GM JOINT COMMISSIONING BOARD
MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 20 JULY 2021
VIA MS TEAMS (LIVESTREAMED VIA PUBLIC I)

Bolton	Councillor Andrew Morgan Su Long
Bury	Councillor Andrea Simpson Geoff Little
Manchester	Councillor Joanna Midgley Ian Williamson Dr Ruth Bromley (for item 11/21)
Oldham	Councillor Zahid Chauhan Dr John Patterson Mike Barker
Heywood, Middleton and Rochdale	Councillor Daalat Ali Steve Rumbelow
Salford	Councillor John Merry Dr Tom Tasker (Chair) Steve Dixon
Stockport	Councillor Jude Wells Dr Cath Briggs Andrea Green
Tameside	Dr Ashwin Ramachandra Steven Pleasant
Trafford	Councillor Jane Slater Sara Radcliffe
Wigan	Councillor Keith Cunliffe Dr Tim Dalton Craig Harris
GM Commissioning Team	Rob Bellingham
GMCA	Andrew Lightfoot Jamie Fallon
GM Health and Social Care Partnership	Sarah Price

GMJCB 01/21 WELCOME AND APOLOGIES

Dr Tom Tasker, Clinical Chair, Salford CCG welcomed all locality members to the meeting of the GM Health and Care Joint Commissioning Board and explained that the meeting was being held virtually and livestreamed to the public in accordance with the Terms of Reference.

Apologies for absence were received from the following;

Councillor Brenda Warrington (Tameside), Dr Niruban Ratnarajah (Bolton), Dr Jeffrey Schryer (Bury), Dr Ruth Bromley (Manchester), Dr Chris Duffy (HMR CCG), Carolyn Willkins (Oldham), Dr John Patterson (Oldham), Jessica Williams (GM Directors of Commissioning), Dr Muhammad Imran (Trafford).

GMJCB 02/21 APPOINTMENT OF CO-CHAIRS AND VICE CO-CHAIRS

Dr Tom Tasker reported a conflict interest with the item and requested Rob Bellingham, Managing Director, Greater Manchester Commissioning Team introduce the appointments of both Co-chairs and Vice Co-Chairs.

Rob Bellingham confirmed that the Board had previously agreed (at the Annual General Meeting held on 20 July 2020) that both Co-Chairs Dr Tom Tasker and Councillor Brenda Warrington would continue in their role up to 31 May 2022.

It was reported that it was anticipated that the GM Joint Commissioning Board would cease to exist within its current form in April 2022, when a new statutory body, the 'GM Integrated Care Board' (GM ICB) would be implemented.

Referenced was point 7 of the ToR "Two of the JCB members shall be Vice-Chairs of the JCB. One of the Vice-Chairs shall be a JCB member who is a GP and the other shall be a JCB member who is an officer or elected member of the local authority that nominated him or her."

Members acknowledged that previously only one Vice-Chair had been appointed, noting that Dr Wirin Bhatiani had subsequently retired, leaving both roles vacant. Following discussion, Councillor Chauhan expressed an interest in becoming the political Vice-Chair which was supported and agreed by the Board. Furthermore, it was agreed that expressions of interest would be sought to the role of GP Vice-Chair.

RESOLVED

1. That the previously agreed appointments of Dr Tom Tasker and Councillor Brenda Warrington as Co-Chairs of the Greater Manchester Joint Commissioning Board for the period to 31 May 2022 be noted.
2. That the appointment of Councillor Zahid Chauhan as Vice-Chair for the period to 31 May 2022 be approved.
3. That a process to appoint the Clinical Vice-Chair be undertaken.

GMJCB 03/21 MEMBERSHIP OF THE GM JOINT COMMISSIONING BOARD 2020/21

Rob Bellingham, Managing Director, GM Joint Commissioning Team presented the appointments to the GM Health and Care Joint Commissioning Board for 2021/22.

