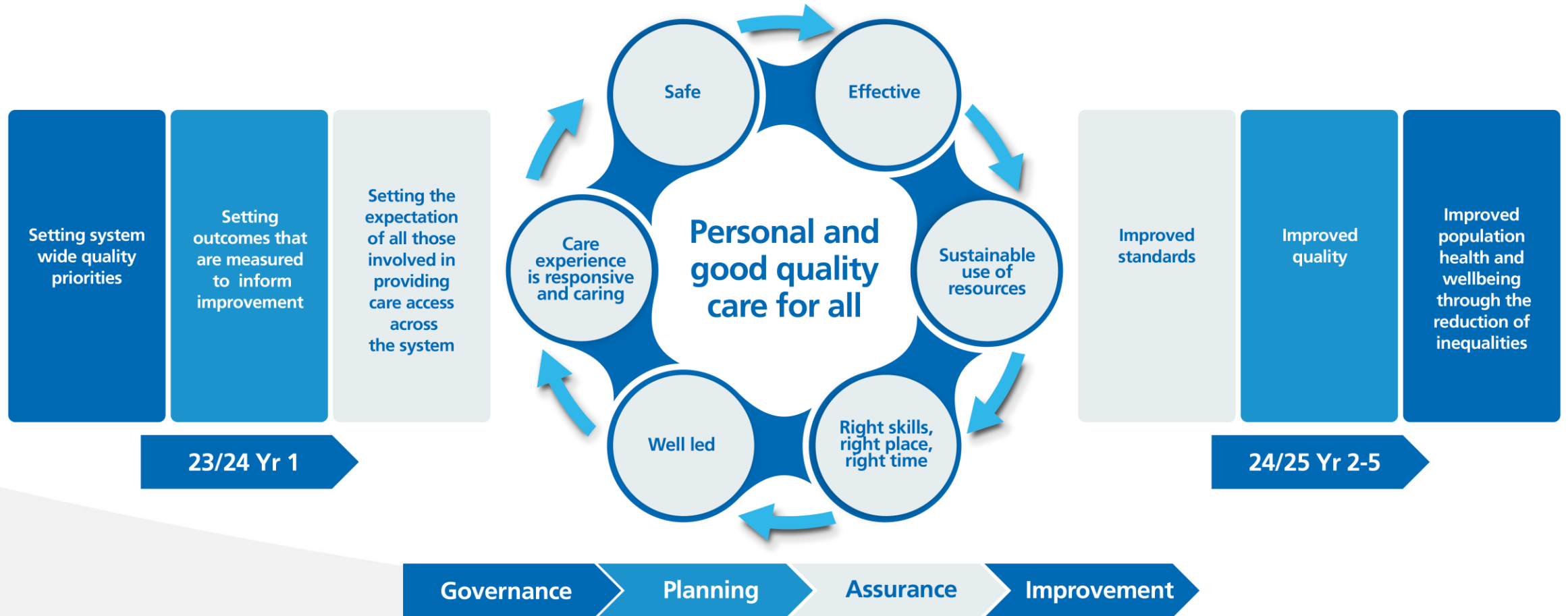
All stakeholders and partners across **Greater Manchester Integrated Care** agree that we are committed to the shared purpose of people experiencing good quality care, and the NQB quality wheel has been adapted to reflect the comments received from those who responded during the engagement phase.

During the next 5 years, we will work to achieve our agreed priorities demonstrating that we are committed to providing a personalised care experience that is:

- ✓ Safe
- ✓ Caring
- ✓ Responsive
- ✓ Effective
- ✓ Well led
- ✓ Timely
- ✓ An efficient use of resources
- ✓ Meeting the required standard
- ✓ Provided by staff with the right skills
- ✓ Provided in the right place
- ✓ Well planned
- ✓ Well governed
- ✓ Continuously improving

Year 1 will focus on developing the quality priority workstreams and finalising the emerging quality governance assurance processes.

Our shared purpose for quality



Establishing the ICS quality strategy in Year 1 2023-24 system priorities

All stakeholders and partners across **Greater Manchester Integrated Care** agree that we are committed to the shared purpose of people experiencing good quality care.

For 23/24, our shared purpose is to put the foundations for the ICS quality strategy in place to enable us to renew our focus on good quality, safe and effective care for all.

Key Priorities for year 1 will be

- ✓ Ensuring good governance of Quality Assurance for the ICB and a common understanding of quality data.
- ✓ Establishing and embedding our integrated care system wide priorities for areas of quality improvement
- ✓ Establishing and embedding locality quality arrangements for areas of quality improvement
- ✓ Demonstrating where initial improvements have been made by measuring our progress as a system.
- ✓ Confirming that the quality ambitions for years 2-5 meet the triple aim of improving health & wellbeing, quality of care and are an efficient/sustainable use of resources

