AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of the Strategic Commissioning Board

Councillors : J Black, F Boyd, Dr D Cooke, C Cummins, D C Fines, H Hughes, D Jones, N Jones, G Little, D McCann, E O'Brien, A Quinn, T Rafiq, Dr J Schryer (Chair), A Simpson, L Smith, T Tariq, P Thompson, C Wild and M Woodhead

Dear Member/Colleague

STRATEGIC COMMISSIONING BOARD

You are invited to attend a meeting of the STRATEGIC COMMISSIONING BOARD which will be held as follows:-

Date:	Monday, 3 August 2020
Place:	Virtual via MS Teams
Time:	4.30 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 WELCOME, APOLOGIES & QUORACY

2 DECLARATION OF INTERESTS *(Pages 1 - 10)*

3 MINUTES OF THE LAST MEETING AND ACTION LOG *(Pages 11 - 26)*

8th June 2020

4 PUBLIC QUESTIONS

5 CHIEF EXECUTIVE AND ACCOUNTABLE OFFICER UPDATE

6 RECOVERY PLAN *(Pages 27 - 42)*

Appendix 1: Delivery Plan for next 6 months

Appendix 2: Health and Care Recovery Plan

7 URGENT CARE BY APPOINTMENT *(Pages 43 - 54)*

8 INDIVIDUAL FUNDING REQUEST (IFR) PANEL TERMS OF REFERENCE *(Pages 55 - 68)*

9 FINANCIAL REPORT / BUDGET UPDATE

10 PERFORMANCE REPORT *(Pages 69 - 78)*

11 MINUTES OF MEETINGS *(Pages 79 - 86)*

- Bury System Board Meeting- 14th May 2020

12 AOB AND CLOSING MATTERS

Agenda Item 2

Bury COUNCIL

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	03 August 2020	**Action**	Receive
Item No	2	**Confidential / Freedom of Information Status**	No
Title	Declarations of Interest Register		
Presented By	Cllr E O'Brien / Dr Schryer, Co-Chair of the SCB		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Introduction and background

- The CCG and Local Authority both have statutory responsibilities in relation to declarations of interest as part of their respective governance arrangements.
- The CCG has a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 14O of the national Health Service Act 2006 (as inserted by section 25 of the Health and Social Care Act 2012).
- The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives the latest Declarations of interest Register;
- Considers whether there are any interests that may impact on the business to be transacted at the meeting on the 3 August 2020; and
- Provides any further updates to existing Declarations of Interest includes within the Register.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	N/A
Add details here.	

Implications						
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	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☐	N/A	☒

Implications						
Register?						
Additional details	Conflicts of Interest not being declared in line with statutory obligations					

Governance and Reporting		
Meeting	**Date**	**Outcome**

Declarations of Interest

1. Register for the Strategic Commissioning Board

1.1 This report includes a copy of the latest Declarations of Interest Register for the Strategic Commissioning Board.

1.2 Strategic Commissioning Board members should ensure that they declare any relevant interests as part of the Declaration of Interest Standing item on meeting agendas or as soon as a potential conflict becomes apparent as part of meeting discussions.

1.3 There is a need for Strategic Commissioning Board Members to ensure that any changes to their existing conflicts of interest are notified to the Business Support Unit, via either the CCG Corporate Officer or Council Democratic Services team within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.

1.4 The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Strategic Commissioning Board with an accurate record of the action being taken captured as part of the meeting minutes.

Emma Kennett
Head of Corporate Affairs and Governance
August 2020

Register of Interests for Strategic Commissioning Board

Members - Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest direct or indirect?		From	To	
Cllr Jane Black	Councillor	Bury Council	X				Councillor	Sep-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Essity UK Ltd			X	Indirect	Spouse: Senior IT Business Analyst			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Sedgley Park Community Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich	X				Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich				Indirect	Spouse: Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Reform Synagogue		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Jewish Museum		X			Friend			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unison		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Muslim Jewish Forum		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jewish Labour Movement		X			Chair of NW Branch			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Will Blandamer	Executive Director of Strategic Commissioning	Ashton on Mersey Football Club (Trafford)			X		Director (Chairman)	2018		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Football Association (MFA)			X		Board Champion for Safeguarding	2018		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Fiona Boyd	Governing Body Registered Nurse	NHS Heywood, Middleton & Rochdale CCG		X			Employed (substantive) as Quality & Safety Lead	Apr-13		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Tameside Hospital		X			Seconded to Head of Nursing - Urgent Care	Sep-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Peter Bury	Lay Member Quality & Performance	Labour Party		x			Member	1979		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury College		x			Member - Board of Governors	2008		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Member	1974		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Daniel Cooke	Clinical Lead - Elective Care	Whittaker Lane Medical Centre	X				GP Partner	01/04/2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X			Undergraduate Tutor	Aug-16		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X				Practice is a member	Aug-16		Specific arrangements in respect of potential conflicts arising be given further consideration when situation arises.
		Prestwich Primary Care Network	X				Practice is a member	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Clare Cummins	Councillor Bury Council	Mental Health	X				Deputy Manager			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		ADT			X	Indirect	Spouse / Civic Partner: Salespearson			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Cathy Fines	Clinical Director	Greenmount Medical Centre	X				GP	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Central Manchester Foundation Trust		X		Indirect	Spouse works as a Consultant			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X				Member	2013		Specific arrangements in respect of potential conflicts arising from Bury GP Federation to be given further consideration when situation arises.
		Tower Family Healthcare	X				Member Practice is part of Tower Family Healthcare	2017		Needs to be excluded from any discussions and decisions that are related to possible primary care procurement in respect to Tower Family Healthcare.
		Horizon Clinical Network	X				Practice is a member	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Howard Hughes	Clinical Director	Prestwich Pharmacy LTD	X			Indirect	Spouse is a Director	1996		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Greater Manchester Mental Health Foundation Trust		X		Indirect	Sister is Performance Manager	2014		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Prestwich Pharmacy LTD	X				Director	1996		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X			Indirect	Spouse is a Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X				Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest direct or indirect?		From	To	
Cllr David Jones	Councillor Bury Council	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Association of Retired Police Officers		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Spouse Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Institute Educational Fund		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Vision Multi-Academy Trust		X			Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		United Reformed Church			X		Elder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		International Police Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury South CLP		X						General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Geoff Little	Chief Executive, Bury Council, Accountable Officer Bury CCG	Ratio Research a Community Interest Company				Indirect	Close family member is a Director of Ratio Research	Apr-19		Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
David McCann	Lay Member - Patient & Public Involvement	PCL (CIP) GP LTD - Nature of Business Asset Management	X				Director	Jul-15		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Capital LTD - Nature of Business Asset Management	X				Director	Jul-14		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Real Estate Management LTD, Manchester	X				Director & General / Legal Counsel	Nov-11		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Law Ltd	X				Managing Director	Feb-18		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Facilities Management Ltd	X				Director	Nov-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Airfields Commercial Management Company Limited	X				Director	Feb-20		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Airfields Residential Management Company Ltd	X				Director	Oct-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Aldermaston Estate Management Company Ltd	X				Director	Oct-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Council			X	Indirect	Daughter - Employee	2012		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Eamonn O'Brien	Councillor	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Young Christian Workers	X				Training & Development Team			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Arts College		X			Chair of Governors			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Corporate Parenting Board		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		No Barriers Foundation		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		CAFOD Salford		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Methodist Youth Association		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Alan Quinn	Councillor	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		BAE Systems - Military Aircraft	X				Skilled Aircraft Fitter			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Ivan Lewis MP			X	Indirect	Spouse / Civil Partner: Caseworker			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Harrogate and District NHS Foundation Trust			X	Indirect	Son and Daughter in Law			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Waste Disposal Authority		X			Member / Council Representative			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Voting

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Cllr Alan Quinn (cont)		Forests of Greater Manchester		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Co-Operative Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tahir Rafiq	Councillor Bury Council	Juris Solicitors	X							General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Grundy Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Vision Multi-Academy Trust		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Institute Educational Fund		X			Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Law Society (England & Wales)		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Law Society (Ireland)		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Punjab Bar Council Pakistan		X			Member / High Court Advocate			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Jeff Schryer	CCG Chair	Whittaker Lane Medical Centre	X			Indirect	Wife receives income from Practice	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Whittaker Lane Medical Centre	X				Managing Partner	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		NHS GP Trainer		X				1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X			Undergraduate Tutor	1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Primary Care Network	X				Practice is a member	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X				Practice is a member	2018		Specific arrangements in respect of potential conflicts arising from Bury GP Federation to be given further consideration when situation arises.
		Bury LCO	X				Bury Federation is a member	2018		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Andrea Simpson	Councillor	Bury Council	X				Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Silverdale Medical Practice	X				Employed			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		WMS				Indirect	Spouse / Civial Partner: National Sales Manager			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jo Hague Photography				Indirect	Spouse / Civil Partner: Owner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Parrenthorn High School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Ribble Drive Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Salford LMC Subcommittee		X			Neighbourhood lead for Swinton			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Greens	X				Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Medical Defence Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Lucy Smith	Councillor Bury Council	The Christie NHS Foundation Trust			X	Indirect	Spouse / Civic Partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community the Union		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Socialist Health Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Catholics for Labour		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tamoor Tariq	Councillor	Bury Council	X				Councillor	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		GM Health & Social Care Partnership	X				Children & Young People Access & Waiting Time			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lancashire BME Network				Indirect	Spouse / Civil Partnership: Senior Project Officer			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Voting

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Cllr Tamoor Tariq (cont)		GM Police & Crime Panel		X			Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Domestic Violence Steering Group		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		St Lukes Primary School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Derby High School		X			Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community Safety Partnership		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X			Community Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Peter Thompson	Secondary Care Clinician	Medico-legal work carried out for both cliamants and defendants in the field of obstetrics	X				Could involve cases in Bury	Jun-20		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Chris Wild	Lay Member - Finance & Audit	Secure Generation Limited	X				Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Efficient Generation Limited	X				Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		McNally Wild Limited	X				Shareholder / Director	Jul-14		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Capitas Finance Limited	X				Shareholder / Director	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lower 48 Energy Limited	X				Shareholder / Director	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Close Brothers PLC	X				Retained Advisor	Sep-14		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury College			X	Indirect	Wife employed by Bury College	Feb-20		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Mike Woodhead	Joint Chief Finance Officer	Heads in the Woods (designs and produces environmentally friendly items for wholesale and retail)	X			Indirect	Partner owns business	Nov-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		CFO/s 151 Officer for Bury MBC	X	X				Jun-19		Transparent in decision making. Adherence to professional codes and regulations. Audit.

In Attendance - Non-Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the Interest direct or indirect?		From	To	
Donna Ball	Bury Council Executive Director of Operations	Oldham Pathology (Pennine Acute)			X	Indirect	Husband works for Oldham Pathology	2010	2020	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Karen Dolton	Executive Director, Children & Young People, Bury Council						None Declared	Jun-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Julie Gonda	Interim Executive Director Communities and Wellbeing	National Health Service, York			X	Indirect	Daughter works at National Health Service York	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Jayne Hammond	Assistant Director of Legal & Democratic Services						None Declared	Jun-19	12-Jun-19	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Catherine Jackson	Director of Nursing and Quality Improvement	Marple Cottage Surgery (Stockport CCG)		X			Role as a Nurse Practitioner	Aug-05		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Lesley Jones	Director of Public Health, Bury Council						None Declared	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Nick Jones	Councillor	Arum Systems Ltd (Arum)	X				Account Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Elms Bank			X		Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Friends of Israel			X		Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		PLC Flats Management Limited	X				Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		RNLI					Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Anglo-Swedish Association					Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Friends of the British Overseas Territories					Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury North & South Conservative Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Conservative & Unionist Party		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Councillors Association		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Michael Powell	Councillor Bury Council	Mitton St John's Primary School	X				Teacher - employed by Tameside Council			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Elms Bank School			X	Indirect	Spouse / civic partner: Teacher - employed by Oak Learning Partnerhsip			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Liberal Democrats		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Educaton Union (NEU)		X			Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Lynne Ridsdale	Deputy Chief Executive						None Declared	Mar-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

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Agenda Item 3

Bury COUNCIL

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	03 August 2020	**Action**	Approve
Item No	3	**Confidential / Freedom of Information Status**	No
Title	Minutes of Last meeting and Action Log		
Presented By	Cllr E O'Brien, Co-chair of the SCB and Bury Council Leader / Dr J Schryer, Co-Chair of the SCB and CCG Chair, NHS Bury CCG		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Introduction and background

The attached minutes reflect the discussion from the Strategic Commissioning Board held on 8 June 2020.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the Minutes of the Meeting held on 8 June 2020 as an accurate record; and
- Note progress in respect to agreed actions captured on the Action Log.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	N/A
Add details here.	

Implications						
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	☒

Implications						
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	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Bury COUNCIL

NHS Bury Clinical Commissioning Group

Title	**Minutes of the Strategic Commissioning Board Virtual Meeting on 8 June 2020**
Author	Emma Kennett, Head of Corporate Affairs and Governance
Version	0.1
Target Audience	Strategic Commissioning Board Members / Members of the Public
Date Created	June 2020
Date of Issue	June 2020
To be Agreed	August 2020
Document Status (Draft/Final)	Draft
Description	Minutes of the Strategic Commissioning Board on 8 June 2020

Document History:

Date	Version	Author	Notes
	0.1	Emma Kennett	
Approved:			
Signature:			..... **Dr J Schryer**

Strategic Commissioning Board Virtual Meeting

MINUTES OF MEETING
Strategic Commissioning Board Virtual Meeting 8 June 2020 16.30 – 18.00 **Chair – Cllr E O'Brien**

Voting Members	
Cllr Eamonn O'Brien	Leader, Finance & Growth, Bury Council (Chair)
Dr Jeff Schryer	NHS Bury CCG Chair
Cllr Jane Black	Cabinet Member Corporate Affairs & HR, Bury Council
Mrs Fiona Boyd	Registered Lay Nurse of the Governing Body, NHS Bury CCG
Mr Peter Bury	Lay Member Quality & Performance, NHS Bury CCG
Dr Daniel Cooke	Clinical Director, NHS Bury CCG
Cllr Clare Cummins	Housing Services, Bury Council
Dr Cathy Fines	Clinical Director, NHS Bury CCG
Mr Howard Hughes	Clinical Director, NHS Bury CCG
Cllr David Jones	Communities & Emergency Planning, Bury Council
Mr Geoff Little	Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG
Mr David McCann	Lay Member Patient & Public Involvement, NHS Bury CCG (for part)
Cllr Alan Quinn	Environment & Climate Change, Bury Council
Cllr Tahir Rafiq	Corporate Affairs & HR, Bury Council
Cllr Andrea Simpson	First Deputy Leader, Health & Wellbeing, Bury Council
Cllr Lucy Smith	Transport & Infrastructure, Bury Council
Cllr Tamoor Tariq	Deputy Leader, Children, Young People & Skills, Bury Council
Mr Mike Woodhead	Joint Chief Finance Officer, NHS Bury CCG and Bury Council
Others in attendance	
Ms Karen Dolton	Executive Director of Children and Young People, Bury Council
Mrs Lisa Featherstone	Deputy Director, Bury CCG and Bury Council
Mrs Julie Gonda	Interim Executive Director – Communities & Wellbeing, Bury Council
Mrs Catherine Jackson	Director of Nursing and Quality Improvement, NHS Bury CCG
Ms Lesley Jones	Director of Public Health, Bury Council
Cllr Nick Jones	Council Opposition Member, Bury Council (for part)
Ms Nicky O'Connor	Interim Director of Transformation, Bury Council
Ms Margaret O'Dwyer	Deputy Chief Officer/Director of Commissioning, NHS Bury CCG
Ms Nicky Parker	Programme Manager, Urgent Care Review, Bury Council
Ms Lynne Ridsdale	Deputy Chief Executive, Bury Council
Ms Janet Witkowski	Head of Legal Services, Bury Council
Ms Marie Rosenthal	Governance, Bury Council
Mrs Emma Kennett	Head of Corporate Affairs Governance, NHS Bury CCG / Business Support (minutes)

Public Members	
Mr Joseph Timan	Bury Times
Ms Barbara Barlow	Chair, Healthwatch

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed those present to the meeting and noted apologies had been received from: - • Mr Chris Wild, Lay Member, NHS Bury CCG; • Ms Donna Ball, Executive Director of Operations, Bury Council; • Cllr Michael Powell, Council Opposition Member, Bury Council.
1.2	It was reported that this was the first SCB meeting for Cllrs Rafiq, Cummins and Smith following the recent changes made to the Council's Cabinet in May 2020. It was noted that a report in relation to the proposed changes to SCB Membership and voting arrangements was included at Agenda Item 5 for today's meeting. It was highlighted that should the proposed changes be supported, these would not come into effect until the next formal SCB meeting in August 2020 as the report would need to be submitted via the respective governance arrangements at both the CCG and Council in the first instance. It was noted that a should a vote be required at today's SCB meeting, the votes from the Council side would remain with the existing SCB Members (Cllrs O, Brien, Black, Jones, Quinn, Simpson and Tariq) with Cllr Cummins nominated from the new members in attendance.
1.3	The Chair advised that the quoracy had been satisfied.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/01	Decision	Noted the information.	