Members were advised that Councillor Jude Wells had subsequently replaced Councillor McGee as Stockport's representative on the Board. Councillor McGee had been appointed as substitute.

Ian Williamson, Chief Accountable Officer, Manchester City Council advised that Councillor Joanna Midgley, Executive Member Health and Care, had been informally appointed to represent Manchester City Council, which would be formerly confirmed in due course.

Councillor Andrew Morgan requested that his title be updated to reflect his role as Executive Member for Adult Services, Bolton Council.

RESOLVED

That the following appointments to the Greater Manchester Health and Care Joint Commissioning Board for 2020/21 be noted.

GM HEALTH AND CARE JOINT COMMISSIONING BOARD	
MEMBERSHIP 2021/22	
Bolton	
Councillor Andrew Morgan	Executive Cabinet Member for Adult Services, Bolton Council
Councillor Anne Galloway (Substitute)	Executive Cabinet Member for Children's Services, Bolton Council
Dr Niruban Ratnarajah	Clinical Chair, Bolton CCG
Su Long	Accountable Officer, Bolton CCG
Bury	
Councillor Andrea Simpson	Cabinet Member, Health and Wellbeing, Bury Council
Dr Jeff Schryer	Clinical Chair, Bury CCG
Geoff Little	Accountable Officer, Bury CCG
Manchester	
Councillor Joanna Midgley (TBC)	Executive Member Health and Care, Manchester City Council
Dr Ruth Bromley	Clinical Chair, Manchester Health and Care Commissioning
Ian Williamson	Accountable Officer, Manchester Health and Care Commissioning
Oldham	
Councillor Zahid Chauhan	Cabinet Member Health and Social Care, Oldham Council
Dr John Patterson	Clinical Chair, Oldham CCG
Carolyn Wilkins	Accountable Officer, Oldham CCG
Rochdale	
Councillor Daalat Ali	Cabinet Member for Health and Wellbeing, Rochdale Council

Dr Chris Duffy	Clinical Chair, Heywood, Middleton and Rochdale CCG
Steve Rumbelow	Accountable Officer, Heywood, Middleton, and Rochdale CCG
Salford	
Councillor John Merry	Cabinet Member Health and Wellbeing, Salford City Council
Councillor Damien Bailey (substitute)	Executive Support Member for Social Care and Mental Health, Salford City Council
Dr Tom Tasker	Clinical Chair, Salford CCG
Steve Dixon	Interim Accountable Officer, Salford CCG
Stockport	
Councillor Jude Wells	Cabinet Member Adult Care and Health, Stockport Council
Councillor Tom McGee (substitute)	Deputy Leader, Stockport Council
Dr Catherine Briggs	Clinical Chair, Stockport CCG
Andrea Green	Accountable Officer, Stockport CCG
Tameside	
Councillor Brenda Warrington	Leader, Tameside Council
Councillor Eleanor Wills (substitute)	Executive Member, Adult Social Care and Population Health, Tameside Council
Dr Ashwin Ramachandra	Clinical Chair, Tameside, and Glossop CCG
Stephen Pleasant	Accountable Officer, Tameside, and Glossop CCG
Trafford	
Councillor Jane Slater	Executive Member for Health, Wellbeing and Equalities, Trafford Council
Councillor Andrew Western (Substitute)	Leader, Trafford Council
Dr Muhammad Imran	Clinical Chair, Trafford CCG
Sara Radcliffe	Joint Accountable Officer, Trafford CCG
Gareth James	Joint Accountable Officer, Trafford CCG
Wigan	
Councillor Keith Cunliffe	Deputy Leader and Portfolio Holder for Adult Social Care, Wigan Council
Councillor David Molyneux (Substitute)	Leader, Wigan Council
Dr Tim Dalton	Clinical Chair, Wigan CCG
Craig Harris	Accountable Officer, Wigan CCG

GMJCB 04/21 TERMS OF REFERENCE (ToR)

Rob Bellingham presented the Board with the Terms of Reference for noting and explained that the ToR had not been amended since the previous time they were presented to the Board.