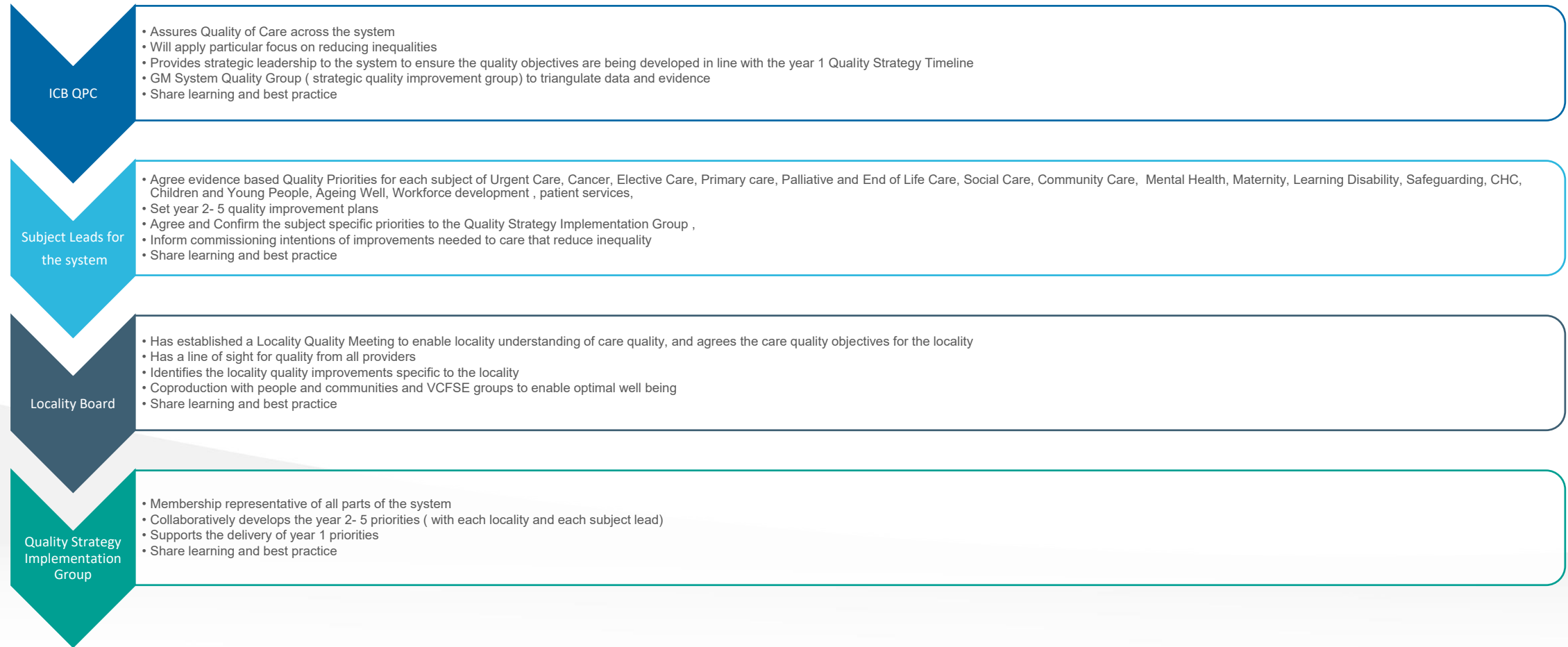
Establishing the ICS quality strategy in Year 1 2023-24 system priorities

Priority 1. Ensuring good governance of Quality Assurance for the ICB and a common understanding of quality data.



