

NHS Chorley and South Ribble CCG
Annual General Meeting Minutes
25 September 2019

**Jubilee Suite, Farington Lodge Hotel, Stanifield Lane,
 Farington, Lancashire, Preston, PR25 4QR**

Present

Dr Gora Bangi, Chair
 Dr John Cairns, GP Director
 Mrs Linda Chivers, Lay Member for Finance and Audit
 Mrs Helen Curtis, Head of Quality and Performance
 Dr Lindsay Dickinson, GP Director
 Mr Matt Gaunt, Chief Finance and Contracting Officer
 Mr Denis Gizzi, Chief Officer
 Mrs Tricia Hamilton, Governing Body Nurse
 Dr Eamonn McKiernan, Secondary Care Doctor
 Mr Geoffrey O'Donoghue, Lay Member Patient and Public Involvement
 Mr Paul Richardson, Vice Chair and Lay Member for Governance
 Dr Ann Robinson, GP Director
 Dr Satyendra Singh, GP Director

In attendance

Ms Hollie Johnson, Governing Body Secretary (Minutes)
 Mrs Jayne Mellor, Head of Planning and Delivery

Members of the public

Members of the public attended the meeting, including members of local authority, third sector organisations, provider organisation and employees.

CSRAGM /190925-1	<p>Welcome and Apologies for Absence Dr Bangi welcomed everyone to the meeting.</p>
CSRAGM /190925-2	<p>Minutes of the previous meeting for approval The minutes of the Annual General Meeting held on 26 September 2018 were presented for approval. There were no amendments to the minutes of the previous meeting.</p> <p>Resolved The minutes of the last Annual General Meeting held on 26 September 2018 were approved as a correct record.</p>
CSRAGM /190925-3	<p>A reflection of 2017-2018 Dr Bangi and Mr Gizzi gave a presentation which provided an overview of the CCG.</p>

The CCG is a membership organisation made up of 30 GP practices, serving a population of approximately 182,000. Both Chorley and South Ribble and Greater Preston CCGs work closely to commission a range of health care services that are delivered by its main providers.

Dr Bangi explained how the CCG's shared vision was to ensure equal and fair access to safe, effective and responsive health and care for communities that represented value now and in the future.

The CCG's organisational values were at the heart of everything it does. The CCG strives to be open and accountable to patients, carers and the local community, be professional and honest, work in partnership with others to achieve goals, listen and learn, and be willing to change based on what it hears, respect and care for its staff, the people it works with and the local community, and protect and invest the public funds that are given to it in a well-managed way. The CCG has a legal duty to ensure that the healthcare services it buys are safe, effective and of the highest quality, but also that the services provide value for money.

Dr Bangi outlined how like many other NHS organisations across the country, the CCG was continuing to see an increased demand on services. People were living longer, and often with more complex conditions, and the funding that the CCG received was not keeping pace with those changes. The recently published NHS Long Term Plan underlined the need for integration and an increased focus on developing services out of hospital. Primary and community care services need to work closely together to make this possible. To truly improve the quality of healthcare, improve health outcomes and achieve sustainable services for the future, there needs to be a shift towards population health and prevention. This has been taking shape across central Lancashire over the last few years, and the strong relationships between the NHS, local authority, and the voluntary and community sector have allowed the CCG to develop the Integrated Care Partnership (ICP) during 2018/19. A shadow Board, an appointed chair and a shared executive leadership team were in place. Those foundations will enable all partners to work closely together and move towards a whole population approach to the way that health and care services are commissioned and developed.

Dr Bangi informed those in attendance that in 2018/19 Chorley and South Ribble and Greater Preston CCG was allocated a combined budget of £574.3m. The following services were commissioned within that allocation:

- Primary care
- Planned hospital treatment, diagnostic tests and appointments
- Urgent and emergency care
- Mental health services
- Services for people with learning difficulties
- Maternity and new-born care
- Children's healthcare
- Community health

In Chorley and South Ribble, 19% of the population were aged over 65, which would increase by an estimated 20% over the coming decade. Chorley and South Ribble are two of the most affluent areas in Lancashire, both falling within the 45% least deprived districts in England. The proportion of adult smokers in Chorley and South Ribble was around 13%, and around 65% of the population of Chorley and South Ribble and Greater Preston combined were overweight. The CCG aimed to help people stopping smoking, lose weight and become more physically active.

