

## Meeting: Strategic Commissioning Board (Public)

|               |   |  |         |
|---------------|---|--|---------|
| Meeting Date  | 07 December 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 2 November 2020.

#### Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the Minutes of the Meeting held on 2 November 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 | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Have any departments/organisations who will be affected been consulted?                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |

| Implications  |     |                          |    |                          |     |                                     |
|---|-----|--------------------------|----|--------------------------|-----|-------------------------------------|
| Are there any conflicts of interest arising from the proposal or decision being requested?                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any financial implications?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any legal implications?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any health and safety issues?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| How do the proposals help to reduce health inequalities?  | N/A |                          |    |                          |     |                                     |
| Is there any scrutiny interest?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| What are the Information Governance/ Access to Information implications?                                    | N/A |                          |    |                          |     |                                     |
| Is an Equality, Privacy or Quality Impact Assessment required?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/>            |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed?                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/>            |
| If yes, please give details below:  |     |                          |    |                          |     |                                     |
|   |     |                          |    |                          |     |                                     |
| If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment: |     |                          |    |                          |     |                                     |
|   |     |                          |    |                          |     |                                     |
| Are there any associated risks including Conflicts of Interest?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Additional details  |     |                          |    |                          |     |                                     |

| Governance and Reporting |      |         |
|--------------------------|------|---------|
| Meeting                  | Date | Outcome |
|                          |      |         |

|                                      |  |               |  |
|--------------------------------------|--|---------------|--|
| <b>Title</b>                         | <b>Minutes of the Strategic Commissioning Board Virtual Meeting on 2 November 2020</b> |               |  |
| <b>Author</b>                        | Emma Kennett, Head of Corporate Affairs and Governance                                 |               |  |
| <b>Version</b>                       | 0.1  |               |  |
| <b>Target Audience</b>               | Strategic Commissioning Board Members / Members of the Public                          |               |  |
| <b>Date Created</b>                  | November 2020  |               |  |
| <b>Date of Issue</b>                 | November 2020  |               |  |
| <b>To be Agreed</b>                  | December 2020  |               |  |
| <b>Document Status</b> (Draft/Final) | Draft  |               |  |
| <b>Description</b>                   | Minutes of the Strategic Commissioning Board on 2 November 2020                        |               |  |
| <b>Document History:</b>             |  |               |  |
| <b>Date</b>                          | <b>Version</b>   | <b>Author</b> | <b>Notes</b>   |
|                                      | 0.1  | Emma Kennett  | Forwarded to Chair for review.   |
|                                      |  |               |  |
|                                      |  |               |  |
|                                      |  |               |  |
|                                      |  |               |  |
| <b>Approved:</b>                     |  |               |  |
| <b>Signature:</b>                    |  |               | <div style="border-top: 1px dotted black; width: 100%;"></div> <b>Dr J Schryer</b> |

# Strategic Commissioning Board Virtual Meeting

| <b>MINUTES OF MEETING</b>  |
|--|
| Strategic Commissioning Board Virtual Meeting<br>2 November 2020<br>16.30 – 18.30<br><b>Chair – Cllr E O'Brien</b> |

| <b>Voting Members</b>       |   |
|-----------------------------|---|
| 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                                 |
| Mr Will Blandamer           | Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG    |
| 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          | Cabinet Member Corporate Housing Services, Bury Council                             |
| Dr Cathy Fines              | Clinical Director, NHS Bury CCG   |
| Mr Howard Hughes            | Clinical Director, NHS Bury CCG   |
| Cllr David Jones            | Cabinet Member Corporate 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                               |
| Cllr Alan Quinn             | Cabinet Member Corporate 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 Chris Wild               | Lay Member, NHS Bury CCG  |
| Mr Mike Woodhead            | Joint Chief Finance Officer, NHS Bury CCG and Bury Council                          |
| <b>Others in attendance</b> |   |
| Mrs Catherine Jackson       | Director of Nursing and Quality Improvement, NHS Bury CCG                           |
| Ms Donna Ball               | Executive Director of Operations, Bury Council                                      |
| Ms Lesley Jones             | Director of Public Health, Bury Council   |
| Mr Ian Mello                | Interim Director of Secondary Care, NHS Bury CCG                                    |
| Ms Sheila Durr              | Executive Director of Children and Young People, Bury Council                       |
| Mrs Lisa Kitto              | Interim Deputy Chief Finance Officer, Bury Council                                  |
| Ms Janet Witkowski          | Head of Legal Services, Deputy Monitoring Officer and Data Protection Officer       |
| Mrs Emma Kennett            | Head of Corporate Affairs and Governance, NHS Bury CCG / Business Support (minutes) |
| <b>Public Members</b>       |   |
| Ms Barbara Barlow           | Public Meeting  |