RESOLVED

That the GM JCB Terms of Reference be noted.

GMJCB 05/21 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

The Chair advised that following the announcement of Bill McCarthy's (Regional Director, NHS England) retirement from the NHS on Friday 16 July 2021, a letter had been sent on behalf of the system conveying our best wishes. Amanda Doyle, his successor, would commence her new role on the 1 August 2021.

GMJCB 06/21 DECLARATIONS OF INTEREST

A declaration of interest was made by Dr Tom Tasker regarding the appointment of Co-Chairs of the JCB.

RESOLVED

That the declarations made by Dr Tom Tasker be noted.

GMJCB 07/21 MINUTES OF THE JCB MEETING ON 20 APRIL 2021

The minutes of the meeting held on 20 April 2021 were submitted for consideration and approval.

Sarah Price, Interim Chief Officer, GM Health and Social Care Partnership provided an update on the Improving Specialist Care Programme which sought to deliver the agreed models of care for Breast Services, Vascular, Benign Urology and Paediatric Surgery which was previously paused at the outset of the COVID-19 pandemic.

It was acknowledged that given the resource implications, an element of prioritisation was required, with breast services identified as a particular priority, supported by a streamlined and pragmatic approach to alignment and integration of ISC work and recovery programmes.

Members were advised that a Group had been convened (chaired by Rob Bellingham) to resolve immediate issues affecting breast services notwithstanding longer term solutions were required. It was recognised that a model of care had been agreed prior to the pandemic, noting that GM Medical Directors and Providers were considering how this could be delivered. To support this work an initial high level data collection exercise had been undertaken to understand the activity delivered, along with the current delivery standards which provided a complex picture, however, it was clear that the challenges remained in terms of workforce shortages, further exacerbated by a significant increase in referrals. It was confirmed that further work would be undertaken to validate the information, ensuring that there was a consistent interpretation of the definitions, and to understand the current breast pathways against the model previously agreed, whilst also considering the new treatment modalities and screening services, with a view to identifying further work which was required.

The initial work was expected to take three months to complete, with a view to identifying new ways of working which reflected the forthcoming changes to the system.

Members welcomed the update, whilst emphasising the need to ensure that both primary care providers and political leadership were proportionally represented in the development of the proposals.

RESOLVED

1. That the minutes of the meeting of the GM Joint Commissioning Board held on 20 April 2021 be approved as a correct record.
2. That the update on the Improving Specialist Care Programme be noted.
3. That the Boards comments regarding representation in the development of the work be noted.

GMJCB 08/21 CHIEF OFFICER UPDATE

Sarah Price, Interim Chief Officer, Greater Manchester Health and Social Care Partnership introduced a report which provided an update on how the Health and Social Care system in Greater Manchester was responding to the COVID-19 pandemic, including key developments over the last month.

Members celebrated the success of the GM COVID-19 vaccination programme which had delivered over 3.2 million vaccinations across GM. However, as Government had now revised their targets for each region to offer the first dose to all adults (cohorts 1-12), and to deliver all due second doses to over 40s (cohorts 1-10) by 19th July, the pressure on the system to meet required week-on-week delivery targets was intensifying as well as the assurance on delivery and requests for information from regional and national teams. Delivery was currently at 92.9% for second doses which was below the target of 95%.

The National Flu Immunisation letter had been received which outlined an expansion of the programme to school students up to year 11 for the first time, along with a target to offer the flu vaccine to everyone over 50. This programme, along with targets to deliver the Covid-19 booster jab would be challenging and planning was underway to ensure the requirements could be delivered.

The innovative work taking place across GM to increase vaccine uptake amongst cohorts with higher vaccine hesitancy was acknowledged, which included the initiative VaccChat (started at the end of June 2021) which promoted productive and honest conversation around vaccine safety between citizens and community figures such as hairdressers, barbers and beauticians. The campaign was being expanded to improve knowledge and engagement with the programme, particularly from younger cohorts. It was noted that in addition Government’s plans to expand the

requirements to be double vaccinated to enter certain venues could potentially encourage young people to get vaccinated.

