

Meeting: Governing Body (Virtual Meeting)			
Meeting Date	27 May 2020	Action	Approve
Item No.	3	Confidential	No
Title	Minutes of the Last Meeting and Action Log		
Presented By	Dr Jeff Schryer, CCG Chair		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		

Executive Summary
<p>The minutes of the Public meeting held on 24 April 2020 are presented as an accurate reflection of the previous meetings of the Governing Body reflecting the discussion, decision and actions agreed.</p> <p>Updates against the actions have been provided for information.</p>
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Approve the minutes of the Public meeting held on the 24 April 2020 as an accurate record; and • Note the updates provided against the actions

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	☒
<p>SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value</p>	☒
<p>SO3 Budget To deliver a balanced budget</p>	☒
<p>SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	☒
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p>	
<p>GBAF N/A</p>	

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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Title	Minutes of the Governing Body (Virtual Meeting) held on the 24 April 2020		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Version	0.1		
Target Audience	Public Members/Governing Body Members		
Date Created	April 2020		
Date of Issue	April 2020		
To be Agreed	27 May 2020		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Governing Body meeting in Public 24 April 2020		
Document History:			
Date	Version	Author	Notes
	0.1	Emma Kennett	Forwarded to the CCG Chair for review
Approved:			
Signature:			
		 Dr Jeff Schryer, CCG Chair

Governing Body

Virtual Meeting

MINUTES OF VIRTUAL MEETING VIA MICROSOFT TEAMS

Governing Body, 24 April 2020, 10.00am

Chair – Dr Jeff Schryer, CCG Chair

ATTENDANCE

Members

Dr Jeff Schryer	CCG Chair (Chair)
Mrs Fiona Boyd	Registered Lay Nurse of the Governing Body
Mr Peter Bury	Lay Member
Dr Daniel Cooke	Clinical Director
Mr Howard Hughes	Clinical Director
Mr Geoff Little	Chief Officer
Mr David McCann	Lay Member for Patient and Public Involvement
Ms Margaret O'Dwyer	Director of Commissioning and Business Delivery
Mr Simon O'Hare	Associate Chief Finance Officer (deputising for Mr Woodhead, Chief Finance Officer)
Ms Maxine Lomax	Head of Safeguarding/Deputy Director of Nursing/Designated Nurse for Child Protection and Looked after Children (On behalf of Mrs Jackson)

Others in attendance

Ms Lesley Jones	Director of Public Health
Cllr Andrea Simpson	Deputy Leader and Cabinet Member for Health and Wellbeing
Mrs Lynne Ridsdale	Deputy Chief Executive
Mrs Julie Gonda	Deputy Leader and Cabinet Member for Health and Wellbeing
Mrs Lisa Featherstone	Deputy Director - NHS Bury CCG and Bury Council Corporate Core - Governance and Assurance
Mrs Emma Kennett	Head of Corporate Affairs and Governance – Minutes

Public Members/Observers

Mr Joseph Timan	Bury Times
Mrs Carrie Dearden	Communication and Engagement Manager, Bury CCG

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	Dr Schryer welcomed those present to the meeting and noted apologies had been received from: - <ul style="list-style-type: none">Ms Catherine Jackson, Director of Nursing & Quality ImprovementMr Chris Wild, Lay Member – FinanceMr Mike Woodhead, Joint Chief Finance Officer

1.2	Dr Schryer advised that the quoracy requirements had been satisfied in accordance with the CCG's Constitution. The meeting was therefore declared quorate.
-----	--

2 Declarations Of Interest

2.1	The Chair reminded Governing Body 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 NHS Bury Clinical Commissioning Group.		
2.2	Declarations made by members of the Governing Body are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website here .		
2.3	Declarations of interest from today's meeting There were no declarations of interest for today's meeting raised.		
2.4	Declarations of Interest from the previous meeting There were no declarations of interest from the previous meeting raised.		
ID	Type	The Governing Body:	Owner
D/04/01	Decision	Noted the published register of interests.	

3 Minutes of the last Meetings and Action Log

3.1	<ul style="list-style-type: none"> Minutes The minutes of the Governing Body meeting held on 22 January 2020 were considered and agreed as a correct record.		
3.2	<ul style="list-style-type: none"> Action Log There were no open actions that required an update.		
ID	Type	The Governing Body:	Owner
D/04/02	Decision	Approved the minutes of the meetings held on the 22 January 2020.	