## MEETING NARRATIVE & OUTCOMES

|           |  |   |              |
|-----------|--|---|--------------|
| <b>1</b>  | <b>Welcome, Apologies And Quoracy</b>                                |   |              |
| 1.1       | The Chair welcomed those present to the meeting and noted apologies. |   |              |
| 1.2       | The Chair advised that the quoracy had been satisfied.               |   |              |
| <b>ID</b> | <b>Type</b>  | <b>The Strategic Commissioning Board:</b> | <b>Owner</b> |
| D/11/01   | Decision   | Noted the information.                    |              |

|           |  |  |              |
|-----------|--|--|--------------|
| <b>2</b>  | <b>Declarations Of Interest</b>  |  |              |
| 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       | <p>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.</p> <ul style="list-style-type: none"> <li><b>Declarations of interest from today's meeting</b></li> </ul>   |  |              |
| 2.5       | Dr Schryer, Dr Cooke and Dr Fines declared an interest in relation to Agenda Item Number 6 – NHS Health Checks and Covid-19 in their roles as GPs within Bury and their respective practices having a financial interest in relation to the proposal. It was agreed that Dr Schryer, Dr Cooke and Dr Fines could remain present for this item but would not be involved in the discussion of the item.   |  |              |
| 2.6       | Mr Hughes declared an interest in relation to Agenda Item Number 8 – Supervised Consumption in light of the report relating to pharmacy funding. It was agreed that Mr Hughes could remain present for this item.  |  |              |
| 2.7       | <p>Cllr Tariq reported that he had a new interest in respect of his new role at Oldham Healthwatch which would need to be captured on future Declaration of Interest registers.</p> <ul style="list-style-type: none"> <li><b>Declarations of Interest from the previous meeting</b></li> </ul>  |  |              |
| 2.8       | There were no declarations of interest from the previous meeting raised.   |  |              |
| <b>ID</b> | <b>Type</b>  | <b>The Strategic Commissioning Board:</b>  | <b>Owner</b> |
| D/11/02   | Decision   | Noted the published register of interests. |              |

| 3 Minutes of the last Meetings and Action Log |   |   |       |
|---|---|---|-------|
| 3.1   | <ul style="list-style-type: none"> <li><b>Minutes</b></li> </ul> <p>The minutes of the Strategic Commissioning Board meeting held on 5 October 2020 were agreed as an accurate record.</p>  |   |       |
|   | <ul style="list-style-type: none"> <li><b>Action Log</b></li> </ul>   |   |       |
| 3.2   | <p>The following updates were provided in respect of the Action Log: -</p> <ul style="list-style-type: none"> <li>A/09/01 - It was agreed that the Joint Chief Finance Officer would review the funding for this area (Covid testing) once the exact costs were known and assess whether any additional national funds have been provided. The governance for this would need to be in line with existing Pooled Budget arrangements / agreed delegations to ensure no <i>Ultra Vires</i> decisions were being made. The Joint Chief Finance Officer reported that this risk had been built into the Financial Plan and therefore this action could be removed from the Action Log.</li> <li>A/10/03 - Agreed that the revised financial plan should be approved by the Joint Chief Finance Officer and the Accountable Officer in consultation with the Joint Chairs of the Strategic Commissioning Board, Dr Schryer and Council Leader, Cllr E O'Brien. It was noted that the Financial Plan had been submitted and therefore this action could be removed from the Action Log.</li> <li>A/10/04 - The Director of Community Commissioning and / or the report author will liaise with the Chair of the Health Scrutiny Committee to agree the proposed length of the consultation, the length of the consultation will therefore be agreed in consultation with the Chair of the Health Scrutiny Committee. It was noted that the Intermediate Care Consultation was currently underway and the outcome of the Consultation would be shared with the SCB at its meeting in January 2021.</li> </ul> |   |       |
| ID  | Type  | The Strategic Commissioning Board:                              | Owner |
| D/11/03                                       | Decision  | Approved the minutes of the meeting held on the 5 October 2020. |       |