Dr Bangi detailed how the population of Chorley and South Ribble had higher than average levels of:

- Atrial fibrillation
- Coronary heart disease
- Heart failure
- Hypertension
- Peripheral arterial disease
- Stroke and transient ischaemic attack
- Asthma
- Chronic obstructive pulmonary disease
- Obesity
- Cancer
- Chronic kidney disease
- Diabetes
- Depression
- Epilepsy
- Learning disability
- Rheumatoid arthritis

Work has been ongoing between health and social care partners in Central Lancashire for a number of years. As detailed, this has enabled the formation of the Integrated Care Partnership that aims to mobilise the change required to make services safer, effective and sustainable for the future. It will ensure that services are delivered closer to patients' homes, and that staff can work across services and organisations to reduce duplication and make clinical resources go further.

Mr Gizzi presented the CCG's achievements and aspirations. The CCG's five year strategic plan (2014-19) sets out the following strategic objectives:

- Improve quality through more effective, safer services that deliver a better patient experience
- Commission integrated care that ensures an appropriate balance between acute and primary provision
- Be a financially sustainable health economy
- Ensure patients are integral to the planning and management of their own care and that their voice is captured in the commissioning process
- Ensure that the CCG is a well-run system leader

Mr Gizzi thanked all of the CCG staff and its partners for their hard work and commitment over the last 12 months. He detailed how local people were beginning to see the benefits of the CCG's innovations, and the contributions had in ensuring that the CCG met its financial targets in the year.

Mr Gizzi informed those in attendance of the CCG's improvements to quality, access and care. He detailed the increased access to primary care services, and the development of neighbourhood networks which aligned with recommendations in the NHS Long Term Plan. Neighbourhood networks focused on the needs of their local communities, and would become the foundation for the local health and care system of the future.

Urgent and Emergency Care

The CCG had undertaken a review of urgent and emergency care with its partner organisations. Primary drivers for the review to improve discharge from hospital, reduce patient length of stay, improve emergency department, rapid assessment and ambulatory care pathways and avoid admissions were possible. Alongside improved relationships between professionals within partner organisations and services, key achievements from the project will include a new hospital discharge process, improved handover times, a dedicated medical assessment unit facility at Royal Preston Hospital, ambulatory care pathways at both Royal Preston Hospital and Chorley District Hospital, securing funding to design and build a 'rapid assessment and treatment' clinical space, a single triage system and paediatric triage.

Social Prescribing

Mr Gizzi explained social prescribing looked at ways to improve people's health and wellbeing through referrals into community support. Julie's story was played for those in attendance, a video

that detailed the benefits had after how Julie had taken control of her health and wellbeing by joining ParkRun in Preston after she had visited her GP and subsequently decided that she did not want to take medication.

Monitoring Patient Care

The CCG continued to monitor patient care in many different ways:

- Our partners providing quality indicators
- Reviewing inpatient and staff surveys
- Patient experience studies
- Quality visits

Quality in Care Homes

The CCG worked closely with nursing and residential homes and have led on a number of initiatives to drive quality and safety that include:

- Working proactively with health and social care partners to put action plans in place which support improvements at homes that are not performing as well as they could be and procuring a web-based quality reporting system with local authority partners to streamline reporting and reduce duplication
- Continue to lead a growing multi-agency care home collaborative, which continues to develop standardised tools to promote best practice, support the workforce and improve residents' experience
- Developing trusted assessor documentation with partners to promote timely discharge of residents back to their home

Keeping you Safe

The CCG has a statutory duty to make arrangements to safeguard and promote the welfare of children and young people and at risk adults. In 2018/19 the CCG:

- Worked alongside Children's social care partners to improve health outcomes for Looked After Children through adapting to new guidance, and raising awareness amongst those working with those children in Lancashire
- Led on the development and implementation of the Mental Capacity Act Learning and Development Framework
- Worked alongside colleagues to develop a new innovative safeguarding model, aiming to increase collaborating across the Integrated Care Partnership
- Developed a GP Safeguarding lead/champion framework and CCG supervision framework to support staff to work in delivering safe and effective high quality services