4 Questions from Public Members in relation to the agenda

4.1	It was noted that no questions had been received from members of the Public.		
ID	Type	The Governing Body:	Owner
D/04/03	Decision	Noted that there were no questions	

5. CCG Chair and Chief Officer Update

5.1	a) <u>Covid-19</u> Mr Little provided an update on the latest Covid-19 local position. It was reported that: <ul style="list-style-type: none"> The latest figures indicated that there were 354 confirmed cases of Covid-19 in Bury. The number of cases and trend was still rising in line with the national picture. The projected outlook from a Public Health perspective for the next 4-6 weeks 		
-----	---	--	--

	<p>could result in a number of peaks and troughs in terms of new cases.</p> <ul style="list-style-type: none"> • There was a need to start planning for the Recovery Phase of the pandemic and what this will look like for Bury. • The capacity of critical care beds in the acute sector and other local sites was being closely monitored which was above the demand for these facilities at the present time. • In terms of support for Home Care and Care Homes, clinical support is being provided from GP Practices. In relation to the support from GP Practices into Social Care, there was a need to ensure that staff providing care have access to testing where required and Personal Protective Equipment (PPE). In terms of the supply of PPE in the borough, there had been challenges but demand was being managed locally. • In relation to testing, there was sufficient capacity to meet the needs of all staff in the priority groups where staff are self-isolating at home. There were testing facilities available at Humphrey House in Bury and a drive through facility at Manchester Airport. It was noted that testing would be a central part of the long term recovery phase along with case tracking and vaccination.
5.2	<p>Dr Schryer commented that there had been a fantastic response to the Covid-19 Pandemic from the Health and Care system in Bury and commended all staff in this regard.</p>
	<p>b) <u>Community Hubs</u></p>
5.3	<p>Mrs Ridsdale presented a report in relation to the Community Hubs that had been established within Bury.</p>
5.4	<p>It was reported that a key part of Bury's Covid 19 emergency response had been the establishment of five Community Hubs, to provide the infrastructure to support vulnerable people. The initial priority was to support those clinically vulnerable.</p>
5.5	<p>It was highlighted that the Hubs followed the footprint of the existing health and social care Integrated Neighbourhood Teams (INTs), with a remit to identify and join up the clinical support for vulnerable people, with wider social support such as from families and neighbours. The initial priority for Community Hubs had been the supply of food and medicines to the most vulnerable.</p>
5.6	<p>It was reported that the Community Hubs had been operational for three weeks and during this time have made good progress in engaging over 500 volunteers across the borough and dealing with over 800 requests for help. Furthermore, national supply arrangements for food and medicine either from Government or NHS England directly or from supermarkets is now improving which, in the coming weeks, will release some capacity.</p>
5.7	<p>It was noted that the Community Hubs had been a direct response to the national emergency, but this sort of neighbourhood infrastructure was always envisaged as a key component of Bury 2030 design which proposed three core teams operating within each neighbourhood.</p>
5.8	<p>Mr McCann commented that he was supportive of the approach that had been adopted in the development of the Community Hubs but would want to see the neighbourhood approach being further developed on a medium-long term basis.</p>

5.9	Ms Gonda referred to the Thriving in Bury Model in relation to mental health and wellbeing support which ranged from self-help support to more formal support for local people.
5.10	Mr Hughes reported that good progress had been made within this area however there was a need to ensure that best value from available resources was being achieved in addition to maintaining focus on required outcomes. Mrs Ridsdale acknowledged that resources would need to be reviewed as part of this work and confirmed that there were 5 Neighbourhood Coordinator roles in place to ensure that work was being joined up across the board. Dr Schryer supported the joined up approach that was being taken across the neighbourhoods.
c) <u>Adult Social Care Action Plan</u>	
5.11	Mrs Gonda submitted a report in relation to the Adult Social Care Action Plan.
5.12	It was reported that a key part of Bury's Covid 19 emergency response had been the creation of an overall programme of work in relation to health and social care in the community 'the plan'. This work had been led by the One Commissioning Organisation (OCO) Health & Care Silver group, established to ensure a joined up response to commissioned social care providers in the Private, Voluntary and Independent (PVI) sector, and to GP Practices operating in Bury.
5.13	The plan to provide support was established initially on a reactive basis from the queries and feedback through the helpline set up by the OCO; the plan covers the following significant themes: - <ul style="list-style-type: none"> • Support in managing infection control and sourcing PPE. • Testing for social care provider staff and primary care staff. • Workforce support and redeployment of staff across the system. • Social Care support from Primary Care. • Market management and sustainability. • Effective communication.
5.14	Mrs Gonda referred to the digital offer which had been developed initially with the aim of avoiding face to face appointments within GP practices, it was noted that the Covid crisis had created a real opportunity to embed digital ways of working. The benefits were clear which included easier access to advice and consultation, speedy resolution of problems, effective use of GP time amongst others. It was highlighted that there was a need to realise the benefits of this work and embed this way of working for the future. Cllr Simpson concurred saying there was a need to realise the benefits associated with the digital offer going forward and there may be an opportunity to link in with Bury College in relation to assistive technology. There was also a need to ensure that there are linkages between the digital agendas of acute, primary and social care.
d) <u>Recovery Paper</u>	
5.15	Mr Little presented a report in relation to the Covid-19 Recovery Planning Proposals that had been developed.
5.16	It was reported that, prior to the impact of the Coronavirus pandemic, Bury was on track to deliver significant transformational change to make a positive difference to the