Primary, and Urgent and Emergency Care Departments, were under significant pressure, and the Primary Care Cell were focussing on what initiatives could be implemented to help relieve the pressures.

Mental health providers had experienced a sustained increase in the volume and acuity of demand over several months, particularly amongst young people. Focus Groups were taking place to consider the crisis management response particularly for young people whose care needs were not severe enough to require inpatient treatment but could not be managed at home.

Members considered whether national colleagues were considering the service user voice, recognising that young people had recently attended the GM Reform Board (2 July 2021) to share their experiences of mental health services and how they could be improved. It was confirmed that a meeting had taken place (the previous week) to focus on the impact of mental health in children and young people and potential solutions to improve the response which included ensuring that crisis beds were geographically distributed.

Following strong rates of recovery in outpatient and diagnostic services since the resumption of elective activity earlier in the year, there had been a slight decrease in performance, partly due to the increased COVID and urgent care pressures currently being experienced by hospitals. 365,000 patients were now on the waiting list in GM overall but the number of 52 plus week waiters was decreasing.

Other key pressure points highlighted were in home care and community services due to an increase in the number of staff who were self-isolating. Consideration was given to how the introduction of the new law, which meant that everyone working in care homes had to be fully vaccinated could impact on the sector. Members were advised that that vaccination rates amongst care home staff was increasing, with several localities reporting vaccination rates at over 80% of care home staff. A deep dive was conducted to identify the providers with the lowest vaccination rates and the results had been shared with the localities to support their targeted efforts to reduce vaccine hesitancy.

The Community Coordination Cell were aware of the potential destabilisation of the care market given the potential for staff to opt to leave the sector instead of receiving the vaccine, given that 15.2% of staff were not yet vaccinated. Leaders had agreed that particular care must be taken to ensure any messages were communicated appropriately. It was noted that GM ADASS were developing an action plan to mitigate adverse impacts on staff capacity which could result from these plans, which would become mandated in November 2021.

The potential impacts associated with the impending publication of the Care Quality Commission's (CQC) report (21 July 2021) on the number of COVID-19 related care home deaths was considered (reported during the period 10 April 2020 to 31 March 2021). It was confirmed that Bolton, Bury and Wigan would be included in the list of care homes were more than 30 deaths associated with Covid-19 had been reported, and reactive statements were being developed. The next update report would include updates on this topic.

Members expressed their frustration regarding the Track and Trace application which was causing confusion and impacting on public confidence. It was highlighted that GM were currently taking part in a pilot which provided support to Track and Trace Teams to increase the number of people contacted. It was noted that GM were hoping to make a case for oversight of the Track and Trace workstream in the future with attached funding for additional resources.

Testing capacity was currently limited, noting that, on occasion, the Test Booking System had being turned off without warning when capacity was reached. Clarification was being sought as to the rationale for this approach which could risk hindering people with symptoms from accessing a test.

Members acknowledged that there were currently high levels of transmission in GM, which was adding to the pressures across the system, however, this was not expected to impact on critical care as severely as previous waves. It was recognised that the system was currently trying to balance several significant pressures whilst also pushing ahead with recovery.

The update was welcomed.

RESOLVED

That the update be noted.

GMJCB 09/21 GM ELECTIVE RECOVERY AND REFORM PLANNING

Dr Catherine Briggs, Clinical Chair, Stockport CCG, introduced a report which provided an update regarding the current position, in relation to elective recovery and the key initiatives underway as a system to support recovery through transformation. Also in attendance was Laura Marsh, Programme Director, GM Elective Recovery and Reform Programme.