2	Declarations Of Interest
2.1	The Chair reported that the CCG and Council both have statutory responsibilities in relation to the declarations of interest as part of their respective governance arrangements.
2.2	It was reported that the CCG had a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 14O of the National Health Service Act 2006 (as inserted by Section 25 of the Health and Social Care Act 2012). The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.
2.3	The Chair reminded the CCG and Council members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Strategic Commissioning Board.
2.4	Declarations made by members of the Strategic Commissioning Board are listed in the CCG's Register of Interests which is presented under this agenda and is also available from the CCG's Corporate Office or via the CCG website. • **Declarations of interest from today's meeting**
2.5	There were no declarations raised.

2.6	• **Declarations of Interest from the previous meeting** There were no declarations of interest from the previous meeting raised.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/02	Decision	Noted the published register of interests.	

3	Minutes of the last Meetings and Action Log
3.1	• **Minutes** The minutes of the Strategic Commissioning Board meeting held on 4 May 2020 were agreed as an accurate record.
3.2	• **Action Log** There was one open action on the Action Log (A/12/08) which related to the Director of Commissioning & Business Delivery bringing a report back to the Governing Body once business as usual is resumed in relation to the Plastic Free Plan from a health perspective. This would remain open on the Action Log for the time being. It was noted that all other actions had been completed.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/03	Decision	Approved the minutes of the meeting held on the 4 May 2020.	

4	Public Questions
4.1	It was reported that there had been a number of questions raised in relation to the Urgent Care Review report included at Agenda Item Number 8. The main themes arising from the questions related to public transport and car parking which would be discussed further as part of the Urgent Care item.
4.2	It was noted that all individuals who had submitted questions would receive a written response following the meeting.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/04	Decision	Noted the questions raised.	
A/06/01	Action	Written responses to be sent to all individuals who have submitted questions to the SCB.	Mrs Kennett

5.	Changes to SCB Membership / Voting Arrangements
5.1	The Chair submitted a report in relation to the proposed changes to the SCB membership and voting arrangements.
5.2	It was highlighted that the paper set out the revised membership and voting arrangements for the Strategic Commissioning Board following the recent changes to the Council Cabinet to enable the Board to continue to operate efficiently and effectively in discharging the duties delegated to it from the Council Cabinet and CCG Governing Body.
5.3	It was reported that the Strategic Commissioning Board had been established as a Joint

Committee, under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) to support the delivery of health and care integration in Bury. Whilst developing the governance arrangements, including voting arrangements, a number of discussions were undertaken with the Cabinet, Council, Governing Body, CCG membership and NHS England. The arrangements were approved by all parties consulted and an overarching governance paper was submitted to the Strategic Commissioning Board in October 2019, including the final Terms of Reference which set out the voting arrangements in respect of the SCB. This reflected no more than 7 voting members and 2 non-voting members from the CCG and 7 voting members from the Council Cabinet plus two (2) opposition party representatives in attendance.

5.4 It was reported that following the Annual Council Meeting in May 2020, and subsequent changes to the Council's Cabinet there was an increased number of Cabinet members, from the previous 7 to 9. This change had impacted on the voting arrangements of the SCB, and whilst it was envisaged that all decisions would be made by consensus, appropriate provisions must be in place in the eventuality that a vote is required.

5.5 It was proposed that the Cabinet member votes on the SCB increases to match the number of Cabinet members. Additionally, and to ensure an appropriate balance, the CCG would also need to allocate 9 votes to its Governing Body members. In doing so, it would exclude the long-standing vacant clinical director post, and would include all posts required on a Governing Body by statute and recommended guidance, in addition to the three existing Clinical Directors.

5.6 In relation to quoracy, it was proposed that both the Cabinet and CCG voting members be increased to 4 representatives from the previous 3. In line with the Partnership Agreement and pooled budget arrangement, there should be equal votes on both sides in order for the decision to be compliant. The requirement for one joint Executive Officer also to be present to achieve quoracy would remain.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/05	Decision	Supported the revised membership, voting and quoracy arrangements for the Strategic Commissioning Board as set out in the paper and revised Terms of Reference;	
D/06/06	Decision	Recommended the draft Terms of Reference to the respective governance arrangements for formal approval.	

6.

- **Update on Covid-19 Response / Recovery**

6.1 The Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG provided an update on the latest Covid-19 position in Bury. The Director of Public Health also shared some slides to support the agenda item. It was reported that: -

- There had been 782 cases of Covid-19 as at the 8th June 2020.
- It was likely that the R rate was just below 1 which was a feel from the data however it was difficult to calculate the R rate at a Bury level and there was a need to create an early warning system to support this area.
- The number of Covid-19 cases had now plateaued meaning that the Covid-19 case rate was 4.1 per 1000 for people living in the borough.

- When considered as a rate per 100,000 population, Bury had the 2nd highest rate across Greater Manchester with this being 411.3 cases per 100,000 at 6th June. This places Bury 13th highest out of 150 LAs. Oldham has the highest GM rate (467.7 per 100,000) and is placed 6th highest across England.
- In terms of the lifting of the Lockdown, it was essential that everybody maintained social distancing and obeyed the rules.
- The Community Hubs that had been established to support the Covid-19 response would be built upon for future ways of working as part of the Bury 2030 Strategy.
- In relation to the National Track and Trace System, the national approach to contact tracing included two main elements namely the national Test and Trace service that was launched on 28th May 2020 and the NHSX app, which had been tested in the Isle of Wight but an exact date for full roll out is not yet confirmed. It was noted that the whole system was not expected to be fully operational until September/October 2020.
- Plans were being developed to support GPs to start to bring back more of the routine appointments such as the vaccination programme.
- In relation to the shielded population, the guidance changed on the 1st June 2020 to recommend that the shielded cohort should go outside for exercise. Further 'offloading' guidance has been received and people are getting letters and texts to inform them they are no longer classified as clinically vulnerable. Decision point is expected on the 15th June 2020 as to whether to lift all shielding guidance for the clinically vulnerable at the current suggested end point of the 30th June 2020.
- The Covid-19 Outbreak Plan for Bury was outlined which included a single point of contact (SPOC) for Covid-19 issues, close integration with local and national testing pathways, a core infection control team and Sector Specific arrangements.
- In terms of future Lockdowns, there was little clarity yet on what this meant from both a national and local point of view and what the trigger would be or how this could be implemented.

6.2 The following comments/observations were made from Strategic Commissioning Board members: -

- The need to ensure that people within the borough get the appropriate support they need going forward from both a mental and physical health perspective.
- There was a need to closely monitor the R rate in order to control the virus at a local level hence accurate and reliable data would have a key role to play in this regard.
- There were concerns about the national roll out of the Track and Trace programme in light of reports that all contacts were not receiving the required communication. There had been a lack of clarity from central government within this area which had also been the case as part of other Covid-19 developments such as the reopening of school and shops.
- There were still people within the borough who were not fully abiding by social distancing rules with groups of individuals still gathering at locations such as Heaton Park.

- **Health & Care Recovery Planning**

6.3 Mr Hughes presented a report in relation to the Health and Care Recovery Planning. It was reported that: -

- The response phase to Covid-19 had seen unprecedented changes in the Bury health and care system.
- As the initial peak of the pandemic had been overcome, attention now focussed on the approach to recovery.
- The Bury Health and Care System recovery plan would be aligned to GM's three phases namely Release of lockdown, Living with Covid and Building Back Better.
- The Health and Care System Recovery Task Group had been established system wide to support the recovery programme. They will lead and drive implementation through a structured approach.
- The group had agreed key principles to provide a framework for the work:
  - Whole system approach.
  - Fundamental shift in how Bury delivers Health and Care.
  - Positive Behaviours
- The emerging priority programmes of work would focus around the following key themes namely Removing Organisational Boundaries and Improved Neighbourhoods.
- Work had commenced to establish system SROs and programme teams and the development of programme charters to clearly define the work plan including expected outcomes, risks and interdependencies.
- In terms of the proposed next steps, the group would focus on the following: -

  - Completion and agreement of programme charters and plans;
  - Support SRO's to develop SMART KPIs and outcome measures;
  - Agreement of governance and reporting framework;
  - Development of visual system map highlighting planned work;
  - Ensure system submission of capacity planning return before 22nd June;
  - Working through programme interdependencies.

6.4 The following comments/observations were made from Strategic Commissioning Board members: -

- The good work within this area was commended and there was a need to maintain momentum to ensure that the benefits realised as part of the Covid-19 response are embedded as part of future working practices.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/07	Decision	Noted the report and supported the proposed next steps.	

7.	Physical Activity Strategy Update
7.1	The Director of Public Health provided a presentation to update on the latest Physical Activity Strategy developments. It was reported that: -

- Pre Covid-19 more than one in four adults were classed as inactive, doing less than 30 minutes of Physical Activity (PA) per week.
- A similar percentage of young people were not meeting Chief Medical Officer Guidelines for PA.
- Sport England research had shown that almost two thirds of adults considered exercise to be more important than ever during the Covid-19 crisis.
- National data suggested during Covid-19 the type of exercise carried out has also changed - outdoor activities such as cycling, walking and jogging increased

	over April. • TfGM data shows that walking and cycling use for essential exercise has seen an increase of 120% and 45% respectively. • Nationally the data was still showing inequalities in PA levels during Covid-19 with the 16-34 year olds more likely to have done more activity in the past week when compared to those over 55. • People in higher socio-economic groups were more likely to have done more activity in the past week than those in lower socio-economic groups. • People in urban areas were more likely to have done less activity in the past week than people in rural areas. • There was currently limited data on the local impact of Covid-19 on PA levels. • A survey had been developed and is currently out on 'One Community' to better understand the impact and changes to physical activity behaviour of local people. • The Bury Physical activity strategy developed in late 2019 focused on 4 key areas in terms of creating an active society (media, narrative, hubs, schools), an active environment (infrastructure, engagement, communications, promotion), active people (creative provision, online, workplace support) and active systems (utilising data, understand levels of PA in communities). • A workshop to develop local action plans for each area was timetabled for March 2020 but had to be cancelled due to Covid-19. • Significant amounts of work already happening to promote walking, cycling, running and other outdoor provision. • Adaption of current leisure services to support the community to be active e.g. the use of virtual classes (including a new virtual timetable), utilising social media and online and telephone consultations.
7.2	The following comments/observations were made from Strategic Commissioning Board members: - • There appeared to be more people cycling and walking since the Covid-19 Lockdown began however the 'Daily Mile' programme within schools had been lost as a result of schools closing. It was suggested that the 'Daily Mile' programme be built back into schools upon reopening. • Positive behaviours such as healthy eating can be learnt from others. • There was a need to improve the supporting infrastructures to support people with physical activity, for example, bicycle schemes etc. • The need to engage with teenagers in relation to fitness/safe sporting activities to discourage anti-social behaviour. • There was a piece of work being undertaken to capture any 'hidden gems' in terms of outdoor spaces that have been uncovered during Lockdown.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/08	Decision	Noted the presentation	

8.	Urgent Care Review
8.1	The Chief Executive and the CCG Chair presented a report in relation to the Urgent Care Review.
8.2	It was highlighted that the report set out the outcome of the urgent care public consultation exercise, the Quality Impact Assessment, the Equality Impact Assessment and an update since the outbreak of Covid-19.

8.3 It was highlighted that the proposals set out in the public consultation exercise received overall support from the people that responded. Concerns about parking at Fairfield General Hospital and access to the site by public transport and car had been noted and some mitigating actions were proposed. There were no adverse impacts shown in the quality or equality impact assessments that have been completed and it was recommended that the proposals were implemented.

8.4 It was noted that some of the proposals have been partially implemented due to the impact of the Covid-19 pandemic and the report sets out the desired next steps including implementation of a programme of work by the Local Care Organisation.

8.5 It was reported that the objectives of the Urgent Care Review were to:

- Redesign to simplify access points to improve patient experience.
- Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund.
- Mitigate growth and reduce the percentage of the budget spent on Urgent Care.
- Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”.
- Work towards achievement of the GM UEC Improvement and Transformation Plan.

8.6 It was noted that the following services were in scope for the Urgent Care Review in Bury:

- Urgent Care Treatment Centre.
- Emergency Department at Fairfield General Hospital.
- Walk in Centres at Moorgate and Prestwich.
- GP Out of Hours Service (BARDOC).
- GP Extended Access.
- GP Extended Working Hours.
- Green Car Service.
- Same Day Emergency Care.
- GM Urgent and Emergency Care Improvement and Transformation Delivery Plan including the roll out of GM Clinical Assessment Service.

8.7 It was reported that there were five proposals for an urgent care operating model including: -

- Option One proposed no change to the current model;
- Option Two proposed redesigning urgent care at Fairfield General Hospital without building a new purpose built urgent care facility and embarking on a patient education/information campaign;
- Option Three built on Option Two and proposed an additional simplification of in and out of hours primary care access through community triage across the locality;
- Option Four built on Option Three and proposed the additional use of technology to support the new delivery model with access to appointments or advice;
- Option Five built on Option Four and proposed building a new purpose built urgent care facility in addition, including moving the walk in centre from Moorgate.

8.8 It was highlighted that additionally, people were asked if they supported : -

- the implementation of online access to GP appointments to sit alongside current appointments;
- the development of an enhanced Urgent Treatment Centre at Fairfield General Hospital, located in front of the Accident and Emergency Department;
- the development of a community triage service to help people get an appointment in the most appropriate service.

8.9 It was reported that throughout the four week consultation process the CCG and Bury Council, working as Bury One Commissioning Organisation, had aimed to capture views from local people, Bury health care professionals and other local interested parties on proposals to improve urgent care services in Bury, before a formal decision was made at an extraordinary meeting of the Strategic Commissioning Board on 23rd March 2020. That meeting was postponed until 8th June due to the outbreak of Covid-19. The purpose of the consultation exercise was:

- To inform local people, stakeholders and health care professionals about proposals to improve urgent care services in Bury.
- To capture the views and feedback from all identified stakeholders including local people, health care professionals, local third sector organisations and groups.
- To identify any concerns about the proposals.
- To answer any questions about the proposals.