| 4 Public Questions |  |                                    |       |
|--------------------|--|------------------------------------|-------|
| 4.1                | There were no public questions raised. |                                    |       |
| ID                 | Type                                   | The Strategic Commissioning Board: | Owner |
| D/11/04            | Decision                               | Noted the information.             |       |

| 5. Chief Executive and Accountable Officer Update |   |  |  |
|---|---|--|--|
| 5.1   | <p>The Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG provided an update on the latest CCG and Council developments. It was reported that: -</p> <ul style="list-style-type: none"> <li>National Lockdown arrangements would come into force from the 5<sup>th</sup> November - 2<sup>nd</sup> December 2020 in line with the recent Government announcement.</li> <li>There were concerns in relation to the capacity of local acute trusts in terms of both Covid and non Covid system pressures. Other providers such as Primary Care, Community Health Services and Mental Health Services were also experiencing pressures.</li> <li>Some of form of local restrictions were likely to be implemented after the national lockdown has come to an end. It was not clear at this stage whether this would be</li> </ul> |  |  |

|         | <p>the equivalent to Tier 2 or Tier 3 arrangements however there was a need to ensure that there was effective communication to Bury people in terms of what any changes mean.</p> <ul style="list-style-type: none"><li>• There would be challenges over the next 6 months in relation to increasing testing capacity.</li><li>• Continued support was required to local businesses and individuals who have been adversely affected during the pandemic. Discretionary grants were available to support businesses.</li><li>• In terms of vulnerable people, it was likely that some form of shielding would be required and support services would be available in this regard.</li><li>• Discussions were taking place at national level in relation to mass Covid testing with a pilot being rolled out in Liverpool. There was potential for a similar mass testing programme being rolled out in Greater Manchester this however had not been confirmed.</li><li>• The Town Centre Recovery Board was being reactivated to look at some of the key challenges/ actions required over the coming months in response to the Covid impact.</li><li>• A strategic approach was required over the next 6 months in terms of supporting staff with pressures, communications and engagement with communities most at risk.</li></ul> |                                    |       |
|---------|---|------------------------------------|-------|
| 5.2     | <p>The following comments / observations were made by Strategic Commissioning Board members: -</p> <ul style="list-style-type: none"><li>• The need to consider the implications for the self employed people who have been adversely impacted upon as a result of the pandemic.</li><li>• The need for a further discussion in relation to the implications that Covid has had on the budget position. There would be a further discussion at the Council Cabinet meeting in relation to the wider Council implications.</li><li>• The use of terminology to describe the Covid vulnerable categories was confusing and clarification was requested as to whether there was now a greater cohort of people included within these groups. It was reported that the extremely clinically vulnerable category included individuals who were at very high risk of severe illness from Covid-19 and clinically vulnerable included individuals who were at an increased risk (mild asthma, ethnicity) but had no immune system compromise.</li><li>• There needed to be an improvement in the Track and Trace system at both national and local level</li></ul>   |                                    |       |
| ID      | Type  | The Strategic Commissioning Board: | Owner |
| D/11/05 | Decision  | Noted the update.                  |       |

| 6.  | NHS Health Checks and Covid-19  |
|-----|---|
| 6.1 | <i>Dr Schryer, Dr Cooke and Dr Fines declared an interest in relation to this agenda item in their roles as GPs within Bury. It was agreed that Dr Schryer, Dr Cooke and Dr Fines could remain present for this item but would not be involved in the discussion of the item.</i>   |
| 6.2 | <p>The Director of Public Health presented a report in relation to the NHS Health Checks Programme and the associated impact of Covid-19. It was reported that: -</p> <ul style="list-style-type: none"> <li>• the NHS Health Check programme had been paused during the Covid-19 pandemic. This paper reported on how this affected GP practices in 2019/20 and also outlined a financial proposal to practices for Quarters 1-2 of 2020/21, whilst</li> </ul> |



