

Meeting: <b>Locality Board</b>			
Meeting Date	03 July 2023	Action	Receive
Item No.		Confidential	No
Title	Draft response to GM ICB Joint Forward Plan		
Presented By	Will Blandamer, Executive Director for Strategic Commissioning		
Clinical Lead			

Executive Summary
To provide an update on the response to GM ICB Joint Forward Plan.
Recommendations
The Locality Board is asked to note the update.

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 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:						



Implications						
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
N/A		



## **GM ICB Joint Forward Plan Response**

At the June Locality Board meeting, Warren Heppolette presented a draft Joint Forward View for consideration. This is essentially proposed to be the GM delivery plan for the wider ICS strategy, including the specific NHS GM obligations to NHSE. The full document is in your papers from the last Locality Board, and a high level summary slide deck has been circulated by email for ease of reference.

Comments have been invited by 27th of June, in advance of the GM submission to NHSE on 30th June. The update on the Joint Forward View was received at the last Locality Board in the context of a helpful conversation about the progress of our Bury Integrated Care Partnership, the context afforded by the significant financial challenge of NHS partners and council, our work across 11 programmes overseen by the Integrated Delivery Board, and the need for the Locality Board to identify a smaller number of key areas of focus.

Conversations had taken place with colleagues in the past few weeks about prioritisation and focus. Importantly there is a strong commitment to the core principles of the way we are working together in Bury – the quality of the partnership and relationships between partners, the focus on neighbourhood working, the work of the programme boards (e.g. in urgent care, the palliative care summit next week etc.) and the work of some of the key enabling structures (or example the spirit of joint working in the Strategic Finance Group). We are seeing the benefit of our joint working in many key performance indicators – urgent care, cancer, transforming care, adult care transformation, new models of elective care, new investment in mental health services and others.

Colleagues also flagged there are however many opportunities to improve the way we work. For example:

- concerns about the extent to which the scale of the financial challenge facing us is understood by all,
- the need for evidence of performance achievement on key indicators across the breadth of our plan,
- our need to particularly concentrate the work of the Locality Board on a few key areas of focus commensurate with the financial challenge we face,
- the extent to which our shared work on workforce and new ways of working between partners is sufficiently equipped.

In the context of the work described above, and of our collective ambition, set out below are the suggested comments from the Locality Board on the Joint Forward View document. These reflect the initial conversations at the June Locality Board, embellished by subsequent discussions:

### **Draft Comments**

1) We welcome the suite of metrics proposed although we would like to ensure they are reflective of the need for transformation in the way services are delivered. In addition we would suggest there is a risk that some of the metrics proposed are not meaningful (at least in their description) to patients and residents.

- 2) In delivering the Joint Forward plan there does need to be assessment of equity of resources across GM. There is a historic inequity of resource allocation (Bury CCG historically some distance from target) and our collective ability to address the priorities of the forward view will be determined by this work.
- 3) We welcome the clarity afforded by the Joint Forward View on the focal point for responsibility for delivery of key indicators. A recommendation from the Carnell Farrar report was that GM needed to be much clearer on accountability for delivery and we welcome the recognition of the Locality Boards in each of 10 places, as holding that place-based partnership level accountability for very many of the indicators proposed.
- 4) We welcome therefore the distinction described on slide 7 between a locus of delivery (e.g. through providers and from a partnership perspective the Locality Boards, and GM provider collaborative) , and functions that provide system leadership - creating the system-wide conditions, frameworks, and standards to enable delivery. We would particularly welcome the role of System Boards in supporting the dissemination of best practice as it pertains to achievement of key indicators.
- 5) Given the focus on the Locality Boards for delivery against key indicators, we do need to ensure that they are equipped to discharge that duty. This means they need to have the relevant capacity and capability around them, and that the work of GM wide teams and functions needs to be deliberately orientated to a significant degree to support the Locality Board working – consistency of reporting on key performance, finance and quality indicators at locality and indeed neighbourhood level where possible needs to be a priority.
- 6) The Locality Boards also need to be supported in their duty by a clear and consistent understanding of the ICB centrally in terms of their role and value. The Locality Boards are partnership structures of which one key partner is NHS GM so that organisation cannot dominate the agenda, but at the same time we should explicitly ensure consistent input from ICB centrally where appropriate across each months’ roster of Locality Board meetings.
- 7) We would note that the specific role of the Health and Well Being Board is not recognised in Joint Forward View. This is less of an issue for us in Bury than elsewhere in GM. We have deliberately established the Locality Board as the focal point/apex of our joint working in the health and care system – essentially the ‘board’ of the Bury Integrated Care Partnership. We have established the Health and Well Being Board as a standing commission on health inequalities, challenging and supporting all elements of the Team Bury partnership on their contribution to health inequalities - including the Bury integrated care partnership but also the Community Safety partnership, the business leadership group, the children’s strategic partnership board and others. However given the wider ambition of the Joint Forward View the recognition of this board and its role would be helpful.
- 8) We welcome the clarity afforded by the articulation of the key indicators described in the joint forward view. We do as a Locality Board need confidence and certainty in the presentation of business information into the Locality Board that is reflective of the breadth of the ICS strategy (is not just NHS indicators). There are a number of performance frameworks in development across GM at the moment and this duplication must be addressed quickly.

- 9) There remains a big question about whether the delivery of the joint forward view is commensurate with the scale of the financial challenge faced by NHS GM and indeed partners such as Councils. The forward view is light on this point and needs much further analysis and confidence. Essentially, if we deliver the forward view, is it enough. In addition we need a clear understanding of how the current configuration of contract arrangements (e.g. in relation to community health services) aids or hampers the capacity of localities to address GM and local priorities.
- 10) The Joint Forward View is also light on the issue of workforce capacity and capability, and new models of working. Our shared workforce, both formal and informal is of course critical to the ambition.
- 11) We would welcome further clarity over Core 20 PLUS; focus on health inequalities and driving understanding of which populations are facing barriers to treatment. We note that support needed not just for those with vocal demand but also populations that are less able to advocate as successfully. Essentially what safeguards are there; achievement of joint forward view priorities could mask inequalities of access, treatment, and outcome.