8.10 In terms of the proposal, the options set out in 4.2 of the report were put forward for people to share their views on. A proposed future model for urgent care in Bury was described as follows:

- The redesign of urgent care at Fairfield General Hospital including building a mandated new and enhanced Urgent Treatment Centre open 24/7 to sit physically in front of the Accident and Emergency Department. This would mean relocating Bury Walk-in Centre (currently open 7am – 3pm), to be part of an integrated and enhanced service to preserve a walk in option. The Urgent Treatment Centre would also include access to mental health services, GP out of hours services and the treatment of less serious cases that are currently seen in A&E. The service would be run by a team of nurses, GPs, mental health and other health and care professionals who can manage wound care, and there would be access to tests like bloods and X-rays, which are currently not available at Bury Walk-in Centre.
- Simplifying access to primary care (GP) during the day and out of hours through a technology led community triage process so that people can access the most appropriate service, in the best place at the right time, whilst using new technology to make it easier to get an appointment or advice, whichever is the most appropriate.
- Offering patients the opportunity to speak to a local Bury health care professional by phone if they have rung 999, NHS 111, or if the North West Ambulance Service triage determined they don't need to go to hospital.
- Providing clear public information so that people know what their choices are and where is best to go to meet their needs.

8.11 It was reported that Option Five within the report was the preferred option being proposed to the Strategic Commissioning Board which built on Option Four and proposed building a new purpose built urgent care facility in addition, including moving the walk in centre from Moorgate.

8.12	The following comments/observations were made from Strategic Commissioning Board members: - • A question as to who would be leading the Transport Group to ensure that the parking and other transport issues were being appropriately addressed. It was noted that Mr S Taylor, Chief Officer from the Bury and Rochdale Care organisation would be leading the review to look at parking onsite at Fairfield General Hospital and how the Outpatient Department would operate in terms of parking being allocated on more of an equitable basis. • There was a concern raised in relation to the number of people who had engaged with the Consultation however it was felt that sufficient engagement had taken place from an organisational perspective and there was an element of personal choice in terms of some individuals not wanting to take part in the consultation exercise. • A question was raised in relation to the future of the Prestwich Walk in Centre. It was noted that the Prestwich facility was currently suspended as it housed the Covid-19 management service. It was highlighted that the service was constantly under review with there being a small but significant number of people with Covid-19 who go through the service. The other really important role of the Covid-19 management service was for people with Covid-19 who develop comorbidities which keeps practices safe. There were no commitments being made in relation to the Prestwich Walk in Centre at this time. • There had been previous opposition when proposals had come forward in relation to Urgent Care and there was a need to be clear to the public about the improved service offer these changes would bring.
8.13	The Healthwatch Chair commented that Healthwatch was looking to undertake a survey in relation to Covid-19 and offer any support to services as required. The CCG Chair commented that the CCG and Council would be happy to help Healthwatch in any way that it could with this piece of work.
8.14	The CCG Chair highlighted that in terms of next steps, should the Strategic Commissioning Board approve the proposals in relation to the Urgent Care Redesign, there would need to be a detailed piece of work in relation to producing a timetable for implementation.
8.15	The Chair commended Ms Parker for all her hard work in undertaking the review of Urgent Care.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/09	Decision	Noted the outcome of the Urgent Care Public Consultation and broad support for the proposals from the respondents.	
D/06/10	Decision	Noted the preferred option for progression is option 5.	
D/06/11	Decision	Noted that there are no detrimental impacts in terms of quality or equality.	
D/06/12	Decision	Acknowledged the impact of Covid-19 has had on the implementation plan.	
D/06/13	Decision	Agreed to the next steps set out in the report.	

9.	Radcliffe Strategic Regeneration Framework (SRF)
9.1	The Chair submitted a report in relation to the Radcliffe Strategic Regeneration Framework.
9.2	It was reported that the Council had commissioned Deloitte to undertake a Strategic Regeneration Framework (SRF) for Radcliffe in February 2020. After an extensive period of engagement with key stakeholders, a draft of the Framework SRF had now been produced.
9.3	The report was being submitted to the Council's Cabinet on the 10th June 2020 in order to approve the draft SRF for a six-week period of consultation before being brought back to Cabinet in September 2020 for formal approval. Cabinet was also asked to approve the authorisation of any necessary minor amendments to the SRF prior to consultation as well as the authorisation of any necessary spend on consultation to be delegated to the Director of Economic Regeneration & Capital Growth in consultation with the Leader (as portfolio holder for Finance and Growth). If approved, the SRF would become a material planning consideration in the determination of planning applications and help to shape the regeneration of Radcliffe.
9.4	It was highlighted that the SRF recommended some short, medium and longer-term interventions and that it is the longer-term intention of the Council to create a Council Investment Fund. This would help to deliver the large scale regeneration proposals.
9.5	The following comments/observations were made from Strategic Commissioning Board members: - • It was noted that Radcliffe was well placed in terms of transport links to Manchester and there was a need to build on these strengths as part of the regeneration. • There was a need to realise benefits of the schemes for a Bio-Psycho-social perspective.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/14	Decision	Noted the report which would be submitted to the Council Cabinet on the 10th June 2020.	

10.	Emerging Financial Arrangements
10.1	The Joint Chief Financial Officer provided an update on the emerging financial arrangements and likely implications on the CCG's Budget for 2020/21. A further discussion would need to take place at the Strategic Commissioning Board once national guidance had been issued within this area.
10.2	The Chair commented that future developments would also need to take into account strategic objectives and not be purely financial driven.

ID	Type	The Strategic Commissioning Board:	Owner
D/06/15	Decision	Noted the update	
A/06/02	Action	A more detailed financial discussion to take place at the Strategic Commissioning Board Development / Briefing Session on the 6th July 2020.	Mr Woodhead

11.	Summary of Routine Strategic Commissioning Board Business		
11.1	Members received copies of a report that provided a written narrative of those items that would ordinarily have been presented to the Strategic Commissioning Board should the current business continuity/emergency planning arrangements in response to Covid-19 not have been in place.		
ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/06/16	Decision	Noted the report.	

12	Any Other Business and Closing Matters		
12.1	The Chair summarised the main discussion points from today's meeting and thanked members for their contributions.		
12.2	The Cllr for Communities & Emergency Planning, Bury Council thanked the CCG Chair for his support during his time as Co-Chair of the SCB whilst Leader of the Council and wished the new Leader well as new co-Chair.		
ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/06/17	Decision	Noted the information.	

Next Meetings in Public	**Strategic Commissioning Board Meeting:** • Monday, 6 July, 2020, 4.30 p.m. – Briefing / Development Session (Closed – not in public) • Monday, 3 August 2020, 4.30 p.m. – Formal Meeting in Public
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance emma.kennett@nhs.net

Strategic Commissioning Board Action Log – June 2020

Status Rating - In Progress - Completed - Not Yet Due - Overdue

A/12/08	It was agreed that the Director of Commissioning & Business Delivery would pick up with Cllr Quinn outside of the meeting in relation to the specific health requirements and discuss this further via the Governing Body as appropriate.	Ms O'Dwyer		March 2020	The Director of Commissioning & Business Delivery had met with Cllr Quinn and this matter would be picked up via the Governing Body once Business as Usual is resumed.
A/06/01	Written responses to be sent to all individuals who have submitted questions to the SCB.	Mrs Kennett		June 2020	All letters were signed off by the CCG Chair and sent to individuals.
A/06/02	A more detailed financial discussion to take place at the Strategic Commissioning Board Development / Briefing Session on the 6th July 2020.	Mr Woodhead		6 July 2020	

Agenda Item 6

Bury COUNCIL

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	03 August 2020	**Action**	Consider
Item No	6	**Confidential / Freedom of Information Status**	No
Title	Recovery Plan		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Will Blandamer, Executive Director of Strategic Commissioning		
Clinical Lead	Howard Hughes, CCG Clinical Director		
Council Lead	Cllr Andrea Simpson, Elected member and portfolio Holder for Health and Well-Being		

Executive Summary

This report provides a brief summary of the content and alignment of recovery arrangements in the borough in relation to Health and Care.

Appendix 1 provides detail on the 10-point plan for recovery for the borough - a series of commitments and actions to implemented over the next 6 months to support residents as the economy begins to recover from the consequences of the pandemic. This 10-point plan is nested within the wider Bury 2030 vision. Work is being finalized in each of the 10 points to confirm next steps to delivery.

Health, care and well-being is a theme within each of the 10 points identified – for example the well-being of school children over the summer. But within this overarching borough wide recovery plan, the recovery of the health and care system is recognized as a priority in itself. Appendix 2 provides an update on the work of the health and care recovery group – focusing on planned care, urgent care, mental health, social care, strategic finance, neighbourhood integration, and population health. Three key enabling functions are recognized – digital, workforce, and estates.

The health and care recovery programme is intended to be a system wide programme, and further work is being undertaken to demonstrate the transition from recovery into next phase transformation, and to ensure the ambition of single organizational recovery plans (e.g. from Northern Care Alliance) are aligned to the wider system ambition in Bury.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Support the 10-point plan for recovery in the borough in the context of the wider 2030 vision
- Note the progress in the health and care recovery plan.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes
-	

Implications						
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	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	Aligned					
How do proposals align with Locality Plan?	Aligned					
How do proposals align with the Commissioning Strategy?	Aligned					
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	Focused and targeted in relation to COVID response					
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐

Implications						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Appendix 1

Let's do it ….. Bury 2020/21 Emergency Recovery Plan

1. Introduction

This paper sets out the key actions which Bury Council and OCO commits to delivering by the end of the 20/21 financial year, to respond to the "*Living with COVID*" stage of the national pandemic recovery.

This plan is written in the style of a focussed; collective effort which is co-ordinated by the Council and OCO but which calls on delivery leadership from across the Team Bury partnership. The strapline "*Let's do it ….*" refers to a potential wider branding of the whole community strategy and which, subject to consultation, may be developed and applied more widely

2. Strategic approach

The Council and OCO is working proactively to recover all services to normal delivery standards by August 2020; to maintain response capacity to the ongoing health emergency and further develop the tremendous community engagement and capacity that has been secured through our network of Community Hubs.

The wider context is, however, that the extent of potential recession presents the very real risk that inequalities within the borough will widen significantly, as a result of:

- debt; worklessness and deprivation. National statistics already show significant increases in unemployment rates and Universal Credit claimants.
- The greater complexity of long term health conditions and
- The greater vulnerability to COVID of BAME people, which was confirmed by Public Health England this summer.

There is, therefore, an imperative to support local businesses; to engage and equip local people to secure and retain jobs and to invest in the phase of "Living with COVID" to maintain economic activity whilst safeguarding resident's health and wellbeing.

The extent of activity and support required across the borough in this context is potentially significant. To ensure resources are appropriately prioritised the following principles are proposed as a basis for the work plan:

- Activity should be <u>targeted</u> on the individuals, families and businesses which most need assistance. Targeted requirements will be identified through a data-led approach, applied at a neighbourhood level and with reference to the Bury vulnerability index
- Public services must be joined-up and <u>integrated</u> across individuals and their families to provide bespoke support which maximises resources
- Delivery will be mobilised on an <u>emergency</u> response model, whereby the key actions are prioritised and resources are allocated through the de-prioritisation of other work and from within existing budgets. Delivery will be a team effort across all "Team Bury" public service partners, including the Council and OCO, together with community and faith groups as residents themselves

Within this context the Council and OCO has committed to **ten clear emergency recovery priorities** for the next six months, with the objectives of kick-starting the local economy; protecting the most vulnerable and recovering resident health and wellbeing.

In parallel with this work, business as usual and organisation-specific recovery work will continue across all partners including anticipated fundamental reviews of budget, workforce and strategy priorities in accordance with the new social and economic context.

3. Immediate priorities

The ten priorities for the next 6 months are proposed below. The narrative to follow provides more detail of intended scope and also proposed delivery leads and partners from across "Team Bury", to make this a system-wide approach

Priority One: Summer Provision for our children

A universal programme of summer activity will be determined; targeted at our most vulnerable children, many of whom have not been in school since spring. The activity programme will be designed to support school readiness for the new academic year by giving children the benefit of a structured environment and social development over the summer.

The programme will be developed by the Council's children's services and will include interventions targeted at positive mental health; cultural experiences e.g. museum and attraction visits and outdoor activities and sport. The programme, which will be delivered by **local partners and community groups, overseen by the Early Help partnership,** will be available via the Bury Directory "Safe 4 Summer" link and is planned to include:

- *'Posting Positivity'* - Youth Service links up with Bury Grammar to write letters to people currently shielded or isolated.
- *Bury Youth Theatre* – Game and improvisations via Zoom.
- *'We Be Kids'* – Programmes for parents to support physical and mental wellbeing of their children through nature, storytelling etc.
- *'Down the Line'* - Responds to young people who are playing/congregating around rail tracks with virtual access to education materials.
- *Green Community Café* - daily activities for young people including virtual friendship groups.

- Anxiety in children and young people free educational courses
- the weekly youth service timetable will be advertised and will include GMCA craft packs, which we have delivered to hundreds of young people through our schools. We are also delivering packs to our locality hubs so they are available for families throughout the summer.
- Education welfare officers are currently identifying those children who may find returning to school more difficult and are targeting discussions with families to direct them to the Early Help Locality Team to focus contacts with families through the summer to raise confidence of our young people and get them ready for school.
- Early Help Teams have partnered with *'Fit and Fed'* and will manage bookings for the timetable of activities running through July and August; they will support delivery and will specifically identify places for our more vulnerable families
- Providers will provide "handover" advice back to schools where applicable before children return to their normal academic environment.
- FSM vouchers will be given to vulnerable children and families will be supported with food parcels and packed lunches to facilitate attendance at targeted activities
- Targeting outstanding vaccinations at children who have not yet had them

The output of appropriate cultural activities, described above, will be shared with the Borough Town of Culture Board and the work of our vulnerable young people showcased as part of our Year of Culture. Opportunities to continue to engage in arts and performance will be made available in the new academic year, subject to interest and uptake.

The programme above is in addition to the independent sector, including pre-school day care organisations which continue to be supported from a commercial perspective by the Council's business leadership team.

Priority two: No rough sleepers

The Council and OCO will continue to protect our most vulnerable, specifically by giving all rough sleepers the strongest possible offer of support with regards both temporary and housing options.

An immediate support offer will be worked up over summer to prepare for a potential spike in demand on Housing Services once evictions ban is lifted on 23rd August. Initial interventions will comprise:

- Fifteen additional temporary accommodation units, which have been secured through the A Bed Every Night (ABEN) initiative until March 2021. Outplacement support will be attached to each of these placements, including pathways to permanent housing behind them. Six Town Housing will be asked to extend their neighbourhood housing support to include these residents once in their permanent accommodation, to provide support that's 'wrapped around' and tailored to the individual to ensure the accommodation is sustained.
- Targeted advice will be released for private rented sector tenants to ensure these residents understand their rights and have access to financial planning and debt management support, as part of the anti-poverty strategy set out in Point 4.