|     |  |
|-----|--|
|     | <p>taking into account the targets and structure underpinning the programme, but ensuring that practices were not unduly impacted financially.</p> <ul style="list-style-type: none"> <li>the NHS Health Check programme was a public health programme in England for people aged 40-74 which aims to keep people well for longer. It was a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease and stroke. NHS Health Check was a statutory Public Health responsibility, funded through the Public Health budget.</li> <li>general practice had been significantly affected by taking necessary actions in regard to Covid 19. Many, if not all practices, cancelled all routine appointments with both GPs and Nurses mid March 2020. This had a substantial effect on the delivery of NHS Health Check programme in the final month of the financial year 2019/20.</li> <li>A fair resolution was proposed by Public Health for the payment of activity in 2019/20 which was outlined in Appendix A of the report . All financial payments have been made to GP Practices and the information was submitted on the Public Health England (PHE) portal for quarter 4. The NHS Health Check programme was then paused from April 2020.</li> <li>In terms of the NHS Health Checks for 2020/21, as in previous years, the eligible population and distribution of invite targets was calculated at the beginning of April, once the year end information has been submitted. Figures for total eligible population were obtained from the Informatica system (Health Check IT system) and checked against the calculated figures sent from Public Health England. The figures with Public Health England have now been agreed and submitted for 2020/21.</li> <li>In April 2020 most of the GP locally commissioned services were paused and the CCG proposed a financial remuneration package to GP practices. The table in Appendix B of the report showed a column "Budget20/21". Unfortunately, for NHS Health Checks this suggestion was unworkable as it did not take into account the updated eligible population per practice and so Public Health have developed a proposal to rectify this situation.</li> <li>Public Health England were working with Local Authorities in regard to how they expect areas to reintroduce the NHS Health Check programme as the pandemic continues from Quarter 3 onwards. Communication would be disseminated to practices once this is received.</li> <li>In the meantime, and so as not to create cash flow situations within practices, it is proposed that a nominal amount be paid to practices in respect of expected performance of NHS Health Checks throughout 2020/21.</li> <li>a payment rate of £12 per check was usually paid each quarter based on activity completed, for Quarters 1-3. The final payment was calculated based on the uptake rate achieved of their individual invite targets, (using a sliding scale of payment ranging from £12 to £25).</li> </ul> |
| 6.3 | <p>The Director of Public Health informed members that Bury had achieved the highest ranking for the delivering NHS Health Checks in England (based on cumulative data since April 2016) which was a remarkable achievement. The Director of Public Health commended all Bury GPs for their hard work within this area and extended a thank you to members of the Public Health Team for their efforts in the successful delivery of this programme. The Leader and Deputy Leader of Bury Council paid tribute to the GP and Public Health staff for this hard work which was invaluable in the early detection of disease.</p>  |

| ID      | Type     | The Strategic Commissioning Board:  | Owner |
|---------|----------|---|-------|
| D/11/06 | Decision | Agreed to the proposed changes to the calculation used to award a nominal payment in respect of NHS Health Checks (based on 6 months activity at 75% of a practices invite target.) |       |

| 7.  | Covid Rehab Pathway  |  |  |
|-----|--|--|--|
| 7.1 | The Executive Director of Strategic Commissioning presented a report which outlined the Bury approach in response to the Greater Manchester guidance to support the short, medium, and long-term recovery and rehabilitation of people with confirmed or suspected Covid-19 in the GM localities. It was highlighted that this work was subject to ongoing review and development through the working group established.   |  |  |
| 7.2 | <p>The following comments / observations were made by Strategic Commissioning Board members: -</p> <ul style="list-style-type: none"> <li>A question was raised as to whether this work would look at different ethnic groups including digital poverty. It was reported that these issues were already being explored further as part of this work in terms of ensuring the pathways are much wider than physical health.</li> <li>There was a query as to whether this work fits with the Covid antibody testing work. It was noted that this line of testing did not neatly fit into this work at present.</li> </ul> |  |  |

