

Meeting: Strategic Commissioning Board			
Meeting Date	01 February 2021	Action	Receive
Item No	10	Confidential / Freedom of Information Status	No
Title	Financial Outlook: NHS Regime and OCO Savings		
Presented By	Mike Woodhead and Simon O'Hare		
Author	Simon O'Hare		
Clinical Lead	N/A		
Council Lead	N/A		

Executive Summary
<p>2020/21 has been an extraordinary year in terms of the NHS financial regime. For first half of the year, the Department fully funded the pandemic response and “topped up” organisations’ allocations for legitimate expenditure. For the second half, the CCG was given an allocation based on its expenditure run rate in the first half with specific adjustments to reflect national priorities. This is expected to result in a break-even position for the CCG in 2020/21, despite an underlying deficit of c£20m.</p> <p>The finance regime for 2021/22 and beyond is still uncertain. Planning, financial and operational guidance originally expected at the end of January is likely to be seriously delayed and the evolution of the Greater Manchester Integrated Care System (ICS) and what that means for financial management at a locality level is still at design stage.</p> <p>The new NHS financial regime, nationally and at a GM level, will be of critical importance to Bury Locality. Whilst that regime is still evolving, there are unique opportunities for locality colleagues to influence its design, especially at GM level.</p> <p>In the meantime, the OCO and LCO have continued to concentrate on those things that they have some direct financial control over, i.e. the savings and transformation programmes, although progress has been severely hampered due to the emergency pandemic response and the national introduction of the temporary financial regime.</p> <p>Progress continues to be made regarding OCO savings and transformation plans, although they are significantly short of the underlying deficit and it is still unclear how deliverable they are in terms of real cash benefits to the OCO. Nevertheless, as we move into an ICS, it is important to drive forward system transformation and savings plans agnostic of organisational boundaries.</p>
Recommendations
<p>The Strategic Commissioning Board are asked to note:</p> <ul style="list-style-type: none"> • The key emerging issues in terms of the future financial regime • The OCO savings plans and supporting detail for 2021/22

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:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input 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?						
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
Assessment required?						
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	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		

Financial Outlook: NHS Regime and OCO Savings

1.0 Introduction

2020/21 has been an extraordinary year in terms of the NHS financial regime. For first half of the year, the Department fully funded the pandemic response and “topped up” organisations’ allocations for legitimate expenditure. For the second half, the CCG was given an allocation based on its expenditure run rate in the first half with specific adjustments to reflect national priorities. This is expected to result in a break-even position for the CCG in 2020/21, despite an underlying deficit of c£20m.

The finance regime for 2021/22 and beyond is still uncertain. Planning, financial and operational guidance originally expected at the end of January is likely to be seriously delayed and the evolution of the Greater Manchester Integrated Care System (ICS) and what that means for financial management at a locality level is still at design stage.

In the meantime, the OCO and LCO have continued to concentrate on those things that they have some direct financial control over, i.e. the savings and transformation programmes, although progress has been severely hampered due to the emergency pandemic response and the national introduction of the temporary financial regime.

The purpose of this paper is to update members on:

- Key issues regarding the future finance and contracting regime
- Progress regarding the work of the Health and Care Recovery and Transformation Group and OCO savings and transformation schemes

2.0 Financial and Contracting Regime 2021/22 Onwards

The recently published “Integrating Care - Next Steps to Building Strong and Effective Integrated Care Systems Across England” requires:

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- Provider organisations to step forward in formal collaborative arrangements that allow them to operate at scale;
- Strategic commissioning develops through systems with a focus on population health outcomes; and
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The drivers for change include:

- The role and statutory nature of Integrated Care Systems;
- The role and scale of Clinical Commissioning Groups (CCGs);
- The future of the provider/commissioner split and the internal NHS market;
- The future of health and care integration including pooled budgeting; and
- The approach to provider collaboration.

From a financial point of view, there are two key areas for development:

- System financial management and oversight; and
- System finance regime and financial flows.

System financial management and oversight

System Cost Drivers:

- The GM system will need to actively seek to drive down its existing historic cost base in relation to its allocations to ensure financial sustainability of the system;
- The scale of the workforce represents a significant proportion of the system cost and reducing these costs would inevitably mean reducing that workforce;
- There will need to be a system discussion on what services are phased in terms of restoration of services and what could be stopped to support the reduction in costs to enable the system to live within its allocated resources;
- This will need system ownership including clinical and operational groups;
- A full understanding that historic approaches to cost reduction have focused on the reduction in bed numbers, capacity and centralisation across GM - this has impacted upon the system's resilience during the pandemic;
- We need a frank and open discussion about what services may not be provided in the future;
- The needs to be a system and place level focus on reducing the demand for healthcare interventions; and
- There will need to be a system wide focus on the effective and efficient use of fixed costs including estates and facilities.