The Homeless Partnership will be asked to take a wider, local leadership role in support to rough sleepers including:

- Assisting the Council and OCO to utilise the MHCLG funding from the emerging Next Steps initiative to source accommodation requirements beyond ABEN provision and providing outplacement advice and support
- corral the local implementation of national and regional initiatives such as the Youth Guarantee
- Continue to proactively identifying people who are at risk of homelessness, to reduce and prevent demand through joined-up public service support and good practice.
- Develop and create robust pathways to easily access Health provision and other services to break the cycle of homelessness.
- responding to the proposal to change the basis of national legislation in relation to homelessness and ensuring local implementation issues are considered
- exploring how the partnership might better engage with the Private Rented Sector to maximise housing supply and ensure quality of provision
- using the proven multi-disciplinary team approach led by the LCO To provide holistic support to people made homeless, recognising wider health and wellbeing issues

Priority three: the Bury Opportunity guarantee

The Council and OCO will give every Bury resident a unique guarantee that they may access a personal opportunity to step towards recovery following COVID. This include opportunities to:

- Improve their health and wellbeing for those who may be struggling to re-adjust to normal life after lockdown or to physically rehabilitate following the virus
- Access all-age mental health support through the newly created Single Point of Access, for people who are or feel vulnerable because of COVID; including the additional impact that isolation and bereavement has had
- Volunteer as a basis for personal development or social engagement; or access volunteering support if they need help through the sustainability and development of the Community Hub infrastructure and leadership of the VCFA
- Access a programme of apprenticeships, internships, traineeships of work experience which will be developed by the Council and CCG as the beginnings of a wider system offer
- Be successful in school and for those who leave school after Year 11, through joined-up vocational and educational support with a particular focus on young people who are Not in Employment, Education and Training (NEET)

Access to opportunities will continue to be through existing services as far as practicable, with a generic “front door” vie the community hubs for people who do not know what sort of support is available or they may benefit from

Specific short-term deliverables will include:

- Review of the role of Community Hubs and expansion to include wider public service “self-care” and wellbeing services, including the intersection between the new Hubs and existing locality-based services such as libraries, and the loneliness strategy already called for by Cabinet
- Determination of a platform for community “voice” and engagement in each of the Borough neighbourhoods, as well as targeted “listening exercises” for particular communities of interest – an early priority will be the BAME community

- A volunteering strategy to sustain and ultimately extend volunteer capacity within the borough
- Completion of a system-wide equalities review including a strategy for the Council and OCO and Six Town Housing
- An apprentice strategy for the Council and OCO
- A wider skills strategy across the borough, to inform Bury 2030 planning and include requirements and local provision for vocational and degree-level apprenticeships; traineeships; T-Levels and work experience/internships. The strategy will be all-age but with a particular focus on present Year 11 school students
- Leadership from the Head teacher community to support Year 10 pupils to be exam ready in the new academic year

The Bury College Principal will lead the Young People's aspect of the Opportunity Guarantee, drawing on the **14-25 forum** which will be refreshed with a focus on skills, apprenticeships and employability.

Priority four: Anti-poverty refresh

A task and finish group, led by the Citizen's Advice Bureau, will be established to refresh the Council's anti-poverty strategy and, further, enable delivery through specific interventions which harness the strength of both state and society to provide the best possible safety net for our residents. In particular the refresh will address:

- Extending the proactive work already underway through the Council's Revenue and Benefits team to give residents clear benefits advice (with DWP) to ensure residents understand and are supported to navigate the benefits system and access swift and appropriate financial support
- To provide quality information and proactive debt advice to residents who may be in work or new to unemployment, including support from Barclays who will help to inform the approach to targeting people who are at risk of "in-work poverty" and may need support
- Specific support with fuel poverty as well as financial hardship
- Furthering the digital inclusion strategy, through the existing dedicated group, to connect local people to resources and advice
- Full uptake of the Healthy Start food voucher scheme in order that as many parents as possible can access fresh fruit and vegetables, including linking in with local markets. Use of the vouchers will be further enhanced through the provision of free, on-line and face-to-face cookery classes
- Directing wider support and national grants eg the DEFRA Food Grant which the Council is advised will be available soon
- Using the consultation feedback from the equalities review to inform the longer term anti-poverty interventions required by distinct Communities of Interest in the borough

Priority five: Year of Culture

Work will continue to maintain local pride as the current GM Town of Culture 2020 and embed our culture economy offer. The Council has now created a catalogue of the cultural offer across all arts organisations; freelancers and independent artists. Every contributor who has reported a cancelled event this year will be contacted personally for advice and assistance in resuming their plans or

planning an alternative. Investment in the Borough's culture infrastructure was provided for in the 2020/21 budget and will be directed towards supporting to the arts sector in recovery.

In the meantime, The **Town Centre Recovery Boards** will be supported to showcase and progress their local offer and events to drive the recovery of their locality. In support of this, the Council will:

- Prepare guidance on safe delivery of events in the context of social distance. This guidance will supplement that already prepared for faith leaders to assist the return of communal workshop
- Establish a borough Safety Board to deliver a multi-agency forum for events management

Priority Six: Health and Care recovery

The Council and OCO will support the health and care system recovery strategy to resume delivery capacity and manage the backlog of demand; maintain the phases of emergency response needed; and enable residents who require both mental and physical rehabilitation support following the emergency to be supported back to health. Specific actions are as follows:

- Returning the LCO Integrated Neighbourhood Teams to delivery and, within these teams, to progress the integration of mental health services and the social prescribing resource linked to community hubs
- To step and develop the Active Care Management program that provides an MDT approach to supporting those most vulnerable people including the frail elderly, residential and nursing home patients, and those with complex needs
- To support recruitment within the Primary Care Networks to support primary care services
- People who have an urgent medical problem will be able to receive advice and if necessary an urgent care appointment either in primary care of the emergency department
- People will be able to access the full range of primary and secondary services in a safe and equitable way
- Maintaining capacity to support the ongoing emergency response including public health capacity and community hubs to support vulnerable people who are required to self-isolate through Track and Trace, to continue to prevent the risk of a local lockdown
- Build on the delivery of integrated care people to enable people to live well and independently at home (references the acute to community shift in the appendix)
- Connecting the social care rehabilitation services to wider community provision to manage demand much earlier
- Reviewing wider Council provision to enable high standards of community health including determining the future for municipal leisure provision and launching the borough physical activity strategy.

Wider strategic interventions to support residents with a return to good health and ease pressure on the system more widely will be overseen the **Strategic Commissioning Board (SCB).** The SCB is also the body accountable for outbreak management within the local Outbreak Management Plan, including the management of health, community and core service resources.

Priority Seven: Backing Bury Businesses

The Council and OCO has developed a good knowledge of local businesses through a number of recent investments including the local economic analysis and commission of a strategic advisor during the COVID emergency to understand key business sectors at-risk and particular businesses

within them, in order that support could be targeted. Wider information on the commercial sector is included in the GM Local Prosperity Review.

In this context, key actions to support business include:

- Joining-up communications and information about regional and national funding and support opportunities for local business, such as Enterprising You and Start Smart, through proactive communications led by Bury Means Business
- Encourage engagement with the GM Business Growth Hub to support and grow our businesses
- Returning to earlier analysis completed by the Centre for Local Economics Studies regarding the extent of the "Bury Pound" which was retained locally. At that time the retention of local spend was at a good level; a position which it is not critical to secure. In support of this the Council's procurement strategy will be reviewed to ensure municipal spend patterns are supportive pf the local economy as far as possible
- Continuing to support the **Bury Business Leaders**, to target strategic interventions and support individual businesses and local initiatives. Feedback from these groups consistently is that business start-up space is an issue; on that basis the council is proposing to make available Council estate which is not currently in use to local businesses on a temporary basis
- Continue to provide Brexit advice and support to our businesses
- Interfacing business leaders with the borough skills strategy to ensure apprentice provision reflects commercial as well as local skills needs and therefore deliver a pipeline between development and employment. The group is very supportive of Bury College's ambition to become a national leader in the provision of digital and cyber apprenticeships, for example. This will complement the wider objective of increasing health and care skills by developing a centre of excellence in the borough
- The development of established Town Centre Boards as a forum for input to local commercial strategies and support

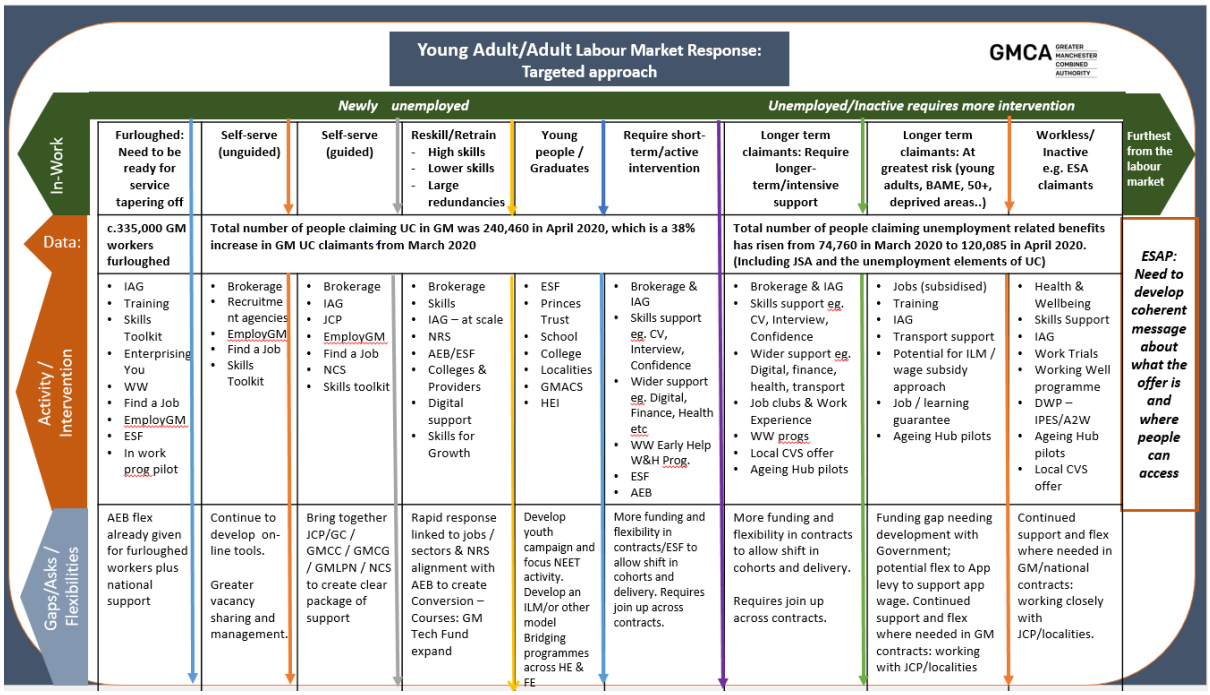
Priority Eight: Working well

The Working Well suite of interventions are GMCA's flagship locally developed interventions, which puts multi-agency support around individuals to enable them to access and remain in work . The working well model follows three key principles of delivery:

- Personalised support, through a Keyworker model, to enable people to tackle their personal barriers to employment and progression
- Integration between the Working Well initiative and local services, to ensure individual complex needs are properly supported within and outside of the programme
- Offering an "eco system" of work, health and skills to ensure multiple outcomes for individuals can be secured through a seamless and sequenced, tailored offer of support.

The Working Well suites of programme will be overseen by the **Bury Employment, Health and Skills Task Group**, which is a network that already exists and is chaired by DWP as follows

The Council and OCO will embed, promote and support funded activity that is further developed by the GMCA and partners to ensure all parts of the system are aware of funded support. This will ensure Bury's leaders can further develop and embed joined up delivery across the system.



Priority nine: Economic recovery strategy

The Council and OCO has the benefit of recent economic analysis which was commissioned as part of Brexit preparations. This information will be used to inform an economic recovery plan which will be independently validated.

Priority Ten: Championing the borough's key workers and volunteers

The Council and OCO has publically commended the work of hundreds of keyworkers and volunteers, including Head teachers and children's social workers, from across the borough for their personal contribution during the emergency. The gratitude that we must show this group is sincere and must continue. The Council and OCO therefore commits to:

- Maintaining our campaign of thanks and recognition to Keyworkers throughout recovery, to reflect the sincere and heartfelt appreciation of the local community. The **Bury Times** will be approached to seek their support in showcasing our local heroes
- campaign nationally for investment in health and social care and the high quality terms and conditions which these roles require
- specifically supporting, as far as practicable, Unison's COVID-19 Campaign calling for frontline care workers to receive the appropriate PPE; full sick pay if they become ill or are forced to self-isolate in accordance with government instruction due to COVID-19; protection from dismissal for COVID-19 related absence; and support for carers' leave

Delivery

Appended to this paper is the framework for a detailed delivery plan for defined priorities, across two phases as follows:

- **Immediate priorities** for the next 6 months (to end of 20/21 financial year) to support the community in an ongoing emergency context and make preparation for potential major economic challenges
- **Priorities for the next financial year** to drive the "Building back Better" stage of recovery and begin movement on major transformation initiatives

The impact of these interventions will be informed by **evaluation** against an outcomes performance dashboard which will be developed as part of the Bury 2030 strategic plan and in operation by the new calendar year

The actions proposed for the next six months are regarded as critical to the present emergency recovery and as such will be resourced in the same way that response was delivered, as follows:

- The priorities will be treated as "priority one" requirements from a business continuity perspective and other work de-prioritised to enable capacity to be diverted
- Staff will be asked to volunteer to contribute in the first instance, if they are interested
- Staff with skills to respond will be identified and requested to assist

In addition, specialist expertise and short term capacity will be sourced to assist with specific deliverables including:

- Town of Culture celebrations and engagement
- Design of specific anti-poverty interventions in particular the community vouchers
- The leisure services review
- The council's procurement policy refresh, including social value strategy
- The development of a borough skills strategy including ambitious in-house apprentice and trainee scheme

Appendix - Detailed delivery checklist, ten-point plan

Priority	Cabinet Lead	Exec Lead	Partner Lead	Target Cohort	Funding	Core delivery month
1. Summer provision	Cllr Tariq	**Karen Dolton** Julian Kramer	Early Help Board	Vulnerable children		August
2. No rough sleepers	**Cllr Cummings**	**Lynne Ridsdale** Phil Cole	Homelessness Board	Rough Sleepers	ABEN & MHCLG Next Steps	September
3. Opportunity Guarantee	**Cllr Jones Cllr Simpson** Cllr Tariq	**Lynne Ridsdale** Nicky Parker	Bury College Principal (Young people)	Universal		September/ October
4. Anti-poverty refresh	**Cllr Jones**	**Lisa Kitto** Nicky Parker	CAB	Benefits claimants	Budget amend	August
5. Year of Culture	**Cllr Black**	**Lynne Ridsdale** Chris Woodhouse	Town of Culture Board including The Met	Universal	£120k budget amend	November
6. Health and Care recovery	**Cllr Simpson / CCG Chair**	**Will Blandamer** Julie Gonda/ Secondary Care post	LCO & SCB	Long term health condition; frail elderly		Ongoing
7. Business Leadership	**Leader**	**Paul Lakin** Tracey Flynn	BBLG	Local business		Ongoing
8. Working Well	**Cllr Simpson**	**Paul Lakin** Tracey Flynn	Bury Employment, Health and Skills Task Group	Long term unemployed		Ongoing
9. Economic Recovery Strategy	**Leader**	**Paul Lakin** Crispian Logue	Team Bury			November
10. Thanking Key Workers	**Cllr Simpson**	**Will Blandamer** Julie Gonda/ Secondary Care post	LCO & SCB	Health & Care staff		August

2. Medium term priorities: April 2021 – 22

Further priorities for the medium term which have been highlighted as part of Bury 2030 thinking and the Building back Better recovery stage are as follows

Priority	Lead	Key Activities
Neighbourhood Model development: • Data warehouse scoped • Adults early help model, including homelessness • Alignment of children's early help including expanded role of school leaders • Integration of community hub capacity (self-help; community capacity) including review of Bury Directory as the single repository of all Bury services and opportunities	**LR**	
Strategic development plans including town centre strategies: • Prestwich; • Radcliffe; • Bury • Whitefield • Uplands • Ramsbottom	**PL**	
Digital strategy including: • Clear work plan for Digital Inclusion Group (already established) • Digital Inclusion specialist appointed • clear vision and roadmap • resident skills • routine sign posting to digital self-care resources as part of every health and social care assessment • digital inclusion including broadband access • council channel shift for example in Contact Centre and residential care so that relatives and care givers can routinely discuss care together	**PL**	
Carbon neutral strategy including • clean air standards • cycling and walking strategy	**DB**	
Health and care recovery: • Population health • Acute to community shift • Mental health strategy • System funding model	**WB**	
Social infrastructure including: • Neighbourhood Asset review • One Public Estate decision • VCFA capacity	 **PL** **PL** **LR**	

Priority	Lead	Key Activities
• Community assets	**LR**	
Housing action plan including: • development action plan • private rented sector strategy • eco-housing strategy • Homelessness charter developed to provide support package • ? Ethical Lettings Agency (STH)	**?**	
Education and skills strategy • primary; secondary; SEND; FE; and HE • Learning disability review	**KD**	
Wellbeing • mental health • Physical activity strategy	**WB**	

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Bury COUNCIL

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	03 August 2020	**Action**	Consider
Item No	7	**Confidential / Freedom of Information Status**	No
Title	Urgent Care By Appointment		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	David Latham, Programme Manager Bury OCO		
Clinical Lead	Dr Kiran Patel, Medical Director Bury LCO		
Council Lead			

Executive Summary

The GM Urgent and Emergency Care Programme Board have collectively agreed a strategic approach to the development of an Urgent Emergency Care (UEC) by Appointment model and its alignment with the soon to be launched, NHS 111 First.