	<p>people and places within our borough. As the first Greater Manchester Town of Culture Bury was set to make a name for itself as the place to live, work and visit, with a clear road map through to achieving the commitments within our Bury 2030 Strategy of:</p> <ul style="list-style-type: none"> • Narrowing the gap in health inequalities; • Reducing in-work poverty and wider deprivation; • Raising aspirations and performance in education and skills; and • Leading the way on tackling climate change to enhance our reputation as one of the greenest and safest places to live in Greater Manchester.
5.17	<p>It was reported that in the short term, the primary response would focus on the immediate impact of COVID-19:</p> <ul style="list-style-type: none"> • Supporting those who need care, in which ever setting they may be, in terms of medical assistance; • Offering wider support to those identified as shielded or highly vulnerable with limited access to food and/or medical supplies; • Administering financial support to those in hardship as a result of COVID-19, including support to businesses; and • Providing place based leadership at neighbourhood and borough level to co-ordinate the resource to promote resilience and reassure our residents at a time of considerable stress and anxiety.
5.18	<p>It was highlighted that the data available at the start of April 2020 suggested that the peak of cases was yet to be seen in the North West. There was therefore a need to continue to prioritise planning for our response to the ‘surge’ and ensuring robust business continuity was in place to be able to manage the peak effectively. As the exact date for the peak was unclear at present, planning had been based on a series of possible scenarios which were outlined in further detail within the report.</p>
5.19	<p>It was emphasised that there was a need to learn from better ways of working that have emerged during the crisis. Recovery itself would be about adjusting to a new normal way of working as the context would have been changed.</p>
5.20	<p>It was reported that this Recovery Plan needed to link in with the wider Health and Care Recovery work being coordinated by Mr Hughes via the Health and Care Recovery Board which would need to link in with the Bury 2030 Strategy, the new neighbourhood model and digital.</p>
5.21	<p>Mrs Jones commented that there would be a need to see the number of Covid-19 cases plateauing with a 60/80% infection rate in order for herd immunity to be achieved alongside returning to the new ‘normal’. There was significant epidemic management work ongoing within the borough.</p>
	<p>e) <u>Record of Operational and Urgent Decisions</u></p>
5.22	<p>Mr Little submitted a report in relation to the Record of Operational and Urgent Decisions.</p>
5.23	<p>It was reported that the Governing Body was responsible for the leadership and governance of the CCG. Notwithstanding the level and pace of change required in response to the current Covid19 response, the Governing Body must remain mindful</p>

	of the statutory duties that apply, whilst balancing this with the need to support the strategic and operational response.		
5.24	It was highlighted that interim Governance arrangements had been put in place to manage both Operational and Urgent Decisions during the Covid-19 Pandemic.		
5.25	The attached log included within the report detailed the Operational and Urgent decisions that have taken been taken to date during the Pandemic.		
ID	Type	The Governing Body:	Owner
D/04/03	Decision	Noted the Covid-19 update.	
D/04/04	Decision	Noted the Community Hub Teams do not take a role in proactively contacting residents identified as vulnerable to Covid 19. Proactive case management will instead continue within health and care teams and housing with referrals to Hubs for support outside of service provision as appropriate and referrals will continue to be taken from the National Shielding Contact Centre.	
D/04/05	Decision	Noted a digital consultation exercise would be held to invite wider communities to indicate what support they would like from the Hubs and the help and capacity they can bring.	
D/04/06	Decision	Noted that communication continued around the work of the Hubs including encouraging residents to self-identify and agree to the Council processing their information in order that we may update our records and provide proactive support.	
D/04/07	Decision	Noted that the Community Hubs were being developed to provide community infrastructure; manage formal referrals and develop and direct residents to self-help materials.	
D/04/08	Decision	Noted that a Public Service Partnership hub is established to take a data-led approach to management of issues outside the community and health & care remit.	
D/04/09	Decision	Noted a detailed neighbourhood model of governance was being developed.	
D/04/10	Decision	Noted the Adult Social Care Action Plan.	
D/04/11	Decision	Noted the Covid-19 Recovery Planning Proposals.	
D/04/12	Decision	Received the Urgent and Operational decision log.	
D/04/13	Decision	Noted the review of the emergency planning governance arrangements and records.	