| ID      | Type     | The Strategic Commissioning Board:  | Owner |
|---------|----------|---|-------|
| D/11/07 | Decision | Noted the progress to date  |       |
| D/11/08 | Decision | Supported the further iteration of the work as evidence and best practice emerges |       |

| 8.  | Supervised Consumption   |  |  |
|-----|--|--|--|
| 8.1 | <i>Mr Hughes declared an interest in relation to Agenda Item Number 8 – Supervised Consumption in light of the report relating to pharmacy funding. It was agreed that Mr Hughes could remain present for this item.</i>   |  |  |
| 8.2 | The Director of Public Health submitted a report in relation to supervised consumption of opiate substitution medication for individuals with substance misuse through pharmacies. It was reported that as a result of Covid-19 supervised consumption had changed from mostly daily to almost exclusively weekly or fortnightly pickups of medications. |  |  |
| 8.3 | It was reported that no negative patient outcomes have occurred as a result of these changes over the last 6 months.   |  |  |
| 8.4 | It was highlighted that Pharmacies who receive payments for supervised consumption have been supported through these changes which have resulted in significantly reduced activity and income. Pharmacies have received average pay for the months of April to June based on national guidance.  |  |  |
| 8.5 | It was proposed from October 1 <sup>st</sup> 2020 Pharmacies no longer receive average pay and receive payment for activity only in line with Greater Manchester (GM). It is also proposed that changes to move to a model of weekly and / or fortnightly medication are made permanent.   |  |  |

|     |   |
|-----|---|
| 8.6 | It was highlighted that this would result in significant savings to Bury Council, and would reduce existing budget pressures within the substance misuse budget by approximately £20,250 for 20/21, and £40,500 annually after that. In addition this would align with the Greater Manchester approach.   |
| 8.7 | <p>The following comments / observations were made by Strategic Commissioning Board members: -</p> <ul style="list-style-type: none"> <li>• Despite the report having Dr Cooke's name listed as the lead, the paper had not been signed off from a clinical perspective.</li> <li>• There appeared to be a lack of stakeholder engagement in respect of the proposals included within the paper i.e. Local Pharmaceutical Committee were not fully sighted.</li> <li>• Any quality, risk and safeguarding implications did not appear to be adequately covered within the report.</li> <li>• An Equality Impact Assessment was not included.</li> <li>• The need to ensure the proposals within the report are in line with NICE Guidance.</li> <li>• The need for a clear evidence base within the report as to why these changes would be beneficial from a clinical perspective as the report appeared to focus more on the financial savings element.</li> <li>• Whether there was any data to assess the temporary changes to supervised consumption as a result of Covid-19 had led to an increase in people buying street drugs / crime.</li> <li>• The initial changes to this scheme had been made as a result of Covid and there was a need for a more detailed clinical view on whether this change in approach was prudent in the long term.</li> </ul> |
| 8.8 | The Chair highlighted that there had clearly been a process issue in the production of this paper which needed to be appropriately addressed as part of future processes. It was concluded that there was further work to undertake in respect of this paper and it was suggested that this item be deferred and brought back to the December Strategic Commissioning Board meeting for discussion.   |

| ID      | Type     | The Strategic Commissioning Board:   | Owner     |
|---------|----------|--|-----------|
| D/11/09 | Decision | Agreed that the report should be deferred.   |           |
| A/11/01 | Action   | A revised version of the Supervised Consumption paper to be submitted to the December Strategic Commissioning Board meeting once the appropriate engagement, clinical, quality, risk and safeguarding implications have been fully reviewed. | Mrs Jones |