While the proposal is to develop a GM-level model, the **emphasis is on locality-developed service models based on the needs of patients,** supported and connected by digital solutions where possible.

The UEC by Appointment programme aims are to reduce the number of people attending A&E with conditions that can be treated via self-care or elsewhere in the community. The aim is to keep this figure at 25% lower than pre-Covid 19 levels.

This briefing explains the concept and model further, considers its impact for Bury and details progress to date.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the proposed development
- Support the concept whilst acknowledging that this is being adapted to best suit Bury
- Note the progress to date
- Agree to receive further updates as required

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes

Implications						
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	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	Within the direction of travel nationally and locally for Urgent Care					
How do proposals align with Locality Plan?	Within the direction of travel nationally and locally for Urgent Care					
How do proposals align with the Commissioning Strategy?	Within the direction of travel nationally and locally for Urgent Care					
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☒	N/A	☐

Implications						
Register?						
Additional details	Equality, Privacy or Quality Impact Assessment will need to be completed when plans are further clarified.					

Governance and Reporting		
Meeting	**Date**	**Outcome**

Strategic Commissioning Board

Urgent and Emergency Care By Appointment
Briefing as at 17.7.20

1 Introduction

In Bury the COVID recovery programme for health services is being driven through the Health and Social Care Board. To do this several recovery groups have been established each with a local organisational and Senior Responsible Officer lead identified.

For Urgent Care the Bury Local Care Organisation (LCO) has been identified to lead on recovery and has established a multi organisation group called the Urgent Care Programme Board to deliver this agenda.

As with the other recovery groups the Urgent Care Programme Board is following the OCO Programme Management approach.

2 Urgent Care Programme Board

The Urgent Care Programme Board is chaired by the Medical Director for Bury LCO, with Director of Transformation and Delivery for the LCO identified as SRO. In order to support the work plan for the group the LCO have engaged Programme Management support.

The remit of the Urgent Care Programme Board is:

- To implementation of the recommendations from the Bury Urgent Care Review
- To implement the UEC GMHSCP Priorities:

    - Complete Clinical Assessment Service (CAS) development
    - Review and agree MDT community-based response model for urgent 2 hours and same day as part of the development of integrated urgent care services (for physical, mental health and care needs)
    - Review and agree Streaming and SDEC model
    - Implementation of GM Discharge to Assess Pathways Guidance
    - Implement UEC By Appointment

See appendix one for a breakdown of the workstreams within the remit of the Urgent care Programme Board.

3 Urgent And Emergency Care By Appointment Strategic Fit For Bury

The GM model for Urgent and Emergency Care by Appointment fits with the strategic intention as laid out in the recent Bury Urgent Care Redesign. This sought to:

- redesign our urgent care system to simplify how services are accessed when you need them, improving the patient experience
- Speed up how soon patients are seen in A&E

- Reduce the number of unplanned hospital admissions
- Deliver a better urgent care system and better value for the money we invest in our health services.

GMHSCP have asked CCGs/OCOs to ensure a briefing on UEC by Appointment is taken to Strategic Commissioning Boards. The focus of this briefing is to explain the UEC by Appointment concept/model to SCB and update on progress locally.

4 Urgent and Emergency Care by Appointment Model

4.1 Concept

The GM Urgent and Emergency Care Programme Board have collectively agreed a strategic approach to the development of a UEC by Appointment model and its alignment with the soon to be launched, NHS 111 First.

While the proposal is to develop a GM-level model, the **emphasis is on locality-developed service models based on the needs of patients** - supported and connected by digital solutions where possible.

The UEC by Appointment programme aims are to reduce the number of people attending A&E with conditions that can be treated via self-care or elsewhere in the community. The aim is to keep this figure at 25% lower than pre-Covid 19 levels.

4.2 Why are we doing UEC by Appointment

- The model helps to deliver the outcomes of the recent Urgent Care Review
- Many people can be managed by advice and support remotely
- Helping patients to be seen in the right place, right time and the right place
- Keeps patients and staff safe by controlling flow of patients into ED to avoid large numbers at any one time and support social distancing
- In line with national and GM direction of travel for urgent care.

4.3 The Model

The Model that comprises of:

- ‘Call before you go to ED’ or 111 First
- Clinical Assessment Service (GM and locality-level)
- Local as early as possible – where clinically appropriate, connect patients with local clinicians or services quickly
- Book patients into appointments wherever possible – to site/service or response to place of residence
- For those that self-present, acute-based pre-ED triage and streaming
- Locally agreed referral pathways (community-based and acute-based)
- Digitally linked across GM

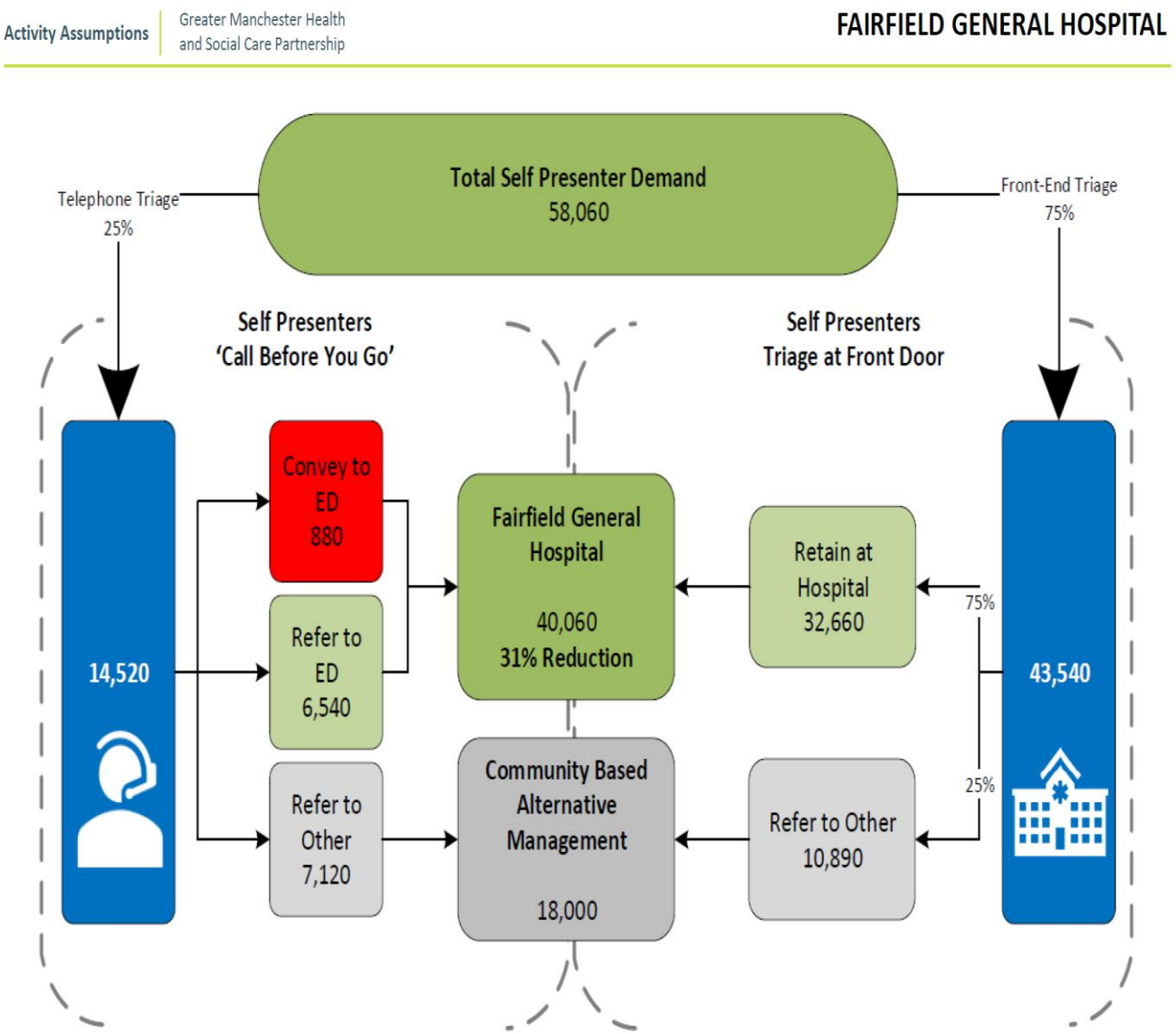
- Consistent 24/7 service offer

Within the model it is hoped, through local and nation communications, patients will ring **'NHS 111 First'** instead of self-presenting at A&E. Patients will be given advice or an appointment for ED, primary or community care.

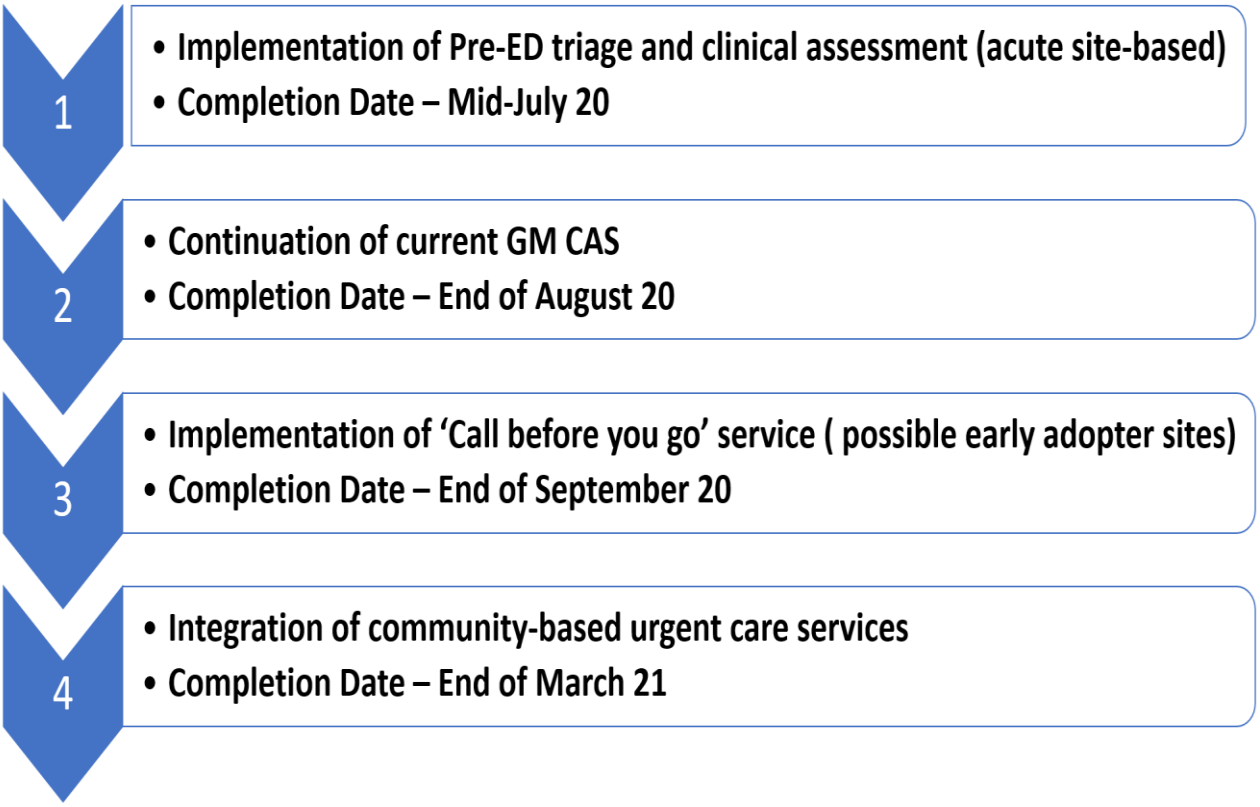
For those patients that still self-present at A&E they will be receive an assessment and then may be re-directed to an appointment in ED, primary care or community care.

4.5 GM Activity Assumptions

GMHSCP have modelled across GM what a 25% reduction would look like. The model for FGH, below, shows the total A&E 'self-presentation' number 58,060 and assumes that 25%, 14,520, will call before they go. It also assumes that for the remaining 75%, 43,540, locally redesigned triage and systems can deflect a further 25%, 10,890, away from A&E in to suitable local alternatives. Please note that the figures below are for all FGH attendances which will include circa 30% from HMR CCG.



4.6 GM 4 Phase timescales



5 Local Progress

Bury is keen to progress the UEC by Appointment model. The aspirations of the proposed model fit perfectly with the direction of travel for Bury identified through the Urgent Care redesign.

The progress to date includes:

- The Urgent Care Programme Board currently meets every two weeks and UEC by Appointment is a standard agenda item
- A programme Charter has been developed which outlines key tasks and milestones
- Programme Manager has commenced in post
- UEC by Appointment modelling meeting took place on 30th June 2020
- UEC by Appointment Clinical Workshop took place on 7th July 2020
- Meetings set for 17.7.20 and 20.7.20 to look at Data and Pathways, Developing Pre-ED triage and Options for booking and referring people
- Data analysis is underway to align ED activity with likely pathway demand for out of hospital services, including FGH, NMGH, and HMR
- Pathway development in under way, aligning with GM pathway iterations for wider circulation and sharing across the system at the clinical workshop on 28th July
- Definitions of pre-ED, streaming and triage have been drafted along with key operating principles, inclusive of shared understanding across acute, mental health, social care and out of hospital services for consideration at the clinical workshop on 28th July.
- Bury Clinical and Operational leads identified for UEC by Appointment

- Bury is represented on the GM UEC Pathway and Oversight Group
- GM Urgent and Emergency Care by Appointment Locality Readiness and Next Steps document completed and submitted to GM
- GM have established a progress return required every two weeks. The Bury submission as at 16.7.20 is attached for information as appendix two.