Establishing the ICS quality strategy in Year 1 2023-24 system priorities

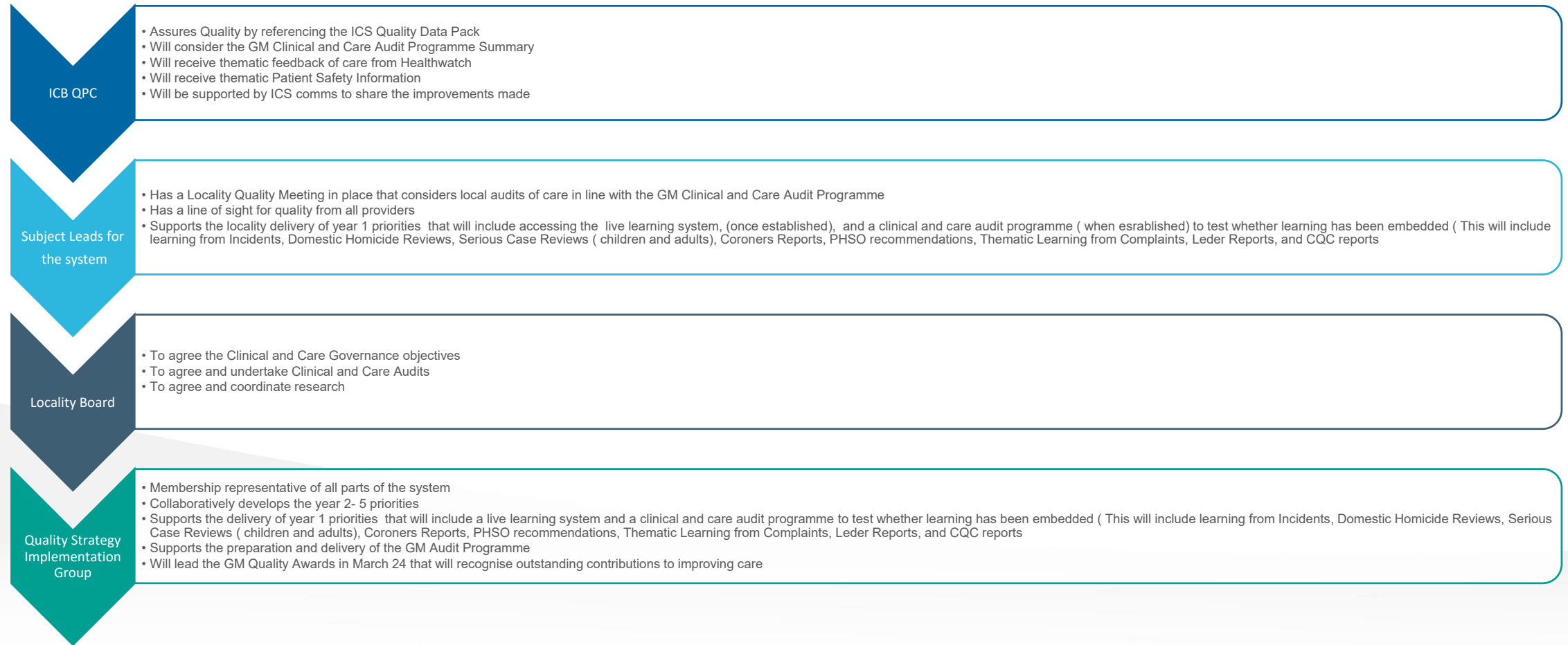
Priority 2. Establishing and embedding our integrated care system wide priorities for areas of quality improvement
Priority 3. Establishing and embedding locality priorities for quality improvement



Establishing the ICS quality strategy in Year 1 2023-24 system priorities

Priority 4. Demonstrating where improvements have been made by measuring our progress.

Priority 5. The triple aim of improving health & wellbeing, quality of care & ensuring efficient/sustainable use of resources



Next Steps - Quality Strategy Delivery Group Action focussed, Understanding our progress

All stakeholders and partners across Greater Manchester Integrated Care agree that we are committed to the shared purpose of people experiencing good quality care. It is important that the quality strategy is recognised and understood by all parts of the system, and is as relevant to a General Practice Nurse working in a single handed practice, as it is to a physiotherapist working in a large acute hospital. Those who responded during the engagement phase suggested plans for improvement for specific areas, and it was made clear that the implementation of the quality strategy will be achieved through a series of improvement actions that contribute to the overall shared purpose.

The delivery and coordination of the individual components of the quality strategy will therefore be managed by the Quality Strategy Delivery Group. The membership will include representation from the 10 locality quality groups, Healthwatch, and other system partners.

Through collaboration and coproduction, there will be agreement of key quality improvement priorities that the GM system will work towards for years 2- 5. Regular quarterly updates to be provided to QPC with a summary report at each year end.

There will be an inaugural meeting of the SQDG in early June that will agree and establish the initial work plan.

Quality strategy delivery group

The engagement process identified these areas as priorities for the Quality Strategy Work Plan



Note: These early priorities will need discussion and planning.
Other suggestions are still welcomed and will be included in the 5 year work plan

Meeting the National Quality Board (NQB) Requirements of the ICS

Quality Principles- System Priorities & Responsibilities	Timeline	Update
1- A designated executive clinical lead for quality, including safety, in the ICS and clinical and care professional leaderships embedded at all levels of the system.	Completed	Mandy Philbin Chief Nursing Officer
2- Population focused vision: Clear vision and credible strategy to deliver quality improvement across the ICS, which draws together quality planning, quality control, quality improvement and assurance functions to deliver care that is high-quality, personalised and equitable	June 2023 ✓ On Track	Engagement with all partners during March to gauge opinion and enable contribution – completed Presentation of final document at June Quality and Performance Committee (QPC)
3- Co-production with people using services, public and staff- A defined governance and escalation process in place for quality oversight – covering all NHS and local authorities (included devolved direct commissioning functions)	Completed	The GM QA escalation process was approved at March 2023 QPC . The first process to be implemented is for NHS Trusts. This process is being adapted to support Primary Care, and the Independent sector
4- Clear and transparent decision making- An agreed way to measure quality, including safety, using key quality indicators triangulated with intelligence and professional insight, which is reported publicly and transparently at Board-level to inform decision-making and effective management of quality risks.	June 2023 ✓ On Track	Outcomes and metrics in development to be shared with QPC in June
5- Timely and transparent information sharing- A defined way to engage and share intelligence on quality, including safety - at least quarterly and delivered through a system Quality Group	Completed	SQG is well developed and is already meeting. Quality and Performance Committee is established
6. Subsidiary- A defined approach for the transfer and retention of legacy organisation information on quality in accordance with the Caldicott Principles.	Completed	Completed through CCG – ICS due diligence handover.

Delivering Quality – NQB Seven Steps ICS Ambitions

