

Meeting: Strategic Commissioning Board			
Meeting Date	07 December 2020	Action	Information
Item No	14	Confidential / Freedom of Information Status	No
Title	Bury System Board Meetings – 16 September 2020 and 21 October 2020		
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	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary
The paper includes the minutes of : <ul style="list-style-type: none"> Bury System Board Meetings held on 16 September 2020 and 21 October 2020.
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> receive the Minutes of the Bury System Board Meetings held on 16 September 2020 and 21 October 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
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input 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 checked="" 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 checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
What are the Information Governance/ Access to Information implications?						
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	N/A					

Governance and Reporting

Meeting	Date	Outcome
Bury System Board	16 September 2020 21 October 2020	Minutes being submitted for ratification

Title	Minutes of the Bury System Board		
Author	Gillian Cohen, Business Support Manager, Public Health		
Version	1.0		
Target Audience	Members of the Bury System Board		
Date Created	16 September 2020		
Date of Issue			
To be Agreed	21 October 2020		
Document Status (Draft/Final)	Draft		
Document History:			
Date	Version	Author	Notes
17.09.20	1.0	Gillian Cohen	Minutes forwarded to Chair for checking
Approved:			
Signature:			

Bury System Board

MINUTES OF MEETING

16th September 2020, 2.00 - 3.30pm

Via Teams

Chair – Cllr Eamonn O' Brien

Members Present:

Cllr Eamonn O' Brien, Leader of the Council (Chair) (EO'B)
Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
Mr Craig Carter, Director of Finance, NCA (CC)
Ms Cathy Fines
Ms Julie Gonda, Interim Executive Director, Communities and Wellbeing
Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)
Dr Kiran Patel, Medical Director, Bury LCO (KP)
Mr Tyrone Roberts,
Dr Jeff Schryer, Chair Bury CCG (Chair) (JS)
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
Ms Kate Waterhouse, Joint CIO, Bury Council and Bury CCG
Ms Sian Wimbury, Deputy Managing Director, PCFT (SW)
Mr Mike Woodhead, CFO, Bury CCG
Ms Kath Wynne-Jones, Chief Officer, Bury LCO (KWJ)

Others in attendance:

Gillian Cohen – Business Support Manager/PA to DPH, Minute Taker

Apologies

Apologies for absence were received from:

Mr Chris O'Gorman, Independent Chair, LCO Board (CO'G)
Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)

MEETING NARRATIVE & OUTCOMES

1.	WELCOME AND APOLOGIES
	EO'B welcomed those present to the Bury System Board. 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.	MINUTES OF LAST MEETING (19 August 2020) /ACTION LOG
	The minutes of the previous meeting were agreed and approved as a correct record.
4.	COVID-19 UPDATE
	<p>Will Blandamer gave an overview of Bury's current position.</p> <p>With the situation moving at a fast past, at this moment in time Bury are moving into the top 10 area of infections rapidly. Our latest position is 99 positive cases per 100,000 population. The period of time that our numbers are taking to double is reducing, so advice from our public health colleagues is that we are on an upward curve into a 2nd wave. This is replicated across the North West. There is growth in hospitalisation numbers across GM and locally in the Northwest.</p> <p>There is a considerable amount of negative publicity around testing arrangements, in terms of people having problems accessing tests locally. Our walk-in centres have been overwhelmed last week and early this week, however that does appear to have settled down. It has been widely reported that the national testing is having major problems which in turn is causing mass delays locally.</p> <p>There are reports of a large number of residents and school children turning up for a test without having any coronavirus symptoms. Stronger comms needed across all parts of the H&C system to ensure clarity of messages going out. Hard copies as well as electronic versions to clarify the local GM and National arrangements that are in place. Bury is working with colleagues in Salford & Manchester to support the orthodox Jewish community on the forthcoming religious holy days (Jewish new year).</p> <p>Emerging issues to consider as we step up, particularly around shielding. Looking to step up our continuity planning with other partners, as well as looking to stand up our business continuity arrangements around the 2nd wave and the NHS are looking to move to phase 3 working to pre-Covid levels.</p> <p><u>Comments</u></p> <p>TR advised that they are looking to align their data triggers at FGH to inform local system interventions.</p>

ID	Type		Owner
A/09/01	Action	To share with partners their triggers for COVID.	TR

5.	RECOVERY & TRANSFORMATION PROGRAMME UPDATE		
	<p>The highlight report for the Bury Health and Care Recovery and Transformation Programme had been shared in advance of the meeting, highlighting the breath of this programme of work.</p> <p>The Board discussed that it would be beneficial to choose some of the more challenging aspects and focus on them at a future meeting. Despite COVID, this area of work will be looked at consistently.</p>		
ID	Type		Owner
A/09/02	Action	To bring back more specific programme of work to the Board.	HH