6 Emerging Issues/Risks

- Mental health – governance, capacity and pathways
- Supporting digital solutions – will need local decision points, inter-operability is key
- Estates – Covid requirements, capital availability, and likely delays
- Achievement of GM milestones vs. NHSI /E
- Management of public expectation and supporting communications
- Uncertainty regarding funding position, requiring review of financial assumptions.
- Interdependence with HMR on the FGH site
- Need to capture bury patients that self-present at NMGH

7 Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the proposed development
- Support the concept whilst acknowledging that this is being adapted to best suit Bury
- Note the progress to date
- Agree to receive further updates as required

David Latham
Programme Manager
David.latham@nhs.net
July 2020

Appendix One: Urgent Care Programme Board Workstreams

Bury Urgent Care Programme – 16th July 2020

Workstream 1: Hospital UC (UTC)

SRO: Caroline Ryan

- 1.1 Agree pathways and "Pre ED" triage/streaming model
- 1.2 Agree operating model and workforce requirements
- 1.3 Develop business case for UTC capital build
- 1.4 Model demand and capacity requirements
- 1.5 Develop in hospital pathways for UTC including MH, paeds, ambulatory care, SDEC
- 1.6 Agree and implement transfer of Bury WIC

Workstream 2: Implement GM UEC by Appt

SRO: Vicky Riding

- 2.1 Implementation of Pre-ED triage/streaming and clinical assessment
- 2.2 Continuation of current GM CAS and develop locality CAS
- 2.3 Implementation of "call before you go" service
- 2.4 Integration of community based urgent care services (see Workstream 3)
- 2.5 Develop community based urgent primary care through PCNs and OOH
- 2.6 Work with Vision to implement integration capability or consider change to EMIS
  Progress Graphnet
  Develop Adastra as part of GM Programme to manage face to face triage and streaming
  Commence any changes to GP systems if required to support direct booking via 111/CAS

Workstream 3: Improving access to Community UC

SRO: Jill Stott

- 3.1 Undertake capacity and demand analysis of current community pathways
- 3.2 Mental Health pathways redesign
- 3.3 Additional wound care
- 3.4 Review of extended working hours and benchmark across GM
- 3.5 Implement GM Frailty pathway
- 3.6 Identify and implement new community pathways as required to ensure adequate capacity for triaged/streamed patients

Key Enablers

SRO: Sam Merridale

- 4.1 Agree KPIs and quality outcome measures
- 4.2 Create an UC dashboard.
- 4.3 Agree and implement a workforce model
- 4.4 Forensic analysis of costs and contracting arrangements across UC system
- 4.5 Work with GM to ensure patient/public comms are in place for the new system
- 4.6 Ensure IM&T requirements for all new pathways meet requirements for system integration
- 4.7 Enable robust and continuous engagement with clinical and system partners throughout the redesign process

Appendix Two: GM UEC By Appointment Progress Return 16.7.20

RETURN TO LOCALITY NAVIGATION PAGE

Greater Manchester Health and Social Care Partnership

UEC BY APPOINTMENT – BURY

ACUTE-BASED PRE-ED TRIAGE AND ASSESSMENT SERVICE				'CALL BEFORE YOU GO' TRIAGE AND ASSESSMENT SERVICE			
Locality Actions		Narrative	Status	Locality Actions		Narrative	Status
Identify locality clinical and operational leads for UEC by Appointment	26 June 2020	Dr Kiran Patel – Primary Care Janet Stanton – Ass. Director Nursing PAHT Caroline Ryan – PAHT Ritesh Shetty - Secondary Care - PAHT Vicky Riding Dr Zahid Chauhan _ BARDOC	Complete	Readiness to go-live by mid Sept 2020 as early adopters	03 July 2020	Yes	Complete
Review and confirm the locality activity modelling assumptions	03 July 2020	Confirm the modelling for Fairfield site, however it is estimated 30% of the activity through the department will be HMR patients. Need to confirm Bury numbers at North Manchester General Hospital Is this 25% of total walk in to Fairfield?	Complete	Review and confirm the locality activity modelling assumptions	10 July 2020	Confirm the modelling for Fairfield site, however it is estimated 30% of the activity through the department will be HMR patients. Need to confirm Bury numbers at North Manchester General Hospital Is this 25% of total walk in to Fairfield?	Complete
Confirm what services or pathways will be available (acute and community-based) post-triage or assessment	03 July 2020	Current pathway already in existence include: GP visiting service? GP Practice Extended Hours Ambulatory Care Bury Urgent Treatment Centre Rapid response Team Mental Health services Urgent Dental However it is noted that further work surrounding pathway links will be required. Clinical workshop arranged for w/c 6th July.	Likely Delay	Identification of locality CAS capacity to receive referrals from telephone triage service and if any additional GM CAS capacity would be required for out of hours/overnight etc.	10 July 2020	Can this be clarified – does this refer to telephone triage capacity or face to face?	Likely Delay
Confirm locality arrangements for referring and/or booking patients into acute and community-based services	10 July 2020	ADASTRA available to direct book into Bury Urgent TC and direct from ED ADASTRA available to transfer cases from 111 – 999 Direct booking available into extended working hours Vision ACU - Accessed through the GP referral bleep covered by the Acute Physicians	Likely Delay	Confirm if there is an intention to link the locality CAS to the acute-based pre-ED triage and assessment service (i.e. single provider, alliance-type model, co-located etc.)	10 July 2020	Yes that is our intention, modelling to be worked through.	Complete
Confirm any risks/concerns regarding capacity, digital interoperability, finance etc. and if any further help or support is required	10 July 2020	Social distancing Compatible IT system IG arrangements Capital for estates work Capacity of additional services Public response to new models of care	Complete	Confirm current or planned digital systems within the locality CAS including ability to access patient records and booking / referral processes	17 July 2020	ADASTRA linked with GM Graphnet / Summary Care record / child protection system	Complete
Implementation of pre-ED triage and assessment service	20 July 2020	Based on these timescales likely delay. Need single access point and directory of options both acute and community	Likely Delay	Confirm what services or pathways will be available (acute and community-based) post-assessment	24 July 2020	GP visiting service? GP Practices Extended Working Hours Bury Urgent Treatment Centre Rapid response Team Mental Health services Urgent Dental Virtual Hospital Integrated Neighbourhood Teams Palliative Care Meetings now arranged to confirm.	On target

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Bury COUNCIL

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	03 August 2020	**Action**	Approve
Item No	8	**Confidential / Freedom of Information Status**	No
Title	Individual funding Request Terms of Reference		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Lisa Featherstone, Deputy Director		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	-		

Executive Summary

The NHS is under a statutory duty 'to promote comprehensive healthcare within the resources available'. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may demand. The NHS is entitled to take into account the resources available to it and the competing demands on those resources. The precise allocation of resources and the process for prioritising the allocation of those resources is a matter of judgement.

The CCG has in place an effective Use of Resources Policy, which along with its underpinning frameworks, is intended to facilitate and support the decision-making process at a named individual level where their request is an exception to the commissioning policies and contracting arrangements in place

The CCG has an IFR Panel in place, which meets on a monthly basis to consider cases that have been submitted to the CCG for consideration.

A review of the IFR panel was undertaken in late 2019, in response to queries and issues that have arisen over the previous 12 months concerning the Panel Membership and subsequent Terms of Reference.

An updated terms of reference is presented, with strengthened membership which addresses the concerns raised.

It should be noted that recruitment is underway in respect to the vacant posts.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the Terms of Reference(v2.5) as presented at Appendix A
- Note the requirement for further consideration of the most appropriate arrangements to support mental health IFR panel requests with an additional report presented as required; and

- Support the continuation of the interim arrangements whilst the recruitment is completed for all posts.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No

Implications						
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	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	This is a statutory duty of the CCG					
How do proposals align with Locality Plan?	This is a statutory duty of the CCG					
How do proposals align with the Commissioning Strategy?	This is a statutory duty of the CCG					
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☐	No	☒	N/A	☐
What are the Information Governance/	The panel operates in accordance with Data Protection, GDPR and Code of confidentiality.					

Implications						
Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☒	No	☐	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

IFR Panel
Terms of Reference

1. Introduction

1.1. This report provides an update in respect to the Terms of Reference and Membership of the Individual funding Request (IFR) Panel.

2. Background

2.1 The NHS is under a statutory duty 'to promote comprehensive healthcare within the resources available'. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may demand. The NHS is entitled to take into account the resources available to it and the competing demands on those resources. The precise allocation of resources and the process for prioritising the allocation of those resources is a matter of judgement.

2.2 The CCG has in place an Effective Use of Resources (EUR) Policy, which along with its underpinning frameworks, is intended to facilitate and support the decision-making process at a named individual level where their request is an exception to the commissioning policies and contracting arrangements in place.

2.3 These arrangements, which are referred to as Individual Funding Requests are overseen by an agreed panel, which gives consideration to requests for treatment which is not routinely commissioned where it is believed that there are exceptional clinical circumstances that should be considered and providing detailed evidence of the discussions and decisions reached. The remit of the panel includes, but is not limited to:

- Where the treatment is not commissioned as the evidence base does not support commissioning on a population basis within available resource constraints, often because the treatment falls below the thresholds of clinical and / or cost effectiveness;
- Where detailed EUR recommendations exist for many procedures but exceptionality to these needs to be considered;
- Where there is no detailed policy in place in respect to the proposed procedure;
- Where the commissioner has determined that the treatment in question is a low priority for CCG resources when compared to the other health needs of the population;
- When the available evidence has not been considered by the Commissioner, so no decision has been made on whether the treatment should be made available;
- Where a condition is extremely rare, and it is unlikely there will ever be evidence of cost effectiveness at a population level for the normal commissioning process to apply;
- Where there is a contract in place with agreed criteria that must be satisfied before a procedure / treatment / drug can be commissioned; and
- Making recommendations on future policy, under the leadership of the Panel Chait who also supports the Greater Manchester Effective Use of Resources Committee.

2.4 The CCG has an IFR Panel in place, which meets on a monthly basis to consider cases that have been submitted to the CCG for consideration. The IFR Panel, and overall Effective Use of Resources approach is supported by the Greater Manchester Shared Service Effective Use of Resources Team.

3. Review of IFR panel.

3.1 A review of the IFR panel was undertaken in late 2019, in response to queries and issues that have arisen over the previous 12 months concerning the Panel Membership and subsequent Terms of Reference

3.2 The Greater Manchester Effective Use of Resources Policy, which has been adopted by Bury CCG, was last refreshed in July 2019.

3.3 Included within the Policy is a model Terms of Reference.

3.4 A comparison of the model terms of reference and those in operation within the CCG, which were issued in June 2014 and are significantly overdue for review, reflected the following differences:

Model ToR Requirements	Bury CCG ToRs
GP Representative	✓ (4 including Chair)*
2 additional members with a clinical background	
Finance Representative	Not included in ToR but does attend
Medicines Management Representative	✓
Public Health Representative	✓
Lay Member Representative (patient)	Not included in ToR
Senior CCG Commissioner	✓
Co-Opted advisors (with or without voting rights)	Not included in ToR

*currently only two GPs remain in post and a clinical director (not a GP) is currently undertaking the role of Chair on an interim basis

3.5 A request was been made by the IFR Panel for a review of the membership specifically in respect to increasing the number of GPs available to support the panel and also expanding the membership to include other specialties, for example a nurse.

3.6 It is considered that the inclusion of specialties beyond General Practitioners, will not only increase the expertise available to the panel, to support the wide range of requests that are considered but will also facilitate to Panel to achieve quoracy at every meeting.

3.7 To address the concerns raised by existing panel members and to ensure the panel remains robust and able to operate, a new Terms of Reference (see appendix A) have been developed and are presented for approval, with the following membership:

- IFR Chair and EUR Clinical Lead (GP)
- 2 GPs;
- 2 additional clinical members, who are not officer representatives but may be GPs;
- CCG Finance representative;
- CCG Medicines Management Representative;
- Public Health Representative;
- Lay Member representative; and
- A senior commissioning representative from the CCG.

3.8 This membership expands the model terms of reference in respect to the Chair and also the number of GP representatives. This is permissible as it is for Bury CCG to determine what arrangements best enable it to discharge its duties in respect to this Policy.

3.9 There does however remain some concern on whether the panel will have the specialist expertise to review recommendations from Consultants in respect to Mental Health treatments proposed or to understand whether the full and appropriate pathway has been followed.

3.10 To address this, it is proposed that as an interim solution, the senior commissioning manager and the Clinical Director for Mental Health are invited to join the panel as advisors where cases are scheduled for review. Further consideration will be given to the establishment of a longer-term solution and will be presented back for approval as required.

4 Associated Risks

4.1 The most significant risk lies in maintaining the current panel membership whilst recruiting to the new posts.

4.2 Additionally, there is no clarity on the current level of interest in the following roles:

- IFR Chair and EUR Clinical Lead (GP)
- 2 additional clinical members, who are not officer representatives;

4.3 The vacancies are currently open to recruitment and have been shared with the CCG Membership and Practice Nurses, with support requested from the LMC, LOC, LDC and LPC to seek further interest in the opportunities.

4.4 Until the IFR Chair and EUR Clinical Lead is appointed, it is proposed that the interim arrangements for chairing future meetings continue, noting however that this would not fulfil the requirement for the post-holder to be a GP as set out in the Terms of Reference.

5 Recommendations

5.1 It is recommended that:

- the Terms of Reference are approved;
- the requirement for further consideration of the most appropriate arrangements to support mental health IFR panel requests is noted;
- the interim arrangements are supported whilst the recruitment is completed for all posts.

Lisa Featherstone
Deputy Director
July 2020

Appendix A

TERMS OF REFERENCE
INDIVIDUAL FUNDING REQUEST
PANEL

Terms of Reference Document Control Sheet

Document Control	
Document Name	Individual Funding Request Panel Terms of Reference
Version/Revision Number	V2.5

Version Control

Version Ref	Amendment	Date Approved
v0.1	Initial draft	
V2.1	Ratified by Clinical Cabinet	May 2014
V2.2	Refresh of Terms of Reference submitted to commissioning for review	August 2019
V2.3	Feedback received from commissioning and draft ToR shared with CCG Chair and Director of Commissioning and Business Delivery	November 2019
V2.4	Updated to include feedback from Dr Schryer and IFR Team	November 2019
V2.5	Updated in respect to additional feedback from CCG Chair and Director of Commissioning and Business Delivery and shared with wider IFR Panel	February 2020

1.0 Introduction

1.1 The NHS is under a statutory duty 'to promote comprehensive healthcare within the resources available'. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may demand. The NHS is entitled to take into account the resources available to it and the competing demands on those resources. The precise allocation of resources and the process for prioritising the allocation of those resources is a matter of judgement.

1.2 NHS Bury CCG works collaboratively with all Greater Manchester CCGs and has approved the Greater Manchester Effective Use of Resources Operational Policy in order improve the cost effectiveness of services and secure the greatest health gain from the resources available by making decisions based on evidence about clinical effectiveness balanced with known population needs.

1.3 The CCG has established an Individual Funding Request Panel (IFR), referred to in these Terms of Reference as the Panel, to review requests for funding on an individual named basis for treatments not currently covered by commissioning arrangements or for treatments excluded from those arrangements.