Key system financial governance issues:

- Overall system responsibility of financial management;
- Balancing organisational accountability with locality and GM accountability;
- Role of Financial Advisory Committee and other groups;
- Approach to financial reporting;
- Approach to escalation and financial risk management; and
- Accountability for pooled funding between LAs and NHS.

System finance regime and financial flows

GM CFOs have agreed that any new regime must be built on the objectives of:

- Simplicity;
- Strengthening financial management and discipline;
- Driving transformation and improving system wide productivity and efficiency; and
- Supports resilience, consistency and equity

This last point, regarding equity of funding, is especially important for Bury CCG, which has been significantly underfunded for decades (including its PCT predecessor) and is still £7m-£8m relatively underfunded each year. There is a growing acceptance amongst GM CFOs that such inequity can't be sustained in a single ICS and we must move to equitable distribution of funding within the GM system. There will, of course, be differences of opinion about the pace of change and the funding methodology but this is a unique opportunity for Bury Locality to make the case for levelling up.

It is also essential that the GM finance regime supports the flow of funding across system interfaces to ensure the funding is in the right place to deliver the best value for taxpayers with the minimum of transactional costs or barriers. The key interface issues are:

- The balance between GM level and locality level activity;
- Any interface between the commissioner and providers of healthcare;
- The interface between NHS and non NHS organisations and funding; and
- The relationship with areas of the NHS out-with GMHSCP including regional and national systems and cross boundary activity

Important questions arising from this include:

GM v Locality

- What is the GM Construct?
- What is the Locality Construct and, if there is one GM CCG, how do we support locality level activity?
- What activities are undertaken at each level?
- How does the money flow between National, GM and Locality?

Commissioners v Providers

- What is the role of different organisations?
- What is the impact of national policy?
- What is the future of commissioning functions?
 - Role of Population Health
 - Strategic commissioning approach
 - Health planning
- How do financial flows support this agenda?
 - Weighted capitation?
 - Outcome based?

NHS v Non-NHS

- How do we ensure the delivery of seamless services to patients?
- How do incentivise activities across wider patient/public journey?
- Future of pooling?
- National policy impact?
- Political/Clinical/Managerial Leadership balance?

All these issues are currently live and evolving largely through GM governance (GM CFOs, GM Directors of Commissioning, Provider Directors of Finance, Finance Advisory Group, Accountable Officers Group, Partnership Executive Board, GMHSCP etc).

3.0 Health and Care Recovery and Transformation Group

As part of the response to the pandemic, a system-wide Recovery and Transformation Group was established to further joint working between OCO, LCO and other provider colleagues within the Bury system. This led to the establishment of 6 work programmes and a number of

enabler work streams, all with cross organisational membership, to allow sight of savings proposals, challenge and buy in to these across the whole system. Due to the different financial arrangements in 2020/21 and the ongoing uncertainty with regard to future financial regimes, the remit of the group was to drive change and reduce activity in the knowledge that this would mitigate the requirement to continually invest growth monies and therefore reduce system costs, whilst also achieving financial efficiencies on current services where possible.

4.0 OCO savings plans

The work of the Recovery and Transformation group has reduced since mid-October due to the need to divert resources to responding the second and third waves of the pandemic. There are however a number of schemes that are worked up, whilst others are still work in progress. Particular progress

has been made with regard to local authority schemes, in line with the differing timescales, governance and regulation requirements council budget setting. A list of the current savings programmes is shown overleaf in figure 1 and described in section 4.1, below.

4.1 Detailed review of OCO savings

4.1.1 Urgent Care

Urgent Care Review – The review has identified opportunities to mitigate growth in A&E attendances and emergency admissions through repositioning of the Urgent Treatment Centre and relocation of the Walk in Centre in front of A&E at Fairfield General Hospital (FGH). There are also opportunities to reduce existing costs through contracts rationalisation. This requires a capital build at FGH and this is now included within the FGH capital master plan and an outline business case is to be completed before the end of January 2021. The approval of the outline case followed by the approval of a further detailed business case and a return to more business as normal will all need to occur to allow progression of this scheme.

GM Clinical Assessment Service (CAS) & Urgent Emergency Care – This service began in October 2020 as part of a national must do to reduce the pressure upon A&E departments. There have been very encouraging results with regard to reduced attendances via advice and guidance or triage to other services. The impact of these reductions and their forecast increase, alongside the costs of provision of the GM CAS and associated IM&T infrastructure, need to be calculated to arrive at the reduced overall system cost of this new way of working.

