

**Primary Care Commissioning Committee**  
**MS Teams**  
**6 October 2021**  
**3.00pm**

<b>Item No</b>	<b>Agenda Item</b>	<b>Presented By</b>
1	Welcome and apologies for absence	Mr Paul Richardson Verbal
2	Declarations of Interest	Mr Paul Richardson Information
3	Minutes of previous meeting	Mr Paul Richardson Ratification
4	Matters arising	Mr Paul Richardson Information
5	Chair's Action Digital Maturity Scheme	Mr Paul Richardson Information
6	Quarterly Contractual Changes summary	Mrs S Bloy Information
7	PCN Health Inequalities Local Enhanced Services	Mrs Donna Roberts Decision
8	Any other business	Mr Paul Richardson Verbal

## Primary Care Commissioning Committee

<b>Date of Meeting</b>	6 October 2021
<b>Title of paper</b>	Declarations and Register of Interests
<b>Presented by</b>	Primary Care Commissioning Committee Chair
<b>Author</b>	Mrs Sarah Mattocks, Corporate Affairs and Governance Manager
<b>Clinical Lead</b>	N/A
<b>Confidential</b>	No

### Purpose of the paper

This register is a standing item on all statutory Committee agendas. The register is for information purposes and allows members to challenge any potential conflicts against agenda items. This item also allows members and attendees to declare any additional interests against agenda items prior to the main body of the meeting.

### Executive Summary

The Clinical Commissioning Group (CCG) has a statutory requirement to keep and maintain a Register of Interests for the organisation regarding actual or potential interests declared by, Governing Body members, Membership Council members, members of Sub Committees of the Governing Body, and employees of the CCG.

This report presents the flowchart for declaring and managing Conflicts of Interest, as outlined in the Managing Conflicts of Interest Policy.

The registers will be updated in due course as declarations of interest are made and published on the CCG website. The interests are as recorded at the time of producing this paper, if a new proforma has been submitted in the intervening time this will be captured at the next meeting.

All conflicts or potential conflicts should be declared, and where a conflict of interest has required specific management arrangements during the meeting, this should be recorded in the minutes, along with the action taken by the committee Chair in managing the conflict.

### Recommendations

The committee is asked to **note** the register of interest and to make any additional declarations as appropriate against any agenda items.

### Links to CCG Strategic Objectives

SO1	Improve Quality through more efficient, safer services which deliver a better patient experience	<input type="checkbox"/>
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SO2	Commission care so that it is integrated and ensures an appropriate balance between in-hospital and out of hospital provision	<input type="checkbox"/>
SO3	Be an integral part of a financially sustainable health economy	<input type="checkbox"/>
SO4	Ensure patients are at the centre of the planning and management of their own care and their voices are heard	<input type="checkbox"/>
SO5	Be seen as a well-run clinical commissioning group and the system leader	<input checked="" type="checkbox"/>

### Governance and reporting

(list committees, groups or other bodies that have discussed this paper)

Meeting	Date	Outcome
NA		

### Were any conflicts of interest identified at previous meetings

(mark X in the correct box below)

Yes	No
	X

### If conflicts of interest were identified what were these:

N/A

### Implications

Quality/patient Experience implications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
(Potential) Conflicts of Interest	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Equality Impact Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Privacy Impact Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are there any associated risks?	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"/>

### Assurance

Assurances will continue to be provided to the Governing Body from the CCG's Audit Committee.

## NHS Chorley and South Ribble CCG Primary Care Commissioning Committee - Declarations of Interest

Declarations of Interest are recorded on the Register when specifically declared by a member of the meeting. This Register was accurate at the time meeting papers were submitted; therefore, any changes received after submission will be included on the Register for the next statutory meeting.

FI=Financial Interest, NFProI=Non Financial Professional Interest, NFPI=Non Financial Personal Interests, II=Indirect Interests. Interests declared in 'bold' are pending confirmation of the type of interest

Name	Role	Declaration	Date	Mitigating Actions
Donna Roberts	Associate Director Transformation and Delivery - Primary Care	<b>Personal</b> No interests declared  <b>Associated</b> No interests declared	20.04.2020	No risk to decision making as no potential conflicts identified
Dr Ann Robinson	GP Director, NHS Chorley and South Ribble CCG	<b>FI</b> - GP partner at Withnell Health Centre - Current <b>FI</b> - GP practice, Withnell Health Centre, offer extended access appointments as part of the Chorley East Collaboration - Current <b>NFPI</b> - Husband is a Secondary Care Consultant in diabetes and endocrinology and Vice Chair of the Division of Medicine at Salford Royal <b>NFPI</b> - Husband has private diabetes clinic at Beaumont Hospital - Current <b>NFPI</b> - Husband is the secondary care doctor for Ormskirk CCG - Current	01.11.2020	Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making

