Strategic Commissioning Board Virtual Meeting

MINUTES OF MEETING Strategic Commissioning Board Virtual Meeting 12 April 2021 16.30 – 18.30 Chair – Cllr E O'Brien

Voting Members	
Dr Jeff Schryer	NHS Bury CCG (Chair)
Cllr Eamonn O'Brien	Leader, Finance & Growth, Bury Council
Cllr Jane Black	Cabinet Member Cultural Economy, 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
Dr Catherine Fines	Clinical Director, NHS Bury CCG
Mr Howard Hughes	Clinical Director, NHS Bury CCG
Geoff Little	Chief Executive Bury Council & Accountable Officer NHS Bury CCG
Mr David McCann	Lay Member Patient & Public Involvement, NHS Bury CCG
Cllr Tahir Rafiq	Cabinet Member Corporate Affairs & HR, Bury Council
Cllr Andrea Simpson	First Deputy Leader, Health & Wellbeing, Bury Council
Cllr Lucy Smith	Cabinet Member Transport & Infrastructure, Bury Council
Cllr Tamoor Tariq	Deputy Leader, Cabinet Member Children, Young People & Skills, Bury Council
Mr Chris Wild Lay Member, NHS Bury CCG	
Others in attendance	
Philippa Braithwaite	Principal Democratic Services Officer, Bury Council
Pat Crawford	Interim Chief Finance Officer, NHS Bury CCG
Jacqui Dennis	Director of Law & Democratic Services
Sheila Durr	Executive Director of Children and Young People, Bury Council
Julie Gonda	Director of Community Commissioning, Bury Council
Catherine Jackson	Director of Nursing and Quality Improvement, NHS Bury CCG
Emma Kennett	Head of Corporate Affairs and Governance, NHS Bury CCG
Nicky Parker	Director of Transformation, Bury Council
Lynne Ridsdale	Deputy Chief Executive, Bury Council
Janet Witkowski	Head of Legal Services, Monitoring Officer and Data Protection Officer
Kath Wynne-Jones	Chief Officer, Bury Local Care Organisation

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy		
1.1	The Chair welcomed those present to the meeting and noted apologies.		
1.2	The Chair advised that the quoracy had been satisfied.		
ID	Type	The Strategic Commissioning Board:	Owner
D/04/01	Decision	Noted the information.	

2.	Inclusion Update
2.1	The Deputy Chief Executive, Bury Council presented the report which detailed the initial

progress against the implementation plan and key activity over the last quarter, including recruitment, a review of the Equality Analysis process, celebrating International Women's Day and developing an Action Plan for Race alongside broader community engagement plans across all protected characteristics.

Progress had been very positive thanks to the work of the Inclusion Working Group. It was noted that a best practice guide to inclusion in digital working had been produced, and a detailed plan will be developed to tackle race inequality over the next 12 months.

ID	Туре	The Strategic Commissioning Board:	Owner
D/04/02	Decision	Noted this update.	
D/04/03	Decision	Endorsed the best practice guide for inclusion in digital working.	

3	Declarations C	of Interest	
3.1	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.		
3.2	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.		
3.3	The Chair reminded the CCG and Council members of their obligation to declare any interes they may have on any issues arising from agenda items which might conflict with the business of the Strategic Commissioning Board.		
3.4	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		
	There were no	declarations of interest raised.	
3.5	Declarations of Interest from the previous meeting		
	There were no declarations of interest from the previous meeting raised.		
3.6			
ID	Туре	The Strategic Commissioning Board:	Owner
D/04/04	Decision	Noted the published register of interests.	

4	Minutes of the last Meetings and Action Log
	Minutes
4.1	The minutes of the Strategic Commissioning Board meeting held on 1 March 2021 were agreed as an accurate record.
	Action Log
4.2	The following updates were provided in respects of the Action Log:
	 A/11/02 – The mental health paper was on the agenda for this meeting.