4.1.2 Planned Care

Outpatient Transformation – A 30% reduction in outpatient attendances by 2022/23 was a national goal before the impact of the coronavirus pandemic. The significant increase in waiting times for elective surgery and associated outpatient appointments that the pandemic has had has made this even more of a system focus. Northern Care Alliance Colleagues are fully engaged in this work and are committed to its delivery through a more holistic approach to planned care. Implementation will require the reorganisation of services and a different approach to their delivery. This will not be possible until the impact of the pandemic has lessened.

Other – These schemes are associated with the delivery of cataract outpatient appointments

outside of a hospital setting and the greater use of tele-dermatology to reduce the number of unnecessary first and follow up appointments. Both of these schemes began in 2020/21 and are anticipated to deliver savings in 2021/22 as they continue to be rolled out.

4.1.3 Community – Adult Social Care

Review of Care packages – This involves the review of care packages across physical health, mental health, learning disabilities and older people. These reviews will focus upon the packages being person centred, promoting prevention and independence and builds upon the strengths of the individuals. The workforce to carry out these reviews are currently key in the pandemic response and this may mean that targets slip a little.

Effective & Innovative Commissioning – Several areas have been prioritised. These include more effective and efficient payments for care at home, market management, more effective management of personal budgets and review of individuals who receive shared support. Again, elements of this will be impacted by the workforce supporting delivery of the pandemic response and targets may slip a little.

Innovative Commissioning – This work is focussed upon transition planning for young people transitioning from Children's to Adult services, reduction in out of borough placements through an improved local offer and ensuring all care is outcome focussed. This work is on track for delivery.