6.	STRATEGIC FINANCE UPDATE		
	<p>MW provided an update on a report that was produced late yesterday. The key points highlighted were:</p> <ul style="list-style-type: none"> • There is a full GM Integrated Care System financial plan due out on the 5th October. Individual organisational plans will be signed off on the 22nd October. • There is an expectation that on a national level GM and ICS will break even at the end of the year, with a caveat of £200m, not including the Local Authority. • Need to understand how we access the GM system formulate ICS wide management process. • In terms of contracting and payment guidance, looking at one lead per provider. • As a system, we have not had all our allocations up front, effectively we have been made to break even. From a health point of view, in the first 6 months we have had £50m top up funding. Adrian Roberts and his team are working on the bridge analysis to look at what is driving the gaps. • At a GM capacity meeting, difficult discussions were had in terms of what to stop at a GM level. It was recognised that existing governance arrangements are potentially being pushed beyond their limits. A further meeting is scheduled for 17th September to look at these issues in more depth. 		

ID	Type		Owner
A/09/03	Action	Once the Finance Advisory Committee have completed their update, MW will share the strategic finance report with the Board.	MW

7.	DRAFT PHASE 3 SUBMISSION
	<p>WB referred to the phase 3 COVID-19 planning document that was circulated with the agenda.</p> <p>Guidance has come out for publication of trajectory to bring activity back to pre-COVID levels. Need to prepare for winter pressures whilst being vigilant for a second COVID spike going forward. NCA colleagues have been very positive in exploring and managing actively and improving trajectories.</p> <p>In the first submission made at the end of August, GM were predicting a lower average of containment. Pennine's performance was in accordance with that, towards the lower end. The CCG across the NE sector have been working very closely with Pennine colleagues to get a shared understanding of capacity. We are currently on our second version of the submission and we expect further engagement and challenge from GM; this is a system wide submission rather than just a local version.</p> <p>The Board asked how we can ensure plans are aligned across the whole system around winter pressures and recovery. It was agreed that confidence is required in terms of workforce and financial implications to enable delivery of the proposals. There is a piece of co-production work being undertaken currently looking at these issues.</p> <p>KWJ advised that herself and TR have had discussions at the Urgent Care Delivery group around assumptions of bed escalation in hospitals and bed capacity in the community, to ensure everyone is on the same page over the winter period. JS advised that escalation plans have been shelved for the moment and will be tested shortly to ensure that they are fit for purpose with a second potential COVID wave. JS advised that we need to step back away from recovery and talk about crisis management again.</p> <p>JG commented that emphasizes needs to be away from hospital beds, as its vitally important that patients return home as quickly as possible, if it is clinically safe to do so. The system needs to be flexed to get people home rather than concentrate solely on the bed issues.</p>
8	GMHSCP PARTNERSHIP REVIEW
	<p>WB discussed the review paper that GM Health and Care Partnership is currently undertaking, looking at the way it works and future opportunities within the phase 2 guidance around expectations. This paper was shared via email prior to the meeting.</p> <p>WB highlighted that this paper is a helpful statement of Bury's ambition and obligation to explore all opportunities to do things differently with partners across the NE sector. It is important that we recognise that we are confident in our own ability and ambition for our recovery and transformation programme. This is an opportunity to do things differently in Bury and not wait for GM to move things forward. Steps are being undertaken to ensure we are delivering. The main focus is to build community capacity and capability to support people to feel well and to remain in their own homes.</p>

<p>9</p>	<p>BURY LCO FUTURE FORM & FUNCTION</p> <p>KWJ discussed the paper that was circulated with the agenda. This report will help drive and promote the independence and improvement of population health and strengthen the potential for establishing an integrated care system.</p> <p>Following an options appraisal on behalf of the LCO Board, together with an OCO view from JG and WB, it was decided that a lead provider would be the best option.</p> <p>Four expressions of interest have been received from LCO partners:</p> <ol style="list-style-type: none"> 1. Bardoc 2. Bardoc + Persona 3. Northern Care Alliance 4. VCFSA <p>It was asked to be noted that this will be a collaborative process and not a procurement process to identify a lead provider for the LCO.</p> <p>It was agreed at Board to send a template to all providers who have shown an expression of interest, to ensure they understand the requirements of the lead provider model needed to support the achievements of the LCO.</p> <p>There is a facilitated session scheduled for the 7th October to further discuss with the LCO Board to agree or not that the lead provider model is the preferred option, with the aim of making a final decision by the end of October.</p> <p>It was noted that this was a very helpful piece of work and the right direction of travel to align everything together. WB praised the way the LCO and OCO are working together on this to get the best results for the residents of Bury; this has been achieved with positive conversations with the LCO and providers working together and a shared understanding to achieve the ambitions .</p>		
<p>ID A/09/04</p>	<p>Type Action</p>	<p>Further updates to come back to the Bury System Board.</p>	<p>Owner KWJ</p>