- A/02/03 Geoff Little advised the affordability of a Learning Disability Lead was being looked at as part of wider partnership arrangements and an update would be given at the first meeting of the municipal year.
- A/02/04 The financial trajectory and outcomes were included on the agenda for this meeting.

ID	Туре	The Strategic Commissioning Board:	Owner
D/04/05	Decision	Approved the minutes of the meeting held on the 1 March 2021	

5	Public Questions		
5.1	There were no public questions raised.		
ID	Type	The Strategic Commissioning Board:	Owner
D/04/06	Decision	Noted the information.	

6 Chief Executive and Accountable Officer Update

6.2

6.3

- 6.1 The Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG provided an update on the latest CCG and Council developments. It was reported that: -
 - The rate of transmission per 100,000 had been decreasing over the past 10 days. It was still above national levels but was now below 50.
 - Successful vaccine rollout in the borough was ongoing, with all priority groups having received their first dose. The second dose was underway and advanced planning was in place for younger cohorts when the national supply was in place.
 - Bury was meeting the national target around hospital admissions, but capacity pressure remained from efforts to reduce waiting lists.
 - No variants had been observed in Bury so far, but this was being closely monitored.
 - Bury was focused on safely lifting restrictions, helping businesses to restart and residents cope with hardship. The community hubs were still operating but were now supporting those with financial hardship or those with positive test results, as the requirement for people to shield had ended.

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

- With regards to national fatality rates in the Jewish community it was noted that although data on religious groups wasn't available, locality data was held and was informing work in those communities to address concerns.
- It was noted that supply of the vaccine was sufficient to deliver second doses. There were occasions where this might be outside the 12 weeks between doses but this was rare. For residents unsure of their status and whether they should receive a vaccine, they were advised to speak to their GP.

With regards to Hospital Discharge arrangements, Geoff Little advised that funding for community discharges from hospitals was due to cease in February but, after feedback from Bury and other Greater Manchester authorities, operational guidance had been issued advising funding was being continued and could be tapered out in a controlled way.

ID Type The Strategic Commissioning Board: Owner

D/04/07	Decision	Noted the update.	

7. Update on the White Paper/Integrated Care System (ICS)

7.3

- 7.1 The Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG and the Chief Officer, Bury Local Care Organisation presented three joint reports on the developing arrangements for the Integrated Care System (ICS)
- 7.2 The Board received a report presented to the GM Health and Care Partnership Executive Board and the GM Health and Care Board which sought to reset a number of GM wider discussions on the future form and shape of the Greater Manchester Integrated Care System (GM ICS).

 Members discussed the report, making the following points:
 - Workshops would be held over the next month with two representatives for each Borough, including key providers, professionals and clinical leaders to represent a cross section of sectors, organisations and localities in GM.
 - It was noted that the task wasn't necessarily how to comply with the
 requirements of white paper, but instead to work out what was best for Bury
 and ensure the legislation was permissive of that. Although the White paper
 proposed two boards, it was hoped Bury could continue with a single
 operating model.
 - The timetable for establishment was clear, with proposals being submitted in spring 2021, shadow arrangements in place for late summer/early autumn, and legislation in spring 2022.
 - With regards to how residents would be involved it was noted that Bury's representatives at the workshops would bring their understanding based on local views, and that community and voluntary sector representatives were included in the workshops. Moving forwards, neighbourhood focus would be built into design with a grass roots system supported by the ICS.
 - Members discussed the bigger ask on communities and noted that more support and appropriate infrastructure was needed for volunteers to take on these responsibilities. Concerns were raised over the unknowns around governance and finance, and it was noted that key historical knowledge could be lost with staff changes.
 - The Board received a report which provided an update on progress establishing the previously agreed framework for the system, providing early consideration of the objectives and membership of the Bury Locality System Board and the Bury Integrated Delivery Collaborative Board, and describes the developing work of on building the capacity and capability of integrated neighbourhood teams in health and care. Members discussed the report, making the following points:
 - Innovation was needed to engage with residents in a different and meaningful way, making locality groups fit them and empowering them to tell us what they want.
 - It was agreed that the aim was to improve health over the course of a generation, not just seeking to deliver services but to address health through a holistic approach.
 - Concerns were raised over the current scattered and hierarchical clinical voice. A representative senate and a 'golden thread' was needed throughout governance to facilitate the right conversations at System Board.
 - It was noted that intelligence was needed to enable decision making at neighbourhood level, devolving power and budgets to resource communities effectively.
 - The Board were advised that much of that detail was still to be worked through as well as the governance behind devolving resources. Better understanding was needed of our staff resources, to ensure all managerial, clinical and professional expertise was being utilised.