2.0 Membership

2.1 The IFR panel, shall comprise of the following members:

- IFR Chair and EUR Clinical Lead (GP)
- 2 GPs;
- 2 additional clinical members, who are not officer representatives;
- CCG Finance representative;
- CCG Medicines Management Representative;
- Public Health Representative;
- Lay Member representative; and
- A senior commissioning representative from the CCG.

2.2 The Chair of the Panel shall be a GP.

2.3 The Vice Chair of the Panel will one of the additional clinicians who is not an officer representative and shall be determined by the Panel.

2.4 The Panel may co-opt additional members when required, particularly when specialist expertise is needed.

2.5 Where a person is to be co-opted onto the Panel for the purposes of participating in any of its meetings the decision to co-opt that individual shall be agreed in advance by the Chair and Vice Chair.

3 Quoracy

3.1 The Panel will be quorate when the following attendees are present:

- The Chair or Vice Chair;
- At least one GP and one clinical representative, who can also be the Chair or Vice Chair;
- Two other CCG representatives; and
- Either the Public Health or Lay Member representative.

3.2 A duly convened meeting of the Individual Funding Request Panel at which the quorum is present shall be competent to exercise all of any of the authorities, powers and discretions delegated to it.

3.3 Members should normally attend meetings, and it is expected that members will normally attend a minimum of 75% of meetings held per annum.

4 Deputising Arrangements

4.1 Should a member not be able to attend a Panel meeting, apologies in advance must be provided to the CCG's Corporate Office on Buccg.corporateoffice@nhs.net

4.2 Deputies can attend on behalf of non-clinical members of the Panel, however they must have the same professional expertise and must be agreed in advance with the Chair of the Panel and notified to the CCG's Corporate Office on Buccg.corporateoffice@nhs.net

4.3 Deputising arrangements will count towards the quorum, where formal representative status is confirmed, and this will be reflected within the minutes.

5 Chairs Action and Urgent Decisions

5.1 In clinically urgent situations a request may be considered in advance of the Panel using the mechanism agreed in the GM EUR Operational Policy/Standard Operating Procedures.

5.2 All emergency and urgent decisions will be reported to the Panel at its next meeting by the Chair (or vice chair) with a full explanation, regarding:

- what the decision was;
- why it was deemed and emergency or urgent decision (required to be made in the period between the scheduled meetings);
- what was the majority view of the members of the Panel; and
- how the decision was implemented.

5.3 A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

6 Frequency

6.1 The Panel will be scheduled to meet on a monthly basis, however where there are no cases for discussion, the panel will be stepped down. Where it is considered that there are an insufficient number of cases to be heard, cases may be deferred to the following month, subject to clinical need and / or assessment, or the panel may meet virtually via teleconferencing or other electronic communication means.

6.2 Where a panel cannot achieve quoracy and there are cases to be reviewed, the Chair of the IFR Panel, in collaboration with the GM EUR team, will determine whether it is appropriate for the cases to be deferred to the next IFR Panel meeting or agree an alternative date for the meeting, which will be convened within the same month.

7 Conduct of Meetings

7.1 The Panel will operate in accordance with the CCG's Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.

7.2 Meetings will be arranged, including sourcing a suitable venue, by the CCG and managed by their nominated lead officer.

7.3 Preparation of agendas and all supporting papers for consideration by the Panel is the responsibility of the GM EUR team on behalf of the CCG. These will be issued at least 5 working days in advance of the meeting.

7.4 Recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the GM EUR team on behalf of the CCG.

7.5 Members of the IFR Panel shall respect confidentiality requirements as set out in the CCG's Constitution.

7.6 Members of the IFR Panel have a collective responsibility for the operation of the Panel. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

7.7 All emergency and urgent decisions, which are taken by the GM EUR Clinical Triage Team on behalf of the CCG's IFR panel, will be reported to the Panel at its next meeting for ratification with a full explanation, regarding:

- what the decision was;
- why it was deemed and emergency or urgent decision (required to be made in the period between the scheduled meetings);
- what was the majority view of the members of the Panel; and
- how the decision was implemented.

7.8 A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

8 Conflicts of Interest

8.1 Panel Members will be expected to declare any conflicts of interests and/or an unusual interest or specialist knowledge of a particular area at all meetings and the Chair will determine how those discussions will be conducted.

9 Duties and Responsibilities

9.1 The Panel will be responsible for:

- reviewing requests for funding for treatments on an individual named basis not currently covered by commissioning arrangements or for treatments excluded from those arrangements;
- assessing the clinical effectiveness of the procedure and then the cost effectiveness of the requested treatment based on the evidence available to them at the time. For requests where a treatment is excluded from commissioning arrangements the Panel will review the evidence to determine whether or not the request under consideration is exceptional and should therefore have access to that treatment funded by the NHS.

10 Accountabilities and Decision Making

10.1 The Panel will make decisions within the bounds of its remit.

10.2 The decisions of the Panel will be binding on NHS Bury CCG.

10.3 The Panel will adopt a consensus approach to decision making where unanimous view cannot be reached on an individual request.

11 Confidentiality

11.1 All requests will be treated as highly confidential as the majority will contain sensitive and/ or clinical information.

11.2 Papers will be sent to members via the BlueTeq © system, however additional arrangements will be made to share the papers via secure e-mail e.g. NHS.net. or registered post, if required.

11.3 All confidential papers will be gathered for shredding at the end of the meeting.

12 Reviewing Terms of Reference

12.1 The Terms of Reference of the panel (including membership) shall be reviewed

annually, to reflect the experience of the Panel in fulfilling its functions or sooner if there are relevant changes in legislation or local / regional or national guidance.

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Bury COUNCIL

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	03 August 2020	**Action**	Consider
Item No	10	**Confidential / Freedom of Information Status**	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Margaret O'Dwyer, Director of Commissioning and Business Delivery Susan Sawbridge, Head of Performance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The CCG, alongside other CCGs in Greater Manchester, has challenges in achieving the national Constitutional Standards in a number of key areas. This report sets out the current position against a number of the main CCG Performance Indicators along with an overview of the impact to these during the current response to the COVID-19 pandemic. A further report setting out the position on all the indicators is presented to the Quality and Performance sub-committee on a monthly basis and to the Governing Body every two months.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives this performance update, noting the areas of challenge and action being taken.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
Add details here.	

Implications						
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	Yes	☐	No	☐	N/A	☒

Implications						
will be affected been consulted ?						
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	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☒	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☒	No	☐	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

Governance and Reporting		
Meeting	**Date**	**Outcome**
N/A		

1. Introduction

1.1. The purpose of this report is to provide an overview of performance in the key areas of urgent care, elective care, cancer and mental health along with an overview of the impact of the COVID-19 response to these areas following the United Kingdom's entrance into a period of 'lockdown' on 23rd March 2020.

2. Background

2.1. This paper is a summary of the information presented to the CCG's Quality and Performance Committee in July which related to the published position as at April 2020. However, as some May data has now been published, this too is referenced within this report.

2.2. A summary of NHS Bury CCG's performance against key NHS Constitution standards is shown at Appendix A and this includes a comparison with the Greater Manchester (GM), North West and England averages. The period to which the data relates is included for each metric. This varies across the metrics, firstly because data is published at different times and secondly due to some data collections having been paused as part of the COVID-19 response.

2.3. During this unprecedented period relating to the COVID-19 pandemic, there will be an impact, both positive and negative, on health care delivery and performance. Although some of the data that allows us to fully understand the impact will not become available for some time, some information has started to be presented and will be considered below.

2.4. National planning with regard to the COVID-19 response has been split into three phases. Phase one covered the period March to the end of April, Phase 2 from April to July and Phase three from August through to March 2021.

2.5. To reduce the burden on providers, Phase 1 saw NHSE/I suspend some routine provider reporting for the period April to June though data to support A&E performance, cancer care and referral to treatment continued to be collected in order to determine the impact of COVID and the associated required recovery. Of the measures suspended, the following are most relevant to the CCG's performance management function in terms of being able to feed updates through the CCG's governance structure:

- Friends and family test;
- Urgent operations cancelled;
- Delayed Transfers of Care (DToC);
- Cancelled elective operations;
- Audiology; and
- Mixed sex accommodation.

2.6 The March advice also led to the following quarterly CCG returns being stood down for Quarter 4 2019-20 and Quarter 1 2020-21:

- Personal Health Budgets;

- Wheelchair waits;
- Improving Access to Psychological Therapies (IAPT) Workforce; and
- Diabetes Transformation.

2.7 At the end of April, NHSE launched the second phase of the COVID-19 response. The NHSE communication set out the broad operating environment and approach to be adopted over subsequent weeks. This included the expectation for COVID-19 testing to take place upon admission for non-elective patients and pre-admission for elective admissions and upon discharge to care homes. The communication also focused on stepping some key services back up such as frailty services and same day emergency care.

2.8 Further NHSE/I communication dated 6th July advises the following:

- Governance & Board meetings:
  - Should be stepped up and held virtually. Where this is not possible, e.g. AGM, such meetings should be deferred to later in the year.
- Reporting & Assurance. Although some reporting remains suspended to manage the burden on providers, the following is to be re-instated:
  - National clinical audits and outcome review programmes. The Healthcare Quality Improvement Partnership (HQIP) will work with providers to determine which will recommence.
  - Referral to Treatment (RTT) Patient Tracking List (PTL). This will allow a deeper understanding of waiting lists and waiting times as localities move towards recovery.
  - Ambulance Clinical Outcomes. This is particularly important for patients on urgent and critical care pathways.
  - Quarterly provider data collections will also resume for children & young people's eating disorder waiting times, physical health checks for people with a severe mental illness and out of area placements. This will be from Quarter 2 onwards (October data collection).
- Vulnerable staff:
  - Localities to proactively support members of staff in vulnerable groups, e.g. those shielding, those from Black and Asian Minority Ethnic (BAME) backgrounds and those with other risk factors.
- Annual Leave:
  - Organisations should adhere to their usual annual leave policy with staff strongly encouraged to spread leave across the year. Senior leaders are asked to role model this behavior.

2.9 Phase 3 of the recovery planning is expected to be launched later in the summer where localities will be asked to put plans in place for the rest of the financial year. This will include winter planning, ongoing recovery of NHS services and ensuring sufficient capacity remains in place to deal with any resurgence of COVID-19.

3. Constitutional Standards and COVID-19 Impact Review

Planned (Elective) Care

3.1 In terms of waiting list management, the target changed in April to an expectation

that there will be no more patients waiting in January 2021 than there were in January 2020. This sets the target for Bury for there to be no more than 15800 patients waiting to commence treatment by January 2021.

3.2 In April there were 14297 patients waiting, 9.5% lower than there had been in January. This is believed to be primarily attributable to the waiting list cleansing exercise undertaken at both PAHT and SRFT during Q4 but also impacted by fewer patients being referred to secondary care in the early phase of the COVID response. The waiting list had increased to 15365 by the end of May which is 2.8% lower than the January 2020 position.

3.3 In terms of GP referrals made via the eReferral Service (eRS), data for April and May shows the following:

- There were 1448 referrals made by Bury GPs in April and 2058 in May, representing a 79% (Apr) and 70% (May) reduction when compared to the average seen in 2019-20.
- Routine referrals reduced by 83% Year to Date (YTD) to May when compared with the same period last year whilst urgent referrals were 63% lower.
- For both routine and urgent referrals, the biggest reductions were seen for diagnostic imaging, physiotherapy, trauma & orthopaedics (T&O) and paediatric services.
- With regard to outpatient attendances, data available within weekly Payment by Results (PbR) extracts shows the following:
    - In the first 11 weeks of 2020-21 (to w/e 14th June), there were 38.4% fewer outpatient attendances than in the same period last year. Attendances are increasing with the reduction having been 43.9% in the first four weeks, 38.7% in the next four weeks and 30.7% in the final three-week period.
    - In the same 11-week period of 2019-20, telephone consultations accounted for just 2% of outpatient attendances. This has increased to 50% of attendances in 2020-21 in this same period.

Cancer Care

3.4 NHSE/I guidance has been issued to both primary and secondary care providers which outlines steps to take to ensure that cancer treatment is maintained during the outbreak. From a primary care perspective, the advice is to continue to manage referrals in line with NICE guidance (NG12) wherever possible. If, however, a GP feels it is more of a clinical risk to refer the patient at this time, they must ensure that the patient is appropriately safety netted and monitored and that they can be followed up as required *(source: publication 001559, NHSE/I, March 2020)*.

3.5 During the COVID-19 response period, the system management and oversight of cancer services across GM has been delegated to The Christie NHS FT and a number of cancer treatment hubs have been set up across GM with Rochdale

Infirmary being the host for the Surgical Hub.

3.6 Following a dip in performance in April against the cancer Two Week Wait (2WW) standard, the target was achieved in May with performance of 98.5% noted against the 93% target and provisional PAHT data suggests it will be achieved in June also. The 2WW breast symptomatic standard was also achieved in May (100% performance). Both targets were achieved in the context of reduced demand during the COVID response period.

3.7 Sub-standard performance remains for 62 day waits. Information shared via a regional COVID forum suggests that increased scrutiny is to be placed on this standard as waiting times have deteriorated more in the North West (NW) than other regions, despite the NW being the second-best performing region before the pandemic.

3.8 By the end of April, 2WW referrals into NCA had dropped by 54% when compared to the pre-COVID period (Jul 2019 – Apr 2020). There has been a gradual increase since that time with NCA level referrals standing 26% lower in early July than they were pre-COVID.

3.9 When comparing 2WW referral rates across GM for two specific weeks, data shows that in week commencing (w/c) 22nd June, there were 16.1% fewer referrals that there had been in w/c 27th Jan. The variance between these two weeks ranges from +7.8% at SRFT to -29.5% at Stockport whilst the variance at PAHT stood at -16.3%.

3.10 At a CCG level, the same data shows that referrals in Bury were 7.6% higher in w/c 22nd June than the reference week. With Bury being the only CCG to have seen an increase in referrals, the variance at a CCG-level ranges from +7.6% at Bury to -31.2% at Heywood, Middleton & Rochdale. The biggest increase for Bury was for suspected skin cancer referrals and may be explained by a lower referral threshold used by GPs in view of fewer face to face GP appointments thus resulting in lower dermatascope use. Lower GI also saw an increase in referrals in these two comparison weeks.

Urgent Care

A&E Attendances

3.11 At 93.1% against the 95% target, A&E performance at PAHT in May is the highest level seen since July 2015. For Fairfield General Hospital (FGH) specifically, performance was 93.8% in May and places FGH third best Type 1 unit across GM. Type 1 refers to what might be classed as a 'traditional' A&E department with a full resuscitation facility.

3.12 In terms of A&E attendances, to February 2020 there had been a 7.3% increase in Type 1 attendances at PAHT (7.0% at FGH specifically) when compared to the previous year. The impact of 'lockdown' on 23rd March resulted in the year end increase being 4.7% at PAHT and 4.5% at FGH.

3.13 Across Q1 of 2020-21, there were almost 22,000 fewer Type 1 attendances at

PAHT than in Q1 2019-20. This equates to a 30.7% reduction at a trust-level and similar reduction of 31.2% at FGH. This reduction had been 44.8% at PAHT in April and -37.8% to the end of May.

3.14 In terms of daily attendances at FGH, the average between December and February was 212 per day. This dropped to 123 in April before increasing to 152 in May and 173 in June, averaging 149 per day across Q1 as a whole. The increasing pattern has continued into July with an average of 177 attendances per day in the first six days of July.

3.15 Since lockdown, there have been four occasions where attendances at FGH have exceeded 200 per day (1st, 8th, 29th June and 6th July). Each of these days is a Monday.