10	BURY 2030 STRATEGY		
	<p>WB discussed the presentation distributed prior to the meeting.</p> <p>WB advised that this was presented at the LCO Board and will be owned by all key partners and the people of Bury to ensure everyone is getting the opportunity to make a contribution. This strategy is progressing at pace; Lynne Ridsdale is in the process of collating revised slides, which will be shared imminently. This will then go out for consultation around November / December time.</p> <p>This strategy cannot be council led; it needs buy in from all system leaders. The LCO are planning a workshop to discuss and drive the strategy forward. There was training for over 100 staff pre-Covid to ensure a solid strength based approach is incorporated in the strategy.</p> <p>Clarity is needed in the strategy in terms of the number of neighbourhoods; it is envisaged that we are moving towards five and this will be clearly set out once it's been agreed.</p>		
ID	Type		Owner
A/09/05	Action	To advise WB feedback from the LCO meeting.	KWJ
A/09/06	Action	To circulate latest set of slide from LR for comments.	WB
11	Closing Matters		
	No further matters were discussed.		

Next Meeting	Date: 21 October 2020, 1.30 – 3.30pm, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521

Title	Minutes of the Bury System Board 21 October 2020		
Author	Jill Stott, LCO Governance Manager		
Version	1.0		
Target Audience	Members of the Bury System Board		
Date Created	23 October 2020		
Date of Issue			
To be Agreed	19 November 2020		
Document Status (Draft/Final)	Draft		
Document History:			
Date	Version	Author	Notes
23.10.20	1.0	Jill Stott	Draft Minutes submitted to WB for checking
23.10.20	2.0		Amendment by Will Blandamer
23.11.20	3.0		Tyrone Roberts' apologies added
Approved:			
Signature:		

Bury System Board

MINUTES OF MEETING

21 October 2020, 2 – 3.50pm

Via Teams

Chair – Dr Jeff Schryer

Members Present:

Dr Jeff Schryer, Chair Bury CCG (Chair) (JS)
Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
Mr Mike Woodhead, CFO, Bury CCG (MW)
Ms Julie Gonda, Interim Executive Director, Communities and Wellbeing
Mr Chris O’Gorman, Independent Chair, LCO Board
Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD) – item 9 onwards
Ms Mui Wan, Associate Director of Finance, Bury LCO (for Mr Craig Carter, Director of Finance, NCA)
M Wan
Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)
Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council (AS)
Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
Dr Daniel Cooke, Clinical Director, Bury CCG (DC)
Ms Lesley Jones, Director of Public Health, Bury Council (LJ)
Ms Sheila Durr, Executive Director Children and Young People, Bury Council (SD)

Others in attendance:

Ms Kate Waterhouse, Joint CIO Bury Council & Bury CCG (KW)
Ms Helen Smith, Performance and Intelligence Manager, Bury Council (HS)
Dr Sanjay Kotegaonkar, Clinical Lead IM&T Bury CCG (SK)
Ms Jill Stott, LCO Governance Manager (JMS)
Ms Jane Harris, Cordis Bright (observing)
Ms Caitlin Hogan-Lloyd, Cordis Bright (observing)

Apologies

Apologies for absence were received from:

- Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council (GL)
- Ms Kath Wynne-Jones, Chief Officer, Bury LCO
- Cllr Eamonn O’ Brien, Leader of the Council
- Mr Keith Walker, Executive Director of Operations, PCFT
- Dr Kiran Patel, Medical Director, Bury LCO
- Ms Catherine Jackson, Executive Board Nurse, Bury CCG (CJ)
- Mr Craig Carter, Director of Finance, NCA
- Mr Tyrone Roberts, Director of Nursing & (Interim) Chief Officer, Bury Care Organisation

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	JS welcomed those present to the Bury System Board and the meeting was confirmed as quorate. Apologies were noted as outlined above.