•	The Board noted that final Terms of Reference would be developed and the
	LCO agreement expanded to reflect the new arrangements. These would
	then be ratified by the System Board before being taken through the existing
	governance arrangements of the Cabinet, Council and Governing Body. It
	was also noted that this would be a regular agenda item.

ID	Туре	The Strategic Commissioning Board:	Owner
D/04/08	Decision	Received and noted the reports.	

8.	Update on the Radcliffe SRF
8.1	The Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG presented a report on the regeneration of Radcliffe coordinated through the Radcliffe Strategic Regeneration Framework and its ambition to improve population health and well-being and reduce inequalities.
8.2	The following comments / observations were made by Strategic Commissioning Board members:
8.3	 It was agreed that this would be a challenging project but was about far more than buildings, taking a holistic view of peoples' lives including housing, jobs, communities, and access to services. This view needed to suit not just those moving into Radcliffe, but to those already living there. A need to do things differently was discussed, including the language used. The right infrastructure was needed to empower people to talk about aspirations for the area, through community champions with local understanding and existing contacts. It was noted that the right metrics of success needed to be identified to enable meaningful monitoring and learning, which could inform future developments.
	In terms of a model, it was noted that initial thoughts and proposals would be brought to the Board's next meeting.

A/04/09 Type The Strategic Commissioning Board:

A/04/09 Action Noted the report and agreed that a paper on initial thoughts and proposals for the Radcliffe model would be brought to the Board's next meeting.

9.	MH Urgent Car	MH Urgent Care by appointment				
9.1	approval in prin	Community Commissioning, Bury Council presented the report which sought ciple for the Pennine Care Foundation Trust (PCFT) Urgent and Emergency ment Mental Health pre-ED streaming service to continue at Fairfield General				
9.2	Members discussed the evaluation report which demonstrated the rate of deflection away from A&E and the positive impact of this for both patients and services. It was noted that despite the system-wide benefits, savings made in one area didn't always feed back into the area responsible for that saving. The Board noted that this decision was in principle at this point, as it would be subject to the wider development of mental health 24/7 crisis offer in Bury and frontend Urgent Care redesign at Fairfield hospital.					
ID	Туре	The Strategic Commissioning Board:	Owner			
D/04/10	Decision	Noted the content of the report and attached evaluation				

ID	Туре	The Strategic Commissioning Board:	Owner
D/04/10	Decision	Noted the content of the report and attached evaluation report.	
D/04/11	Decision	Approved in principle the 12-month funding of £271,233 for the continuation of the UEC by Appointment service. This	

would be subject to the wider development	of mental health
24/7 crisis offer in Bury and front end Urger	nt Care redesign
at Fairfield hospital.	•
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10.1 **Finance Quarter 4 report** 10.1.1 The Interim Chief Finance Officer, NHS Bury CCG presented the report which provided an update on the Integrated Commissioning Fund (ICF) budget for 2020/21, forecast outturn for 20/21 at guarter 4, and incorporated a review of ICF achievements. 10.1.2 The ICF is currently forecasting an underspend of £1.3m. it was noted that there was a £0.4m overspend on services held within the Section 75 Pooled Fund, £1.7m underspend on the Aligned Fund and breakeven position on in-view services. The key overspends are driven by COVID related expenditure, loss of income across Council services and delays in the achievement of savings. Underspends stemmed from unallocated COVID-19 grants. The Board noted that a further report would be brought to the next meeting regarding 10.1.3 discussions to find a longer-term solution for continuity of services. It was also noted that embedding the past year's achievements in collaboration, new ways of working, and effective partnerships represented a major step forward to developing new care models and approaches and by enhancing effective neighbourhood and locality working.