Figure 1

Suggested new area	Sub Programme	Narrative / Rationale	2021/22	2022/23	2023/24	Total																																								
Urgent Care	Urgent Care Review	This has morphed in to a full review with work on a business case to remain within the existing financial envelope to drive activity reductions and therefore system savings through mitigating growth. There is a capital business case to be approved on the FGH site. Release of these savings is dependent upon contract negotiation and 2021/22 contracting guidance	TBC	TBC	TBC	TBC																																								
Urgent Care	GM CAS & UEC	This is a GM piece of work implemented locally to deflect activity from A&E to other parts of the Health & Care system, encompassed within this is a Mental Health deflection scheme. Both of these are showing initial very promising activity deflection numbers. Release of these savings is dependent upon contract negotiation and 2021/22 contracting guidance	TBC	TBC	TBC	TBC																																								
Planned Care	Outpatient Transformation	This is about reducing unnecessary first and follow up outpatient attendances and thereby whole system costs. This is a national priority and work is being done to understand the impact of COVID on patient confidence and also on the size of waiting lists. NCA are bought in to a different mode of outpatient delivery. The release of these savings will depend on the national contracting model and possible local variations.	TBC	TBC	TBC	TBC																																								
Planned Care	Other	Local Schemes that began in 2020/21, where the impact should be releasable in 2021/22.	£181	£0	£0	£181																																								
Community	LA ASC	<table><thead><tr><th></th><th>2021/22</th><th>2022/23</th><th>2023/24</th><th>Total</th></tr></thead><tbody><tr><td>Innovative Commissioning</td><td>1,000k</td><td>£1,600k</td><td>£150k</td><td>£2,750k</td></tr><tr><td>Personalisation & Transformation</td><td>£0k</td><td>£1,000k</td><td>£1,000k</td><td>£2,000k</td></tr><tr><td>Development of Assitive Tech</td><td>£0k</td><td>£500k</td><td>£0k</td><td>£500k</td></tr><tr><td>Improved Housing Options</td><td>£0k</td><td>£50k</td><td>£0k</td><td>£50k</td></tr><tr><td>Innovative Commissioning</td><td>£1,537k</td><td>£1,950k</td><td>£150k</td><td>£3,637k</td></tr><tr><td>Review of Care Packages</td><td>£797k</td><td>£2,060k</td><td>£611k</td><td>£3,468k</td></tr><tr><td>Sub total</td><td>£3,334k</td><td>£7,160k</td><td>£1,911k</td><td>£12,405k</td></tr></tbody></table>		2021/22	2022/23	2023/24	Total	Innovative Commissioning	1,000k	£1,600k	£150k	£2,750k	Personalisation & Transformation	£0k	£1,000k	£1,000k	£2,000k	Development of Assitive Tech	£0k	£500k	£0k	£500k	Improved Housing Options	£0k	£50k	£0k	£50k	Innovative Commissioning	£1,537k	£1,950k	£150k	£3,637k	Review of Care Packages	£797k	£2,060k	£611k	£3,468k	Sub total	£3,334k	£7,160k	£1,911k	£12,405k	£3,334	£7,160	£1,911	£12,405
	2021/22	2022/23	2023/24	Total																																										
Innovative Commissioning	1,000k	£1,600k	£150k	£2,750k																																										
Personalisation & Transformation	£0k	£1,000k	£1,000k	£2,000k																																										
Development of Assitive Tech	£0k	£500k	£0k	£500k																																										
Improved Housing Options	£0k	£50k	£0k	£50k																																										
Innovative Commissioning	£1,537k	£1,950k	£150k	£3,637k																																										
Review of Care Packages	£797k	£2,060k	£611k	£3,468k																																										
Sub total	£3,334k	£7,160k	£1,911k	£12,405k																																										
Community	Intermediate Care	This is the reduction in beds in intermediate care associated with increased intermediate care at home and reduced length of stay.	£1,300	£0	£0	£1,300																																								
Community	NEW - LD	Work is ongoing across the whole health and care system to identify opportunities noting that there are already savings anticipated in LD within the Adult Social Care.	TBC	TBC	TBC	TBC																																								
Community	CHC	Value is based upon that which has previously been set.	£750	£750	£0	£1,500																																								
Community	Prescribing, HCD & Primary Care	HCD savings are based upon contract negotiation and 2021/22 contract guidance. Work has been ongoing during COVID and the impact of this is being assessed. £448k is current value but this is not currently included In terms of Avastin , this has passed the judicial review & appeal. Conversations are to take place in December to understand roll out opportunities in 2021/22 (£300k) but are currently not included. Release of these savings is dependent upon contract negotiation and 2021/22 contracting guidance Prescribing savings are continually being worked upon.	£48	£0	£0	£48																																								
Community	Transformation on Fund	Rapid Response - savings are as a result of reduced A&E attendances and Emergency Admissions. Release of these savings is dependent upon contract negotiation and 2021/22 contracting guidance Intermediate Care - current saving is £559k from original investment agreement but this is subsumed within existing Adult Social Care savings. Integrated Neighbourhood Teams - savings are split across both the CCG and the LA and relate to residential care, CHC and urgent care. Release of urgent care savings is dependent upon contract negotiation and 2021/22 contracting guidance	TBC	TBC	TBC	TBC																																								
Children's	CCG	There are no savings associated with CCG children's plans at this stage.	£0	£0	£0	£0																																								
Children's	LA	<table><thead><tr><th></th><th>2021/22</th><th>2022/23</th><th>2023/24</th><th>Total</th></tr></thead><tbody><tr><td>Efficiencies & Transformation</td><td>£696k</td><td>£0k</td><td>£0k</td><td>£696k</td></tr><tr><td>Contracts & Commissioning</td><td>£220k</td><td>£0k</td><td>£0k</td><td>£220k</td></tr><tr><td>Review of Placements</td><td>£300k</td><td>£0k</td><td>£0k</td><td>£300k</td></tr><tr><td>Sub Total</td><td>£1,216k</td><td>£0k</td><td>£0k</td><td>£1,216k</td></tr></tbody></table>		2021/22	2022/23	2023/24	Total	Efficiencies & Transformation	£696k	£0k	£0k	£696k	Contracts & Commissioning	£220k	£0k	£0k	£220k	Review of Placements	£300k	£0k	£0k	£300k	Sub Total	£1,216k	£0k	£0k	£1,216k	£1,216	£0	£0	£0															
	2021/22	2022/23	2023/24	Total																																										
Efficiencies & Transformation	£696k	£0k	£0k	£696k																																										
Contracts & Commissioning	£220k	£0k	£0k	£220k																																										
Review of Placements	£300k	£0k	£0k	£300k																																										
Sub Total	£1,216k	£0k	£0k	£1,216k																																										
Mental Health	Mental Health	Schemes around Community Mental Health and individual high cost placements are being worked up, any reduction in Mental Health Costs will need to be reinvested within Mental Health to ensure achievement of the Mental Health Investment standard.	TBC	TBC	TBC	TBC																																								
		Total	£6,829	£7,910	£1,911	£16,650																																								
		CCG Total	£2,279	£750	£0	£3,029																																								
		LA Total	£4,550	£7,160	£1,911	£13,621																																								

4.1.4 Community – Intermediate Care

Intermediate Care – This work is focussed upon the reduction in the number of beds in intermediate care facilities and a greater provision of intermediate care at home and goes hand in hand with increased provision of Intermediate Care through the Transformation Fund Scheme. This is on track but the impact of the current pandemic may reduce the saving available in 2021/22.