6.	Finance
	<ul style="list-style-type: none"> 2020/21 Budget
6.1	Members received copies of a report in relation to the 2020/21 Budget.
6.2	It was reported that the CCG Governing Body had a duty to set an annual budget, which was usually based on the final version of Operating Plans submitted to NHS England. For 2020/21, the final plans were due to be submitted on 29 April 2020 (this national deadline had already been delayed several times by NHSE/I).
6.3	<p>It was noted that due to Covid-19, NHSE/I had suspended the Operating Planning process and introduced a temporary new financial framework across the country. It was not possible to say how long the Covid-19 crisis would continue for, or what the scale of financial impact would be. The Governing Body still has a duty to set a budget though. This paper, which was considered and approved by the Finance, Contracting and Procurement Committee on 16 April 2020, proposes that a 2020/21 interim budget should be set based on the last draft Operating Plan submission (5th March 2020), i.e. excluding Covid-19 impacts and the new financial framework. The headline figures and underlying assumptions from the 5th March 2020 submission have been previously presented and discussed at Finance, Contracting and Procurement Committee and Governing Body meetings. They are:</p> <ul style="list-style-type: none"> Financial gap (pre QIPP savings) £20m; QIPP savings target £9m; Deficit plan £11m.
6.4	It was noted that actual spend would certainly be significantly different to the pre-Covid-19 plan, but this interim budget would give the CCG a sensible and recognisable anchor-point against which we can measure the impact of Covid-19 and other variances. It is expected that, post crisis, there will be some form of national financial “reset” and new plans will be required.
6.5	The second part of the paper (section 3) described some key aspects of the temporary new financial framework put in place by NHSE in response to Covid-19.

ID	Type	The Governing Body:	Owner
D/04/14	Decision	Approved the financial plan outlined in section 2 of this paper as the interim 2020/21 budget.	
D/04/15	Decision	Noted the implications of setting a deficit budget.	
D/04/16	Decision	Delegated authority to the Joint Chief Financial Officer to allocate budgets at a granular level.	
D/04/17	Decision	Noted the Covid-19 responses and the potential risks and impacts (section 3 of the report).	

7.	Single Point of Access		
7.1	Item deferred.		
ID	Type	The Governing Body:	Owner
D/04/18	Decision	Noted that the deferred item would be submitted via the	

	Urgent Decisions Group once available.	
--	--	--

8.	Quality & Risk Update		
	<ul style="list-style-type: none"> Minutes from Quality & Performance Committee – 8 April 2020 		
8.1	Members received copies of the minutes from the Quality and Performance Committee held on the 8 th April 2020.		
ID	Type	The Governing Body:	Owner
D/04/19	Decision	Noted the minutes.	

9.	Changes to Governing Body Forward Plan – Covid-19		
9.1	Members received copies of a report in relation to the Changes to the Governing Body Forward Plan as a result of Covid-19.		
9.2	It was reported that the Governing Body was responsible for the leadership and governance of the CCG. Notwithstanding the level and pace of change required, in the current emergency response to Covid19, the Governing Body must remain mindful of the statutory duties that apply, whilst balancing this with the need to support the strategic and operational response.		
9.3	The aim of this report was to provide a written narrative of those items that would ordinarily have been presented to the Governing Body should the current business continuity / emergency planning arrangements in response to Covid-19 not have been in place.		
ID	Type	The Governing Body:	Owner
D/04/20	Decision	Noted the items that would ordinarily have been presented at the postponed meeting on 25 March 2020.	
D/04/21	Decision	Noted the supportive narrative on how these items of business will be progressed.	

10.	Closing Matters		
10.1	Dr Schryer thanked members for their contributions and summarised the main discussion points.		
ID	Type	The Governing Body:	Owner
D/04/22	Decision	Noted the information	

Next Meeting	Wednesday, 27 May 2020, 3.00pm via Microsoft Teams
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Governing Body Action Log

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

	No Actions				