ID	Туре	The Strategic Commissioning Board:	Owner
D/03/12	Decision	Noted that all Quarter 4 figures are provisional as Month 12 has not yet closed.	
D/04/13	Decision	Noted the increase in CCG allocations received since the Quarter 3 report to SCB and accept their allocation to the ICF.	
D/04/14	Decision	Noted the ICF forecast underspend at Quarter 4 of £1.3m (provisional) and the assumptions on which it is based.	
A/04/15	Action	Noted the need for a longer-term solution to support the services funded from Transformation and other short term funding solutions and that a further report would be brought to the next SCB meeting.	P Crawford
D/04/16	Decision	Noted the financial risks to Bury.	

10.2	202	2021/22 NHS Operational and Financial Planning Guidance					
10.2.1	The Interim Chief Finance Officer, NHS Bury CCG presented the report regarding the NHS 2021/22 Priorities and Operational Planning Guidance, which set out the priorities for the year ahead against the challenges of restoring services, meeting new care demands and reducing the back logs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.						
ID		Type The Strategic Commissioning Board: Owner					
D/04/17 D		Decision	Noted the NHS 2021/22 Priorities and Operational Planning Guidance.				

10.3	2021/22 ICF Indicative Financial Plan			
10.3.1	The Interim Chief Finance Officer, NHS Bury CCG presented the report which provided an early working position for the ICF budget. Whilst Bury Council's budget is approved, the CCG only recently received its notified allocation for the first half year to September 2021 (H1). This is based on the second half of 2020/21 and anticipates lower COVID reimbursements and some efficiency savings. Further guidance is expected later in the year regarding allocations for the			

CCG's second half year to 31 March 2022 (H2).

10.3.2

It was noted that demand for mental health services and acute care exceeds the budget allocated to the CCG and discussions were underway to identify a system-based solution and manage the totality of resources to ensure the best value for Bury.

ID	Туре	The Strategic Commissioning Board:	Owner
D/04/18	Decision	Approved the revisions to the proposed main purposes of the ICF.	
D/04/19	Decision	Considered and approve the factors to consider and the key deliverables.	
D/04/20	Decision	Noted the intended changes to the elements of the Pooled, Aligned and In-View Funds and agreed a 50/50 risk share, to be reviewed on a quarterly basis.	
D/04/21	Decision	Noted the indicative opening ICF budgets that are based on Bury Council approved plans, the working position for CCG Mental Health and H1 allocations and H2 indicative plans.	
A/04/22	Action	Noted that a further update on CCG financial plans will be brought to the next Board meeting.	P Crawford
D/04/23	Decision	Noted that further updates will be brought to SCB once 12- month CCG allocations have been announced.	
D/04/24	Decision	Noted the uncertain CCG financial regime beyond September 2021.	

10.4 Council Social Care Provider Fees

10.4.1 The Director of Community Commissioning, Bury Council presented the report which detailed the fee engagement process including timelines and proposed recommendations for the fee proposal to contracted providers of adult social care services for the period 2021/22. It was noted that the Council had undertaken a process of engagement and negotiation with contracted providers of adult social care services to define both the fee proposals for 2021/22 and determine the final fee recommendations.