|           |   |
|-----------|---|
| <b>9.</b> | <b>Covid +ve Community Bed Capacity</b>   |
| 9.1       | The Executive Director of Strategic Commissioning presented a report in relation to the additional arrangements for hospital discharge updated on 12 <sup>th</sup> October 2020 to respond to the Covid-19 pandemic which mandated the delivery of designated Covid +ve units and is updated to include the commissioning of additional Covid +ve beds to respond to increasing demand. |
| 9.2       | The following comments/observations were made by Strategic Commissioning Board members: -   |

|         |          | <ul style="list-style-type: none"> <li>There was a need to ensure that GP Practices were aware of the alternate commissioning arrangements available.</li> </ul>  |       |
|---------|----------|---|-------|
| ID      | Type     | The Strategic Commissioning Board:  | Owner |
| D/11/10 | Decision | Approved retrospectively the commissioning of designated units for Covid +ve patients at Gorsey Clough Nursing Home and Killelea Intermediate Care Home in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.   |       |
| D/11/11 | Decision | Supported the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval. This would need to link to the Urgent / Operational Decision processes within the CCG and Council |       |

| 10.  | Proposal for Mental Health provision as part of the Urgent and Emergency Care by appointment model at Fairfield General Hospital.   |
|------|---|
| 10.1 | The Executive Director of Strategic Commissioning presented a report to seek approval to commission mental health provision as part of the Urgent and Emergency Care (UEC) by appointment model at Fairfield General Hospital (FGH). The business case which had been received from Pennine Care Foundation Trust (PCFT) outlines a proposal for providing a sustainable, effective and financially viable UEC by appointment service at FGH. |
| 10.2 | It was reported that in light of the current Covid-19 pandemic and wider impact on the urgent and emergency system, this PCFT proposal is replacing the Core 24 Business Case that was developed in March 2020 (Pre Covid-19) to mobilise a Mental Health Liaison service across Bury and Heywood Middleton and Rochdale (HMR).   |
| 10.3 | The implementation of the Greater Manchester (GM) UEC by Appointment model from December 2020 would introduce significant changes to how patients access urgent and emergency care services. It was therefore important to ensure potential anticipated demand for Mental Health services can be resourced and managed in a coordinated way.  |
| 10.4 | The proposed business case from PCFT was requesting funding to develop a mental health UEC by appointment model for Bury which would be situated at FGH and be part of the wider front-end UEC streaming service.   |
| 10.5 | <p>The following comments/observations were made by Strategic Commissioning Board members: -</p> <ul style="list-style-type: none"> <li>The concept of the model was supported however significant work was required in relation to the process part of the proposal.</li> <li>The need to assess how this proposal fits in with the available mental health funding.</li> </ul>  |

| ID      | Type     | The Strategic Commissioning Board:   | Owner                                |
|---------|----------|--|--------------------------------------|
| D/11/12 | Decision | Noted the content of the paper and supported the concept to Develop a Mental Health UEC by appointment model in Bury as part of the Urgent and Emergency Care (UEC) by appointment model at Fairfield General Hospital (FGH).  |                                      |
| A/11/02 | Action   | 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 |

| <b>11</b> | <b>Any Other Business and Closing Matters</b>   |                                    |       |
|-----------|---|------------------------------------|-------|
| 10.1      | 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/11/14   | Decision  | Noted the information.             |       |

|                                |   |
|--------------------------------|---|
| <b>Next Meetings in Public</b> | <b>Strategic Commissioning Board Meetings:</b> <ul style="list-style-type: none"> <li>Monday, 7 December 2020, 4.30 p.m., Formal Public meeting via Microsoft Teams (Chair: Cllr E O'Brien / Dr J Schryer)</li> </ul> |
| <b>Enquiries</b>               | Emma Kennett, Head of Corporate Affairs and Governance<br><a href="mailto:emma.kennett@nhs.net">emma.kennett@nhs.net</a>  |

## Strategic Commissioning Board Action Log – November 2020

### Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

|         |  |                                      |  |               |  |
|---------|--|--------------------------------------|--|---------------|--|
| A/11/01 | A revised version of the Supervised Consumption paper to be submitted to the December Strategic Commissioning Board meeting once the appropriate engagement, clinical, quality, risk and safeguarding implications have been fully reviewed  | Mrs Jones.                           |  | December 2020 |  |
| 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  |  |