2.	Declarations of Interest
	<p>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.</p>
3.	Minutes of Last Meeting (16 September 2020)
	<p>The minutes of the previous meeting were agreed as a correct record.</p>
4.	Review of Action Log
	<p>The Action Log was noted, and updates were recorded within the log accordingly.</p>
5.	Covid-19 Update
	<p>WB updated System Board on the council's Gold meeting from earlier in the day:</p> <ul style="list-style-type: none"> • Increasing numbers of Covid cases across GM and neighbouring localities • Significant increase in demand on all services, but particularly on social care, hospital, primary care and community nursing • Daily system pressures meeting is now taking place • Increased pressure in the system as a result of: <ul style="list-style-type: none"> ○ Both Covid cases and addressing the backlog of other conditions ○ Flu clinics instigated ○ Staff availability affected by the test and trace system and dependents being sent home from school <p>WB referred to the effect of the Tier 3 status due to be imposed across GM; he explained that clearer guidance on certain aspects of this is yet to be confirmed, but that the necessary communications on this are being prepared. He noted the potential role of the community hubs in the Tier 3 stage.</p> <p>LJ alerted the group to the increased number of Covid-related deaths being reported.</p> <p>Covid and Non-elective activity Not discussed.</p>
6	Recovery and Transformation Programme Update
	<p>A presentation had previously been shared with Board and HH gave the main highlights from it. He explained that this was part of a more detailed regular update. The background to the work was explained and a report of the delivery status of schemes included. HH reported that Simon O'Hare is working on a finance tracker for schemes.</p> <p>HH gave the main highlights from the programmes and enabler work streams; Estates was noted as a gap and this has been escalated to WB. HH reported on the development of a new Tableau dashboard which will come to this Board and will include finance and activity elements.</p> <p>One of the challenges of part of this work was reported to be capacity of some colleagues to complete the work.</p> <p>JS thanked HH for the work reported on and members were asked for their comments.</p> <p>LJ disagreed with the Population Health programme being reported as red, explaining that there are currently 7 programmes of work under this heading, each with its own plan and led by representatives from across the partnership.</p>

HH and LJ agreed to discuss this in greater detail outside of this meeting.

DC raised the issue of duplication of work, citing an example in UC and MH work streams. He suggested improved communication between programmes of work could address this issue; HH suggested that the Health and Care Recovery Group should be the forum to identify any duplication of work, but asked DC to alert HH or Matt Wright to any areas of concern.

JS suggested that future reporting to the Board should be on an exception basis so that the work of the Health and Care Recovery Group isn't replicated. HH said the plan was to share highlight reports and escalate any issues, but that a more detailed rolling programme of updates for each programme was the intention.

WB reported on the outcomes and performance measures work, which is at an early stage, but has made a positive start. He said the intention will be for reports to come to this Board on a routine basis.

ID	Type		Owner
A/10/01	Action	Outcomes and performance report to come to the November Board	WB

7 Strategic Finance Update

MW shared the latest financial position with the Board:

- Organisational financial submissions are due today
- GM to report a £120m gap for the remainder of the financial year (reduced from £300m after double counting, refinement of forecast costs etc. had been taken into account)
- Split is £103m providers/£17m commissioners
- Concern over potential penalties from the elective incentive scheme
- Bury showing as a break even status
- CCGs will need to address the underlying gap of £20m
- PAHT deficit: £31m
- PCFT deficit: £3m
- LA deficit after quarter 1: £7.5m
- No financial guidance available for 2021/22

From the Financial Advisory Committee MW reported that :

- Funds will be held at a GM level
- £54m due to CCGs
- Covid fund to go directly to providers

MW alerted the Board to the influence on the financial situation of the changing commissioning landscape, but noted that this may give Bury the opportunity for a system-level approach leading to a levelling up of funding.

WB suggested that a block contracting model would impede delivery of transformation as the flow of activity cannot be altered if the flow of money isn't changed. MW agreed that any block contracts would need to be set in a fair way, achieving fair and equitable benefits across the system.

8 Digital Update

KW confirmed that the Digital Charter had been approved via the Health and Care System Recovery Task Group. She listed its 4 main elements:

1. Primary Care
2. Urgent Care

3. Graphnet and shared care records
4. Agile working

KW updated the group on the planned procurement for a GP clinical system, explaining that there is a legal requirement for this to happen as part of a revised framework. Approval on this is needed by the end of December, with implementation planned for 1 April 2021.

KW explained that further details on the procurement process were awaited, but that issues such as choosing one system for all PCNs and the CCG versus practices making individual decisions on the preferred system would need to be considered.

SK highlighted the importance of a system-wide approach to this process, noting that a successful procurement will be central to achieving the goals of the 2030 long-term plan.

AS highlighted the importance of an effective and adaptable system in primary care, and any transition arrangements between one system and another, should that be the case for some practices.