4.1.5 Learning Disabilities

Learning Disabilities – This work is multi organisational and is to drive out savings across the whole system. There has been excellent initial work but this has slowed due to the second and third waves of the pandemic. Work also needs to be carried out to ensure that there is no double counting of existing Adult Social Care Savings within any new opportunities identified.

4.1.6 Continuing Health Care

Continuing Health Care (CHC) – There has been a significant increase in CHC costs in 2020/21 due to the Hospital Discharge Programme brought in to support hospital capacity during the pandemic. The saving has been increased from £500k to £750k in 2021/22 to partially mitigate the removal of the Local Authority schemes around CHC. This is felt to be a challenging target due to the impact of the pandemic upon the nursing and residential home market, the changed payment methodologies used in 2020/21 and historical delivery. A key milestone will be the implementation of an electronic system on the CCG side. As with other programmes the impact of the current pandemic may reduce the saving available in 2021/22.

4.1.7 Prescribing and High Cost Drugs

High Cost Drugs – There are opportunities for system wide gain share savings and the transition from Lucentis to Avastin for the treatment of Wet AMD. These work programmes have not had the opportunity to move forward in 2020/21 due to the impact of the pandemic and the medicines management team are currently working supporting the roll out of the vaccine. It is therefore not known if these opportunities will be able to be realised in 2021/22.

Prescribing – Prescribing patterns have been impacted significantly by the pandemic and therefore identifying opportunities has been very difficult. The work the medicines management team are currently doing in supporting the roll out of the vaccine means that any additional saving above the £48k currently identified will be deliverable.

4.1.8 Transformation Fund

Rapid Response – This scheme has been successful in reducing A&E attendances and Emergency admissions in previous years and the opportunity to mitigate growth still exists in 2021/22.

Intermediate Tier – This scheme supports the transformation of intermediate care in Bury from being mainly bed based to a balanced bed based and at home model (as is the best practice model nationally). Work is ongoing to identify savings in 2021/22 and to ensure that there is no double count of savings with existing Adult Social Care schemes.

Integrated Neighbourhood Teams (INTs) – INTs are a key part of the whole systems long term financial strategy. These have continued albeit at a reduced rate in 2020/21 due to the pandemic, but teleconferencing has been adopted to allow these to continue. The savings associated with this scheme are in nursing and residential care, A&E attendances and emergency admissions and work is ongoing to rephase this due to the impact of the

coronavirus pandemic.

4.1.9 CCG Children's

CCG Children's – This programme of work was to review children's therapy and community services. Due to the impact of the coronavirus pandemic, the post holder for this work leaving and the reprioritisation of work, no savings are anticipated from this work in 2021/22.

4.1.10 LA Children's

LA Children's – The significant majority of these schemes are efficiency related and all are currently forecast green for delivery in 2021/22

4.1.11 Mental Health

Mental Health – This work involves the review of the Community Mental Health Team in Bury and also a review of individual and high cost placements. Day to day pressures in responding to the coronavirus pandemic have reduced the opportunities to progress the work. It should also be noted that any reduction in mental health expenditure in these areas would need to be replaced with mental health expenditure in other areas to achieve the Mental Health Investment Standard that is a requirement for CCGs.

It should be noted that for Urgent Care, Planned Care, High Cost Drugs and Transformation Fund Schemes, any savings will need to be agreed with Northern Care Alliance colleagues as they will require removal from contractual values in 2021/22. The national setting of contract values for at least quarter 1 of 2021/22 reduces overall savings opportunities in these areas

5.0 Conclusion and Recommendations

The new NHS financial regime, nationally and at a GM level, will be of critical importance to Bury Locality. Whilst that regime is still evolving, there are unique opportunities for locality colleagues to influence its design, especially at GM level.

Progress continues to be made regarding OCO savings and transformation plans, although they are significantly short of the underlying deficit and it is still unclear how deliverable they are in terms of real cash benefits to the OCO. Nevertheless, as we move into an ICS, it is important to drive forward **system** transformation and savings plans agnostic of organisational boundaries.

The Strategic Commissioning Board are asked to note:

- The key emerging issues in terms of the future financial regime
- The OCO savings plans and supporting detail for 2021/22

Mike Woodhead

Joint Chief Finance Officer, Bury Council and NHS Bury CCG

mike.woodhead@nhs.net

February 2021