It was reported that there were currently 369,100 patients currently waiting for treatment and opportunities to maximise productivity and provision of additional Waiting List Initiatives were being extensively explored. Discussions had also commenced within the Clinical Reference Groups, (CRGs), regarding the formation of elective hubs, a concept which had been tested in other regions during the pandemic. Elective hubs could take a number of different forms and offer opportunities to maximise capacity and also protect elective capacity during further Covid surges/winter pressures.

Nationally, £1billion has been made available for an Elective Recovery Fund to incentivise the delivery of additional secondary care elective activity and discussions were underway with finance colleagues to consider how the funding could be distributed to maximise productivity, particularly through secondary care, but also how funding could be accessed by other parts of the system which supported the elective recovery process such as community services and primary care.

It was recognised that the North West had particular waiting list challenges, with patients from the most deprived cohorts of the population facing long waits for treatment, which meant that GM faced significant challenges to address the backlog of patients, along with seeking to reduce health inequalities, which had been exasperated by the pandemic.

A GM Reducing Health Inequalities in Elective Recovery Group had been developed to understand the impact of Covid-19 for those waiting for elective care and any disproportionate impact on particular cohorts of the population. This forum would help to determine the initiatives already underway within individual localities that could be scaled up across the system to reduce health inequalities in the recovery approach, as well as any additional initiatives which could be implemented.

A GM core communications narrative document had been shared with all Trusts and CCGs across GM, to support with communication in relation to elective recovery. The core narrative would continue to be updated, including key messages, as recovery progresses to ensure we keep patients informed. In addition, a 'Waiting Well' framework; was being developed which would provide a repository of information for patients of the resources available to them while they were waiting for their outpatient appointment and/or procedure.

Laura Marsh advised that there were growing pressures on the system to implement recovery procedures which would drive transformation, that would only be achieved by the whole system working together. It was noted that the National Outpatients Transformation Team had now set ambitious targets for quarter 2 which the GM Team were striving to meet, whilst also ensuring that the supportive collaboration between organisations was maintained.

Rob Bellingham added that although funding was received centrally, the elective pathway did not start and end in hospitals and giving consideration to the pathway as a whole was essential. It was noted that the work to look after patients while they were waiting had received a positive response.

Members welcomed the report, recognising that real transformation would only be achieved by addressing the challenges as a system, with financial flows a critical consideration. The importance of including practical examples of how the inequalities were being addressed was recognised. It was acknowledged that Key Performance Indicators (KPI's) were an effective way of monitoring impact and would be explored in the future.

Concerns were raised regarding how the "Waiting Well" slogan could be interpreted, and it was agreed that this would be further considered.

It was suggested that the recommendations outlined within the Marmot report titled 'Build Back Fairer' should support the recovery process, particularly the work to address health inequalities.

RESOLVED

1. That the Boards comments be noted.
2. That the update be noted.

GMJCB 10/21 SUPPORTING PRIMARY CARE TO COPE WITH INCREASED DEMAND

Rob Bellingham, Managing Director, GM Joint Commissioning Team, and Primary Care Cell Chair provided a progress update on the work to support primary care with an unprecedented increase in demand, recognising the link to the previous discussion on Elective Recovery and Reform.

The pivotal role all four primary care disciplines, (General Practice, Dental, Pharmacy and Optometry), had played in the Covid-19 response was recognised, which included adopting a new delivery model overnight to support people throughout the pandemic, along with supporting the Covid-19 response particularly the delivery of the GM Vaccination Programme.

It was recognised that over the past few months, primary care, along with the rest of the health and care system, had experienced a significant increase in demand which was being closely monitored by the Community Coordination Cell via twice weekly Sit Rep reports. In addition, GPs were completing Pulse Checks which provided an understanding of the current pressures within general practice. It was acknowledged that the Pulse Check would continue to be refined over time to provide a more comprehensive overview of the pressures.