	<p>Mr Gizzi detailed that the CCG continued to ensure that patients were at the heart of everything it does. He outlined to members in attendance how they could get involved via the following channels:</p> <ul style="list-style-type: none"> • The Patient Advisory Group • Involvement Network • Young People Involvement Network • Young People Health Advocates • Central Lancashire Maternity Voices Partnership <p>Mr Gizzi provided examples of areas where members of the public had been involved with the CCGs work by way of developing stroke pathways at an Integrated Care System level, redesigning the Community Restart Service and extensive targeted engagement with community groups to help shape the models for Our Health Our Care.</p>
<p>CSRAGM /190925-4</p>	<p>Our financial performance</p> <p>Mr Gaunt provided an update on the CCG's financial performance 2018/19. Chorley and South Ribble CCG was allocated £274.4m of expenditure from NHS England to commission services, which was broken down across the following areas:</p> <ul style="list-style-type: none"> • Acute • Mental health • Community • Continuing care • Prescribing • Primary care • Other programmes • In-year surplus • Running costs <p>NHS England assessed the performance of the CCG each year within the Improvement and Assessment Framework for 2018/19. The framework measures performance against better health, better care, sustainability and leadership. Chorley and South Ribble CCG had been rated overall as 'good' for 2018/19, with ratings of 'green' for leadership and finance and 'green' in the CCG Improvement and Assessment Framework (IAF) Patient and Community Engagement Indicator 2018/19.</p> <p>Mr Gaunt detailed how services would look as part of an integrated health and care system. Level 1 of the system included preventative services (eating well, exercises classes), self-care, pharmacies, charities and voluntary services. Mr Gaunt emphasised that this level was encouraged, and referred back to the video played that detailed</p>

	<p>social prescribing and the benefits of ParkRun.</p> <p>As the NHS looked to the future, the CCG must make finances work as hard as possible for the local population. 2019/20 will see us continue to look at how services are funded to meet changing demands, commissioning services that support people to stay well, and receive care in the most appropriate setting for their needs. Mr Gaunt explained that the cost of services was higher the further away from the community that they were provided.</p>
<p>CSRAGM /190925-5</p>	<p>Our Priorities for 2019/20</p> <p>Mr Gizzi informed those in attendance that the CCGs planning priorities for 2019/20 were as follows:</p> <p><u>Developing Primary Care Networks</u> GP Practices across Preston, Chorley and South Ribble have come together within their geographical areas to form ‘networks’ in which they will work alongside other community based services. The development of networks will involve GP practices employing additional staff to form multi-skilled teams of professionals able to support their patients. The networks will help join up health and social care, increase the ability for services to proactively support local people’s health and wellbeing, as well as improve the coordination of care.</p> <p>The CCG continued to support its GP practices to form neighbourhood networks, as it will be key to managing demand on acute services.</p> <p><u>Wellbeing and Health in Integrated Neighbourhoods</u> The CCG will continue to work with communities under the Wellbeing and Health in Integrated Neighbourhoods banner, to develop and deliver services in line with the aspirations of the Integrated Care Partnership. By co-producing services with people that use them and the people across health, social and voluntary sectors who work within the services, people will be better supported closer to home in ways that makes sense to them.</p> <p>Mr Gizzi detailed how communities were working together to shape services, by way of the WHINs Board, end of life care and reshaping stroke services.</p> <p><u>Developing the Integrated Care Partnership</u> 2019/20 will see the CCG strengthening the Integrated Care Partnership, developing greater links between partner organisations and working towards shared goals. These foundations will enable us to move towards a whole population approach to the way the CCG commissions and delivers health and care services for the local</p>