MW emphasised the importance of this piece of work and asked that it be adequately resourced to ensure a successful outcome.

The Board partners agreed to prioritise resource to support engagement in the options appraisal process.

KW reported on the refreshed membership of the Digital Board and the plan to adapt the meeting schedule to allow OCO representatives to attend. She reported that the board was working effectively and that stakeholder events were planned for October and November around the procurement process.

ID	Type		Owner
A/10/02	Action	JS to formally write to System Board partners to seek engagement in the GP clinical system process	JS
ID	Type		Owner
A/10/03	Action	Update on the GP clinical system process to come back to System Board at the November or December meeting	KW

9 GMHSCP Partnership Review - update

A paper on the outcomes of the first of 4 focus sessions on this topic had been shared with Board. WB updated the group on the main themes:

- Where we are in the journey
- Learning from Covid
- Implications of any reconfiguration, especially on an Integrated Care System (ICS) statutory footing
- Possibility of 1 CCG across GM

WB gave his personal view on current key themes:

- Development of changes to the health and care system (Taking Charge intentions)
- Shift of money and activity into community settings hasn't been totally successful

- Variation in models of governance across the 10 localities
- Scale of ambition for population health has not been secured

WB listed priorities for future focus:

- Population health, addressing inequalities and work on the determinants affecting health and care priorities
- Retain a focus on localities and connectors into communities and neighbourhoods
- Focus on financial flows and governance within localities
- Retain the successful provider collaborations which have taken place, such as mutual aid between hospitals and joint working between the VCFA and community hubs

WB suggested that an objective proposition from all partners was required, demonstrating GM's unique position in having experience of integrated commissioning and provision and in maintaining mature relationships across the locality.

Giving a political perspective on the work AS highlighted some of the challenges ahead:

- Focus on a reduction in health inequalities
- Support for a neighbourhood-level resource
- Need to address GM bureaucracy
- PCNs to have greater involvement
- Focus on innovation
- Politicians to be more involved

From a clinician's perspective JS echoed the above sentiments, noting that 9/10 CCGs wished to retain the current model. He emphasised the importance of clinicians being at the heart of decision-making.

JS questioned whether the system was mature enough to progress changes to the commissioner/provider relationship.

COG gave the LCO's perspective on the proposed changes, noting that the LCO was aware of the potential changes to the commissioning architecture and the connection with progress on the LCO's organisational form. He explained that LCO Board had discussed the topic at its meeting earlier in the day and referred to the LCO's continued work on building and developing relationships and trust across partner organisations. He highlighted the LCO's maturity in promoting successful collaboration across partners, noting specifically the inclusion of OCO colleagues on the LCO Board.

(LJ left the meeting, LD joined the meeting)

HH raised the issue of a focus by NHSE purely on health targets and the effect of this on a health and care system. There was discussion about possible routes of monies through the system via an ICS and the connections between the 10 CCGs and the GMCA.

SJ raised concerns about the lack of influence of local VCFA organisations at a GM level, reporting that he had written to express this concern. From a VCFA perspective he said that a local focus was essential and therefore supported the retention of the 10 CCG model.

	JS endorsed the importance of the VCFA suggesting it should be part of any future collaborative board if a 1-CCG model came into being.
10	Bury 2030 Strategy – update
	<p>A 1-page graphic, along with a fuller consultation proposal paper had been shared with Board and WB highlighted the main intentions of the “Let’s Do It” 3 components. He explained that a public consultation is planned, to be concluded in December/January time and asked partners to support the engagement process.</p> <p>SH noted the thread of the VCFA’s role throughout the document, highlighting the joint working aspect to this piece of work.</p> <p>Via the Teams chat facility COG confirmed that the LCO Board committed at its meeting earlier in the day to engaging fully with the strategy both as a Board and as individual organisations.</p> <p>(MW left the meeting)</p>
11	Evaluation and GM Workforce Survey
	<p>A paper had previously been shared with Board and HS joined the meeting to cover the item.</p> <p>She explained that 2 surveys are planned, the GM Wider locality workforce survey and the Bury INT and IMC specific survey (LCO to consider the second).</p> <p>Board agreed that they were happy with the approach in re-running the GM locality workforce survey in November/December.</p> <p>Board agreed to a joint System Board/Health and Care Recovery Group/LCO Board approach to the request for a focus group.</p>
12	Closing Matters
	None discussed.

Next Meeting	Date: 19 November 2020, 10.30 – 12.30, via Teams
Enquiries	e-mail: jill.stott@nhs.net Tel: 07770 896 521