Stranded Patients

3.16 A patient is considered to be 'stranded' if their admission to an inpatient bed lasts for seven days or more. The term 'super stranded' relates to those admissions of 21 days or more. Data for this section is sourced from the GMHSCP tableau dashboard.

3.17 Across Q1, PAHT has had the best stranded patient rate in GM; 30.5% compared to a GM average of 45.4%. It is noted, however, that this increased each month, standing at 20.2% in April, 29.8% in May and 38.5% in June.

3.18 Similarly, with a super-stranded patient rate of 9.1% against a GM average of 16.8%, PAHT also performed best across GM on this measure.

3.19 Lower stranded and super-stranded rates are in the context of the Integrated Discharge Team (IDT) working with a new rapid discharge process with regular conference calls taking place with health and social care partners to ensure patient flow is optimised.

Mental Health

3.20 As anticipated, published data to March shows the Improving Access to Psychological Therapies (IAPT) prevalence and 6 week wait measures remaining a challenge despite strong performance in previous years. Indicative Pennine Care Foundation Trust (PCFT) data for these two measures shows under-performance continuing through April and May also. The target increases in 2020-21 to a prevalence rate of 25%. The IAPT Recovery and 18 week wait targets were met fairly consistently across 2019-20.

3.21 Demand and capacity modelling work carried out jointly between the CCG and PCFT demonstrated that if fully staffed, the PCFT service is funded sufficiently to deliver against the targets. However, this has not been achieved due to the level of vacancies that exist within the service, some of which are the result of existing staff taking up High Intensity Therapy training posts. It is acknowledged that this work now needs to be revisited to reflect any amended national guidance subsequent to COVID-19 along with the impact of digital therapy on the modelling of IAPT services

and the expected increased demand for psychological therapies, much of which is expected to be trauma focused.

3.22 The implementation of a digital therapy solution was expedited as part of the COVID-19 response with Phase 2 of the project having gone live in June. This phase sees service users able to self-refer and supports the move towards a 'Digital First' model where it is envisaged eventually that 70% of service users will receive digital therapy rather than face to face.

3.23 Most IAPT therapy is currently taking place via telephone whilst various video platforms are tested. PCFT has contacted all existing patients on a waiting list, many of whom have positively received the offer of redirection to digital support whilst they continue to wait

4 Actions Required

4.1 The audience of this report is asked to:

- Receive this report.

Susan Sawbridge
Head of Performance
susansawbridge@nhs.net
July 2020

Appendix A: Greater Manchester Constitutional Standards Summary

Measure Name	Standard	Latest Data	GM	Bury	North West	England
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Jun-20	90.5%	88.8%	91.7%	92.8%
A&E 12 Hour Trolley Wait	0	Jun-20	0	0	12	161
Delayed Transfers of Care - Bed Days *(PAHT)*	200	Feb-20	2425	280.8	6337.8	58636.6
Delayed Transfers of Care - Bed Days *(PCFT)*				240.8		
Delayed Transfers of Care - Per 100,000	Null	Feb-20	108.3	89.9		
Stranded Patients (LOS 7+ Days)	2196	Apr-20	2312	324	5150	29572
Super-Stranded Patients (LOS 21+ Days)	Null	Apr-20	1205	135	2510	12445
Referral To Treatment - 18 Weeks	92.0%	May-20	63.5%	62.9%	63.8%	62.2%
Referral To Treatment - 52+ Weeks	0	May-20	1629	98	2883	26437
Diagnostics Tests Waiting Times	1.0%	May-20	61.5%	57.7%	60.2%	58.4%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	May-20	95.0%	98.5%	95.6%	94.2%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	May-20	83.5%	100.0%	88.6%	93.7%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	May-20	94.6%	87.9%	94.5%	93.9%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	May-20	90.5%	92.9%	87.1%	88.5%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	May-20	100.0%	100.0%	99.2%	99.0%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	May-20	99.1%	100.0%	99.1%	96.3%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	May-20	63.4%	60.0%	68.6%	69.9%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Servic	90.0%	May-20	50.0%	100.0%	51.2%	47.9%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	May-20	72.7%	65.0%	76.7%	78.1%
Cancer - 104-Day Wait	0.0%	May-20	51	3	128	897
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Nov-19	68.4%	75.2%	70.8%	71.8%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Nov-19	61.9%	63.7%	63.4%	64.3%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Nov-19	71.2%	72.9%	72.4%	70.0%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Nov-19	76.2%	76.4%	75.8%	76.2%
MRSA	0.0%	May-20	4	0	12	64
E.Coli	Null	May-20	116	5	329	2844
Estimated Diagnosis Rate for People with Dementia	66.7%	May-20	70.80%	77.5%	67.6%	64.0%
Improving Access to Psychological Therapies Access Rate	5.3%	Apr-20	4.74%	3.09%	4.29%	4.09%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Apr-20	47.8%	49.5%	45.8%	48.3%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Apr-20	75.2%	46.7%	83.1%	86.2%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Apr-20	95.5%	97.8%	96.9%	97.4%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Mar-20	75.5%	75.0%	74.5%	71.9%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Mar-20	97.6%	100.0%	100.0%	73.9%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Mar-20	95.9%	100.0%	94.5%	81.3%
Access Rate to Children and Young People's Mental Health Services	33.2%	Mar-20	46.3%	44.2%	38.20%	38.2%
CPA follow up within 7 days	95.0%	Dec-19	96.2%	98.1%	96.6%	95.5%
Mixed Sex Accommodation	0.0%	Feb-20	1.9	1.5	1.3	3.00
Cancelled Operations	Null	Dec-19	1.7%	2.0%	1.3%	1.1%
Ambulance: Category 1 Average Response Time	420	Mar-20	7:33	07:55	07:50	08:07
Ambulance: Category 1 90th Percentile	900	Mar-20	12:12	12:22	13:14	14:22
Ambulance: Category 2 Average Response Time	1080	Mar-20	50:38	53:15	37:37	32:06
Ambulance: Category 2 90th Percentile	2400	Mar-20	1:49:21	01:54:39	01:25:29	1:09:01
Ambulance: Handover Delays (>60 Mins)	Null	May-20	2.4%	1.6%	1.8%	4.2%
Cancer Patient Experience	Null	Apr-18	8.88	8.72	8.87	8.80
General Practice Extended Access	Null	Mar-19	100.0%	100.0%		

Data source: GM Tableau on 13/07/2020

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Bury COUNCIL

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	03 August 2020	**Action**	Information
Item No	11	**Confidential / Freedom of Information Status**	No
Title	Bury System Board Meeting – 14 May 2020		
Presented By	Dr J Schryer, CCG Chair, NHS CCG Bury		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary
The paper includes the minutes of : • Bury System Board Meeting held on 14 May 2020
Recommendations
It is recommended that the Strategic Commissioning Board: • receive the Minutes of the Bury System Board Meeting held on 14 May 2020.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	N/A
Add details here.	

Implications						
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	☐

Implications						
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details	*N/A*					

Governance and Reporting		
Meeting	**Date**	**Outcome**
Bury System Board	14/05/2020	Minutes being submitted for ratification

Title	**Minutes of the Bury System Board** **14 May 2020**
Author	Jill Stott, LCO Governance Manager
Version	2.0
Target Audience	Members of the Bury System Board
Date Created	May 2020
Date of Issue	
To be Agreed	June 2020
Document Status (Draft/Final)	Draft

Document History:

Date	Version	Author	Notes
18.05.20	1.0	Jill Stott	Draft Minutes submitted to MO'D for checking
21.05.20	2.0		Amendments made by MO'D
Approved:			
Signature:			.....

Bury System Board

MINUTES OF MEETING
14 May 2020, 10 – 11am Via Teams **Chair –** Dr Jeff Schryer

Members Present:
Dr Jeff Schryer, Chair Bury CCG (Chair) (JS) Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council (GL) Ms Julie Gonda, Interim Executive Director, Communities and Wellbeing (JG) Ms Kath Wynne-Jones, Chief Officer, Bury LCO (KWJ) Mr Howard Hughes, Clinical Director, Bury CCG (HH) Mr Mike Woodhead, Joint Chief Finance Officer, Bury CCG/Bury Council (MW) Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council (AS) Ms Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer NHS Bury CCG (MO'D) Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD) Ms Catherine Jackson, Executive Nurse, Bury CCG (CJ) Mr Chris O'Gorman, Independent Chair, LCO Board (CO'G) Ms Mui Wan, Associate Director of Finance, Bury LCO (M Wan) for Mr Craig Carter Mr Keith Walker, Executive Director of Operations, PCFT(KW) Mr Sajid Hashmi MBE, Chair Bury VCFA (SH) **Others in attendance:** Ms Nicky O'Connor, Interim Director of Transformation, Bury Council (NO'C) Ms Lesley Jones, Director of Public Health, Bury Council (LJ) Ms Jill Stott, LCO Governance Manager (JMS)
Apologies
Apologies for absence were received from: • Dr Kiran Patel, Medical Director, LCO • Ms Karen Dolton, Executive Director Children's Services, Bury Council • Dr Daniel Cooke, Clinical Director, Bury CCG

MEETING NARRATIVE & OUTCOMES

1.	**WELCOME AND APOLOGIES**
	JS welcomed those present to the Bury System Board and introductions took place. Apologies were noted as outlined above.
2.	**DECLARATIONS OF INTEREST**
	Members were asked to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Bury System Board. None were declared.

3.	**Recovery Plan**
	HH presented to the Board on "Bury Health and Care Recovery," covering the 3 main recovery areas of phasing, principles and priorities. **Recovery Phasing** 3 elements to this (release of lockdown, living with Covid19, building back better) running concurrently and noting the need to be able to flex plans in case of rising infections. **Recovery Principles** HH explained that this was about a one-system plan avoiding organisational protectionism. The shift to care closer to home will be a significant element to the work and positive behaviours will be a guiding principle of recovery work. **Recovery Priorities** HH listed the main areas of priority in this work, including urgent, planned and social care. Again, he noted the need to remove organisational barriers as a key component of this work. As part of the neighbourhood integration work, where the intention is to align the community hubs with the integrated neighbourhood teams (INTs), he suggested a coordinated line management model could be utilised. As part of the summary of the key enablers work (Digital, Workforce, Estates) HH highlighted the crucial role of workforce and an emphasis on retaining the resilience and flexibility currently being demonstrated by staff across Bury. He explained that implementation of the plan would be led by the Health and Care Task and Finish Group, which would be made up of leads from across the system, ensuring a Bury system-wide approach. Three main categories of risk were listed in the presentation and HH made particular reference to the risk around reverting to previous behaviours and to organisational over protectionism. He noted the ongoing importance of governance, safeguarding and IG governance, but suggested a different approach to these could be taken in the future, building on the learning gained during this period. Responses to the presentation were invited from the group: MW suggested that the profile of Finance should be strengthened in the list of priorities and formally listed as an enabler. LD noted that the timeline for implementation of the Urgent Care Review may need to be put back, pointing out also that feedback from the public consultation on this had not been seen by the LCO. She also highlighted the risk around reverting to old behaviours of being one for all across the system. JS confirmed that the outcomes of the UC review had not yet been through all governance routes. GL made a number of points in response to the presentation:

- need for a written version of the overarching ambition and objectives for this next stage of work (this will include the requirement to support pressures across the system, care homes, domiciliary care, residential settings, etc.)
- Retention of the shift from acute to community which has taken place needs to be a priority, particularly as this was an integral part of the Bury Locality Plan
- Building on the work during this period, including quick and significant changes in service delivery, the need to focus now on 5 or 6 priorities and to continue to make timely decisions
- A focus on modelling demand with defined metrics is required as part of the shift from acute to community work
- Financial considerations to be a priority area, taking into account any challenges from a Greater Manchester or North West perspective

As part of the community capacity and planning work JG reported that she is a member of the GM Out of Hospital Cell Group, where a narrative around future community planning is being developed.

She also noted the importance of incorporating meaningful engagement with the public on future services, focusing on co-production of any future models of service delivery.

AS suggested that this is a prime time to make longer-term changes to the delivery of services, noting that service users prefer some aspects of current work, e.g. the digital offer. She suggested that the efficiencies gained from the revised model of working in general practices should also be retained and that the new positive ways of working in both primary and acute care should continue.

JS concurred that the digital solution in Primary Care has been a success and that barriers to resisting this way of working, which may have previously been there, have been broken down.

LCO Priorities for the next 6 months

KWJ gave a short presentation on the LCO's priorities noting the importance of the LCO's role in adding value to the system, supporting positive behaviours, though being mindful that the LCO is not a statutory organisation and therefore has different responsibilities to other partners.

She highlighted the need to avoid duplication across the roles of provider integrator (LCO) and system integrator (OCO).

The presentation categorised the priority areas into 3 areas – business as usual, transformation and connectivity – detailing LCO executive leads and LCO Board sponsors for each work stream.

Members of the Board responded to the update:

SH noted the increasing role of the community hubs as being central at a locality level and KWJ agreed that there should be greater connection between the INTs and other

neighbourhood models.

GL explained that the Sustain and Recovery Task and Finish Group, meeting later in the day, would be identifying work stream leads and SROs and that this would be about creating teams of leaders rather than any individual organisation leading specific areas.

He suggested that the INTs should be made fully operational as soon as possible, with a connection between the LCO's work and the public sector work led by Lynne Ridsdale and Nicky O'Connor.

HH noted the need for flexibility around the work streams listed in the presentation and the requirement for LCO work to adapt to any change of direction, e.g. implementation of the UC review or work in the neighbourhoods may evolve and change. KWJ accepted the need for flexibility across the system and for a focus on positive behaviours and that good communication needs to be part of this.

ID	Type	Action/Decision:	Owner
A/02/02	Action	JS/LD to progress through the governance the outputs from the Urgent Care consultation once agreed	JS/LD

4.	Testing and Contact Tracing

CJ and LJ presented jointly on "Test, Track and Chase", details of which had previously been shared, along with the supporting documents:

1. Covid-19 Contact Tracing in Greater Manchester (GMCA briefing note)
2. Operational Plan for the Greater Manchester Strategy for Mass Testing (GM and East Cheshire)
3. Strategy for Mass Testing in Greater Manchester.

CJ outlined the main themes within the national strategy for testing, detailing the 5 pillars of work within this. She explained the testing criteria for relevant cohorts and gave details of local testing provision. She updated on the latest position regarding antibody testing and the risks around this area.

LJ updated the Board on the tracing work, noting that this was now part of a national single leadership model. She explained that the work had already been in place before lockdown began and has now been re-established. The national, GM and Bury system architecture was described as part of the presentation, demonstrating the collaborative work across the 10 GM localities.

LJ reported that a first draft of a system map (similar to the one produced by the LCO) is being developed with a first draft to be available later in the day.

In response to a question on what capacity Bury would need to support the tracing programme LJ explained that further details were still required on this, but that GM are working on design, workforce and data. She confirmed that Bury's 2 infection control nurse service has been enhanced by an additional 8 staff, with the potential for further support from GM.

5.	Closing Matters
	David Jones Following the news that Councillor Jones has decided to step down from his role as leader of the council, JS paid tribute to the work carried out by him both within this Board and wider. **#TeamBury Video** A thank you video has been produced on behalf of the OCO thanking key workers across the system for their work in providing key services during lockdown. As there was not enough time to run the video during the meeting it was agreed the link for this would be shared with members.

Next Meeting	**Date: 18 June 2020, 10.30- 12.30, via Teams**
Enquiries	e-mail: jill.stott@nhs.net Tel: 0161 762 1597