At the request of the GM Primary Care Cell, a Task and Finish Group had been established to rapidly implement plans to support primary care (general practice, community pharmacy, optometry and dental) to manage the demand now, whilst also seeking to implement longer term changes that would enable primary care to manage demand in the future. Five priority areas had been identified which included:

- Improving Access
- Health and Wellbeing
- Communications and Engagement
- Workforce Development
- Urgent Care

In addition, there were five overarching considerations which included:

- Tackling Inequalities
- Quality
- Role of the Neighbourhood
- The Citizen Voice

- Resourcing

The Task and Finish Group would continue to work closely with primary care leads and providers in localities to ensure that there was no duplication, and that learning was taken from work already in progress. Where work was underway locally, the GM role would focus on sharing best practice and supporting scaling up where appropriate. A working group would be rapidly mobilised to determine the scope, timelines and refined costings for the GM health and wellbeing plan.

Innovative work was taking place on the Elective Recovery Fund, and the development of a Primary Care Accelerator, which involved learning from work which was being undertaken across other parts of the system to develop a model, which would support the sector to attract investment to implement innovative initiatives. In addition, the flexible use of funding already in the system was being explored.

Tim Dalton, Clinical Chair of Wigan Borough CCG, and Joint Chair of the Task and Finish Group advised that there was often a focus on activity which could be measured, which was often secondary care based, when a lot of the activity took place in community, primary care, and social care services. The Group was considering where it could add value and how best practice could be shared with localities. It was emphasised that this work needed to be driven at locality, neighbourhood, and even sub neighbourhood levels with GM acting as an accelerant.

The Chair welcomed the update and recognised the importance of this work, which given the pressures on the system, was opportune and timely. Communications and engagement with the public was deemed critical to educate them on how they could access support in the most efficient way, given the pace of change.

Concerns were raised regarding access to dentists, particularly within deprived areas, recognising the importance of good oral health. The Chair added that the pandemic had significantly reduced access to dentists which reflected the volume of complaints received. It was advised that further information on the current picture in terms of dental capacity in GM would be circulated to the Board.

RESOLVED

1. That the update be noted.
2. That the Board's support of the proposed approach be noted.
3. That a summary of dental capacity in GM be circulated to the Board.

GMJCB 11/21 HOMELESSNESS AND HEALTH IMPLEMENTATION UPDATE

Helen Simpson, Strategic Lead for Housing, Greater Manchester Health and Social Care Partnership provided an update on the continuing work on homeless healthcare and set out the plans for implementation.

Members were reminded that in April 2021, the Board formerly committed to support a two-year programme of investment (to March 2023) to support a Homeless

Healthcare response to tackle the areas of the biggest health inequalities, which was a long-term ambition of the GM Homelessness and Health Group and would mean that any health system investment into homelessness should support the improvements and reorganisation in the health system to support homeless and inclusion health groups. The investment divided the committed funding, to begin the transition away from solely funding accommodation, with an identified proportion utilised to support delivery of the GM Homelessness and Health Group ambitions. The impact rough sleeping and homelessness had on both physical and mental health, and the risk to life of sleeping on the street was recognised.

The GM Homelessness and Health Group had positioned its work to date on establishing how sustainable transformation could be implemented to deliver system change to reduce health inequalities in GM's homeless population. This approach sought to shift expectations away from commissioning and the provision of a whole system of specialist services for the homeless population, and instead considered how existing services could be more inclusive and built towards a health system, which re-affirms the fundamental rights of homeless people in their access to and interactions with health care.

It was advised that a further detailed implementation plan for 2021-2022 had been developed, to ensure that there was focus on areas which warranted immediate attention, which included Primary Care, Secondary Care and a Trauma Responsive workforce. There was more work to do on collaboration between mental health and substance misuse services, and it was noted that officers were working proactively with the two GM Mental Health Providers on an appropriate response.

Work underway included;

- Four pilot models of out of hospital care established, with funding from DHSC, to test 'housing-led' discharge that supported recovery after a hospital episode, based on research by Kings College London.
- Embarking on a programme of work to identify and empower homeless champions in Primary Care Networks.
- Aligning work to the Trauma Responsive GM programme.
- Ensuring ongoing connectivity to wider homelessness work through GMCA and localities, supporting workstreams on Homeless Families and engaging with development and implementation of the Homelessness Prevention Strategy.