10.4.2 The recommended Adult Social Care Provider Fee Uplifts were:

Care Homes

	Weekly Fee Rate 2020/21	% Uplift	Increase (£)	Weekly Fee Rate 2021/22
Older Adults Residential Care	£502.95	0.9%	£4.77	£507.72
Older Adults Residential Dementia	£517.95	0.9%	£4.77	£522.72
Older Adults General Nursing	£502.95	3.9%	£19.77	£522.72
Older Adults Nursing Dementia	£532.95	6.4%	£34.77	£567.72
Adults Residential Care MH/LD/PD	£502.95	0.9%	£4.77	£507.95

Care at Home

	Hourly Fee Rate 2020/21	% Uplift	Increase (£)	Hourly Fee Rate 2021/22
Care at Home (Framework)	£16.13	2.3%	£0.37	£16.50
Care at Home Complex	£16.13	2.3%	£0.37	£16.50

Supported Living

	Hourly Fee Rate 2020/21	% Uplift	Increase (£)	Hourly Fee Rate 2021/22
Supported Living Waking Hours	£16.13	1.2%	£0.19	£16.32
Supported Living Sleep in rate	£9.55	1.9%	£0.18	£9.73

Direct Payments (Personal Assistants)

10.4.3

Hourly Fee Rate 2020/21	% Uplift	Increase (£)	Hourly Fee Rate 2021/22
£10.48	1.9%	£0.20	£10.68

In response to Board member comments, assurance was given that officers are working with providers and supporting them, with discussions regarding not only fee proposals but also strategic direction, mutual support and innovative practices in order to not only support the sustainability of the provider market but support its growth. Members noted that further work was being carried out on the Real Living Wage, market management to ensure sufficiency of social care, and the impact of increased insurance costs for care homes.

ID	Type	The Strategic Commissioning Board:	Owner
D/04/25	Decision	Approved the proposed Adult Social Care Provider Fee Uplifts.	

10.5 Sustainability of LCO management and clinical costs 10.1 The Chief Officer, Bury Local Care Organisation presented the report which updated on current discussions to address the financial risk of prioritising funding for the transformation fund. It was noted that discussions were ongoing, and no solution had been reached as yet. ID Type The Strategic Commissioning Board: Owner

וט i ype	The Strategic Commissioning Board:	Owner
D/04/26 Decision	Noted the content of the report.	

11. Performance Update 11.1 The Chief Officer, Bury Local Care Organisation presented the report which set 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. ID Type The Strategic Commissioning Board: Owner D/04/27 Decision Received the update and noted the areas of challenge and action being taken.

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.				
ID Type		The Strategic Commissioning Board:	Owner		
D/04/28	Decision	Noted the information.			

Next Meetings in Public	 Strategic Commissioning Board Meetings: Monday, 7 June 2021, 4.30 p.m., Formal Public meeting (Chair: Cllr E O'Brien / Dr J Schryer) 		
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance emma.kennett@nhs.net		

Strategic Commissioning Board Action Log – March 2021

Status Rat	ing - In Progress - Co	mpleted		- Not Yet Due	- Overdue
A/11/02	Agreed that further work in relation to the processes associated with the mental health model for Urgent and Emergency Care by appointment model at Fairfield General Hospital were required which would need to be worked up in conjunction with the CCG Chair, Dr Cooke, and the Joint Chief Finance Officer.	Dr Schryer, Dr Cooke and Mr Woodhead		January 2021	
A/02/03	The affordability of a Learning Disability Lead be investigated in line with organisational governance arrangements.	G Little and W Blandamer		June 2021	
A/02/04	A report on the financial trajectory and outcomes and how we measure ourselves against what we set out be brought to a future meeting.	S O'Hare	②	TBC	
A/04/09	Agreed that a paper on initial thoughts and proposals for the Radcliffe model would be brought to the Board's next meeting	G Little		June 2021	
A/04/15	A further report regarding a longer-term solution to support the services funded from Transformation be brought to the next SCB meeting.	P Crawford		June 2021	
A/04/22	A further update on CCG financial plans will be brought to the next Board meeting.	P Crawford		June 2021	