

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 (S75, Pooled Budget), the Locality Board will sit as a joint committee (of the ICB and Local Authority), 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. 4

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 neighbourhood 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;

Role	Organisation	Voting member in relation to Pooled Budget (between Bury Council & NHS GM)	Voting member in relation to Aligned and non-pooled Budget
Leader of the Council	Bury Council	Yes	Yes
Executive Member of the Council for Health and Wellbeing	Bury Council	Yes	Yes
Executive Member of the Council for Children and Young People	Bury Council	Yes	Yes
Executive Director	NHS GMIC	Yes	Yes
Senior Clinical Leader in the Borough (as determined by the Clinical Senate via an election process)*	Bury Locality	Yes	Yes
Senior Nurse Lead for the Borough	Bury Locality	Yes	Yes

(as determined by the Clinical Senate via an election process)			
Chief Executive & Place Based Lead	Bury Council & Bury Locality	Yes	Yes
Strategic Finance Group Chair & Joint Executive Director of Finance (S151 Officer)	Bury Council & Bury Locality	Yes	Yes
Chair	IDCB	No	Yes
Medical Director	NCA	No	Yes
Medical Director*	IDCB	No	Yes
Chief Officer or nominated Exec	NCA	No	Yes
Chief Officer or nominated Exec	Pennine Care Foundation Trust	No	Yes
Chief Officer or nominated Exec	Manchester Foundation Trust	No	Yes
Chief Officer	Bury VCFA (Voluntary, Community, Faith & Social Enterprise).	No	Yes
Executive Director of Health and Care & Deputy Place Based Lead	Bury Council & Bury Locality	No	Yes
Bury Care Organisation Chief Officer	NCA (Bury Care Org)	No	Yes
Director of Childrens Services	Bury Council	No	Yes
Director of Public Health	Bury Council	No	Yes
Director of Adult Social Services	Bury Council	No	Yes
Total number of voters	N/A	8	20

* each of the two roles with an Asterix as detailed above (Senior Clinical Leader in the Borough and Medical Director for the IDCB), are presumed to be GP's and the relevant representatives will represent the GP perspective as well as the constituency. In the event of either of these roles not being a GP, the Terms of Reference will be reviewed accordingly*.

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:

Role	Organisation
Chief Operating Officer	IDCB
Chair	Bury Healthwatch
Director of Finance	NCA
Representative from the Primary Care Network (Lead)	PCN

Role	Organisation
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.