

**NHS Greater Preston CCG
Annual General Meeting Minutes
26 September 2019**

**The Invincibles Lounge, Preston North End,
Tom Finney Way, Preston, PR1 6RU**

Present

Dr Sumantra Mukerji, Chair
 Mr Ian Cherry, Lay Member for Finance and Audit
 Mrs Debbie Corcoran, Lay Member for Patient and Public Involvement
 Mrs Helen Curtis, Director of Quality and Performance
 Mr Matt Gaunt, Director of Contracting and Finance
 Mr Denis Gizzi, Chief Officer
 Mrs Tricia Hamilton, Governing Body Nurse
 Dr Eamonn McKiernan, Secondary Care Doctor

Dr Praphulla Methukunta, GP Director
 Dr Hari Nair, GP Director
 Dr Sandeep Prakash, GP Director
 Dr Anitha Rangaswamy, GP Director
 Mr Paul Richardson, Vice Chair and Lay Member for Governance

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

<p>GPAGM /190926-1</p>	<p>Welcome and Apologies for Absence Dr Mukerji welcomed everyone to the meeting.</p> <p>Dr Mukerji and Mrs Hamilton presented Mrs Lorraine Elliott, Designated Lead Nurse for Safeguarding Adults and Mental Capacity Act with the Queen’s Nursing Institute Award. Mrs Hamilton explained the robust application process in place to become a Queen’s Nurse, and outlined that Mrs Elliott’s success in being awarded as one of only 150 appointments was as a result of her extensive background as an experienced nurse. The Governing Body, members of the CCG and those in attendance congratulated Mrs Elliott.</p>
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<p>GPAGM /190926-2</p>	<p>Minutes of the previous meeting for approval</p> <p>The minutes of the Annual General Meeting held on 27 September 2018 were presented for approval. There were no amendments to the minutes of the previous meeting.</p> <p>Resolved</p> <p>The minutes of the last Annual General Meeting held on 27 September 2018 were approved as a correct record.</p>
<p>GPAGM /190926-3</p>	<p>A reflection of 2017-2018</p> <p>Dr Mukerji and Mr Gizzi gave a presentation which provided an overview of the CCG.</p> <p>The CCG is a membership organisation made up of 23 GP practices, serving a population of approximately 210,000. Both Greater Preston and Chorley and South Ribble CCGs work closely to commission a range of health care services that are delivered by its main providers.</p> <p>Dr Mukerji 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.</p> <p>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.</p> <p>Dr Mukerji 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 year, and the strong relationships between the NHS, local authority, and the voluntary and community sector have allowed the CCG to develop</p>

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 Mukerji informed those in attendance that in 2018/19 Greater Preston and Chorley and South Ribble CCGs 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 Greater Preston, 16% of the population were aged over 65, which would increase by an estimated 16% over the coming decade. Greater Preston is amongst the most deprived areas in England. Greater Preston has high levels of a number of conditions including heart failure, asthma, COPD and depression. There was a need to help people stop smoking, lose weight where appropriate and encourage them to be more physically active.

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, commitment and due diligence 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 how 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

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:

- The Patient Advisory Group
- Involvement Network
- Young People Involvement Network
- Young People Health Advocates

	<ul style="list-style-type: none"> • 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>GPAGM /190926-4</p>	<p>Our financial performance</p> <p>Mr Gaunt provided an update on the CCG's financial performance 2018/19. Greater Preston CCG was allocated £299.9m 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. Greater Preston 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 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</p>

	<p>from the community that they were provided.</p>
<p>GPAGM /190926-5</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></p> <p>GP Practices across Preston and 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></p> <p>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></p> <p>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 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

	<ul style="list-style-type: none"> • 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>
GPAGM /190926-6	<p>Questions from attendees The following questions and comments were received.</p> <p>Mr Gaunt confirmed for a member of the public that the CCG commissioned services from other NHS services. Specialist services were likely to be provided by Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR), and a small fraction would be provided outside of Lancashire. HE detailed the process undertaken for commissioning a service, from the design of a service specification to the procurement stage as governed by EU law.</p> <p>A member of the public referred to the Care Quality Commission’s (CQC) ‘requires improvement’ rating of Lancashire Care NHS Foundation Trust (LCFT). She questioned how the CCG could provide assurance that improvements were not solely in the hands of LCFT. Mrs Curtis detailed how Northumberland, Tyne & Wear NHS Foundation Trust (NTW) had undertaken a review of the mental health pathway. This had been overseen by an oversight group at a Lancashire and South Cumbria level. A board was in place to monitor process and the Operations Director from NTW had been appointed to oversee the improvement plans. Mrs Curtis alluded to recent mental health initiatives in central Lancashire, such as the Haven and the Crisis Café, which were both services that were integrated with primary care networks. She stated that a positive impact would be had from fewer patients waiting for admission into hospital services as a result of these new initiatives. Dr Mukerji agreed. He outlined that the implementation of primary care networks would ensure that services such as mental health were provided closer to home for patients.</p>
GPAGM /190926-7	<p>Close of meeting Dr Mukerji thanked members of the public for attending the AGM. He</p>

	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.
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Signed as an accurate record Date