It was confirmed that there were specific elements of the plan which would be supported by the investment which included:

- Utilising the Trauma Responsive GM workforce development framework to buy in specific training targeting at the frontline health and homelessness workforce.
- Work with GMHSCP Primary Care Transformation Team and VCSE partners to invest in the development and scope of the PCN Homeless Champions offer.

- Investment in specialist homelessness GP practices to create a workforce development offer which was aligned to the PCN Homeless Champions.

The Chair welcomed the update, emphasising the importance of addressing the issue as a system, given that the life expectancy for a homeless person remained in the mid-forties which was inconceivable.

RESOLVED

That the update be noted.

GMJCB 12 /21 GREENER NHS PROGRAMME

Sarah Price, Interim Chief Officer, Greater Manchester Health and Social Care Partnership introduced a report which provided an update on the “Carbon Net Zero” & Sustainability plans for the NHS.

The Board were reminded that in August 2019, the GMHSCP declared a climate emergency and agreed to develop a plan to show how the NHS in GM would meet its obligations under the Climate Change Act to achieve net zero carbon emissions by 2050. A pledge was made to fulfil the Greater Manchester Five Year Plan for the Environment, which set out the bold ambitions for the city region to be one of the globe's healthiest, cleanest, and greenest city-regions and to be carbon neutral by 2038.

This work was supported by the development of an interim ICS Sustainable Development Management Plan (SDMP) for 2019/20. The SDMP brought together current actions already underway as well as outlining the additional ambitions to the end of 2019/20. These included:

- Cutting carbon emissions from energy use by improving efficiency and using low-carbon sources.
- Working with partners to improve local transport around NHS sites, to improve air quality and cut the impact of supply chain transport.
- Understand how to use workplaces and buildings more efficiently.
- Reducing waste, managing waste better and reusing or recycling using green space and the natural environment as a method of enabling good health and recovery.

There was also an ambition to develop a 5 Year Integrated Care System Plan (SDMP) to run from 20/21 to 2025/26. However, due to COVID-19 and other resource constraints this had been delayed. However, good progress had been made with the establishing of a Sustainable Development Leadership Group, undertaking leadership training on sustainability, and ensuring the inclusion of the sustainability and carbon agenda within wider partnership strategic plans. It was confirmed that GM was now well placed to make good progress on the agenda, which was attracting a huge amount of focus, which could create opportunities to access funding in the future. Consideration was being given to how the approach would join up with locality plans.

It was recognised that the forthcoming changes to the current governance arrangements posed a risk to the work, and a further update on mitigation would be forthcoming.

Members were advised that currently different pots of funding were being collated to support the response, with the potential for national funding to be released. Officers were working closely with AYGO and the Partnership's Procurement Lead to develop some innovative approaches, however, it was noted that as the work progressed, more substantial investment would be needed.

The Chair welcomed the update, recognising that by attending more virtual meetings Members had been able to reduce their carbon footprint.

RESOLVED

That the progress made to date be noted.

GMJCB 13/21 SUMMARY REPORT FROM THE JOINT COMMISSIONING BOARD EXECUTIVE

Rob Bellingham, Managing Director, GM Joint Commissioning Team, presented a progress update from the Greater Manchester Joint Commissioning Board Executive and advised that since the last meeting of the JCB, the Executive (which met on the 18 May 2021 and 15 June 2021) had considered updates on a number of items which included the Greater Manchester Drug and Alcohol External Review and Greater Manchester Assisted Conception.

RESOLVED

That the Record of Key Decisions made by the JCB Executive for the period May 2021 to June 2021 be formally received and approved.

GMJCB 14/21 ANY OTHER BUSINESS

There were no items of any other business.

GMJCB 15/21 DATES OF FUTURE MEETINGS

19 October 2021

Meeting time and arrangements to be circulated in advance