	<p>population.</p> <p>The Integrated Care Partnership has agreed joint priorities for 2019/20, which include:</p> <ul style="list-style-type: none"> • COPD/Respiratory • Cancer • Diagnostics • Diabetes • End of life care • Frailty • Gynaecology • Intermediate care • Urgent care <p>Mr Gizzi detailed an example of working across an Integrated Care Partnership within COPD/respiratory.</p> <p><u>Our Health Our Care</u> Throughout 2018/19, the Our Health Our Care programme has been working with local people, patients and clinicians to develop a plan for the future of health and care across central Lancashire, which will continue into 2019/20. A Model of Care was approved in March 2019, following this the programme will develop options for how services can be arranged in the future.</p>
<p>CSRAGM /190925-6</p>	<p>Questions from attendees The following questions and comments were received.</p> <p>Mrs Linda Chivers questioned when it was expected that tangible benefits could be seen for patients as a result of the formation of Primary Care Networks. Dr Lindsey Dickinson explained how Primary Care Networks had developed over the last 12-18 months. She provided an example of the benefits of working as a network by way how a patient with a skin condition could be seen by a specialist working at a neighbouring practice, and therefore avoiding admission to services in hospital. Dr Ann Robinson detailed the tangible benefits that could be seen from increased access within primary care across the networks. She described how patients could attend appointments in the evenings and at weekends.</p> <p>Members of public in attendance raised concerns surrounding the Moving Well Services. It was noted that waiting times were significant enough that secondary systems could occur. Further, frustrations were raised around the lack of clarity for reporting complaints, given the number of providers involved in the service.</p> <p>In response to a question, Mr Gaunt detailed how the service was</p>

monitored via a compliments and complaints system. He explained that the Moving Well Service was example of an intensive design process that included patient representative involvement. Further, the service was monitored against targets that were in place as part of the contract, a process that Mr Gaunt was involved in.

Dr Bangi emphasised that the CCG did not tolerate bad practice. He explained that when issues were brought to the CCG's attention, the responsible commissioners work with the provider to resolve the same.

Mrs Glenis Tansey, Engagement, Patient Experience and Organisational Development Lead acknowledged that the complaints procedure in the NHS was complex. She explained that complaints received around the service had been relatively low, and that the CCG was working with the service to address the issues that had been raised.

Mrs Tansey explained the complaints process in the CCG. She detailed how each service had an issues log, and that when trends arose, they were escalated with the relevant team who worked with the service to address the same.

Mr O'Donoghue stated that the Patient Voice Committee took complaints that were received seriously, and a review was undertaken at each of its bi-monthly meetings.

It was explained for a member of the public that self-referrals could be made via telephone and/or through the Moving Well Service website.

A member of the public questioned what initiatives were being put in place to encourage more practitioners to join the NHS. He alluded to the benefits of an experienced nurse practitioner, and outlined how it would be good to see more in general practice. Dr Bangi agreed. He outlined that central Lancashire had one of the highest rates of nurse practitioners. He further outlined the work ongoing to change the way that care was navigated in primary care to align with the lack of recruitment of GPs.

A member of the public requested an update around the Our Health Our Care (OHOC) Programme. Dr Bangi explained that the OHOC Programme was a significant and important programme of change. The programme was at the stage off strengthening options for the OHOC Joint Committee to review and approve ahead of public consultation. He clarified that a decision had not been made surrounding any potential closure of the A&E Department at Chorley District Hospital.

	<p>A member of the public referred to the Integrated Care System Shadow Board's inference for a single CCG across Lancashire and South Cumbria. She questioned what the advantages and disadvantages would be. Dr Bangi outlined that at this stage the advantages and disadvantages were unknown. He explained that the CCG were required to reduce its running costs by 20% by April 2020. As part of that, the Chorley and South Ribble and Greater Preston CCGs' memberships had been approached with a view to merging as a single CCG for central Lancashire. Dr Bangi outlined that as neither membership had approved the option, it was unlikely that they would approve to merge the eight CCGs in Lancashire and South Cumbria, and as each was a membership led organisation, no further action could be taken without legislative change.</p> <p>Dr Bangi alluded to discussion had by the Governing Body around the topic at its meeting earlier in the day. He confirmed that the Governing Body had agreed that they did not approve of the direction of travel to a single CCG across Lancashire and South Cumbria at present. Mr Gizzi agreed with Dr Bangi. He outlined how the further away authority was from a population, the bigger the risks in place.</p>
<p>CSRAGM /190925-7</p>	<p>Close of meeting Dr Bangi thanked members of the public for attending the AGM. He requested that should any members of the public still have questions, they write them down on the question cards provided for the CCG to respond to directly.</p>

Signed as an accurate record Date