Name	Role	Declaration	Date	Mitigating Actions
		<b>FI</b> – GP working for Withnell Health Centre providing primary medical care services for residents of NHS Chorley and South Ribble/Greater Preston CCG		
Dr Eamonn McKiernan	Secondary Care Doctor, NHS Chorley and South Ribble and NHS Greater Preston CCG	<b>NFPI</b> - Retired consultant Anaesthetist who worked at LTHTR for 31 years. Associated <b>NFPI</b> - Oldest daughter is a social worker in Newcastle-upon-Tyne <b>NFPI</b> - Second daughter is a Psychiatrist researching and practicing in Cambridge. <b>NFPI</b> - Third daughter is Children’s nurse in Stockport <b>NFPI</b> - Son-in-Law training in Cardiology in Cambridge and Norwich Under the care of Lancashire Teaching Hospital <b>NFPI</b> - Under the care of Blackpool Victoria Hospital	23.11.2020	Interest noted. Will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making.
Dr Lindsey Dickinson	Chair, NHS Chorley and South Ribble CCG	<b>FI</b> - GP Partner in The Chorley Surgery <b>FI</b> – Shareholder of Chorley Collaborative Group - Limited Company <b>FI</b> - Shareholder in the Primary Care Organisation <b>II</b> - Sister in law is Team Manager of South Ribble East Community Team in Adult social Care - LCFT <b>II</b> - Sister is Mental Health Practitioner (Safeguarding Team) at LTH	09.10.2020 UPDATED 04.05.2021 UPDATED 23.06.2021	No direct involvement in commissioning contracts from LCFT Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision.

Name	Role	Declaration	Date	Mitigating Actions
		<p>NFPI - Chair of the ICS Children and Young People's Board and Senior Responsible Officer for the ICP Clinical and Professional Forum, and is a member of the Clinical Oversight Group for the New Hospitals Programme</p> <p>NFPI - Clinical lead for urgent and emergency care board</p>		
Mr Denis Gizzi	Chief Accountable Officer, Chorley & South Ribble & Greater Preston CCG's	<p>II - The Den recording studio - ceased trading</p> <p>II - The Electric Church Recording Studio - I donated equipment to son's new company - Current</p> <p>FI - Smart Sight Coaching - Current</p> <p>FI - Procorre Consulting (Name Change) - Current</p> <p>II - Dr Alan Nye is a long-time acquaintance from my time in Oldham - Current</p> <p>II - My wife is currently working on a Part-Time basis at NWS - Current</p> <p>FI- My wife owns 'The Skin Studio' business - Current</p>	03.06.2020	Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making
Mr Geoffrey O'Donoghue	Lay Member - Public, Patient Engagement Chorley South Ribble CCG	NFPI – Now holding a role on the hospitals programme with the communications and engagement team.	19.10.2020 UPDATED 28.07.2021	No risk to decision making as no potential conflicts identified
Mr Paul	Lay Member (Vice-Chair	II - Son is employed by NHS Blackpool	02.10.2020	Interest to be managed as and when

Name	Role	Declaration	Date	Mitigating Actions
Richardson	GP & CSR CCG Governing Bodies)	Teaching Hospitals Trust <b>II</b> - Daughter employed by Public Health England <b>NFPI - Chair of the ICS Quality and Performance Sub Committee</b>	<b>UPDATED</b> 22.06.2021	conflict arises
Mrs Helen Curtis	Director of Quality and Performance, NHS Chorley and South Ribble and NHS Greater Preston CCG	<b>NFPI</b> - Daughter is a Clinical Business Manager for Surgery at Lancashire Teaching Hospitals <b>NFPI</b> - Son is a social worker in central Preston <b>NFPI - Member of the ICS Quality and Performance Sub Committee</b> <b>NFPI – Member of the ICS Transition Board</b> <b>NFPI – Executive Programme Director CCG Closedown</b>	23.10.2020 <b>UPDATED</b> 24.06.2021	This will be declared separately in any meetings where this presents a conflict to my decision making
Jayne Mellor	Director of Transformation and Delivery	<b>II</b> – Daughter is employed by Lancashire Teaching Hospitals as a Clerical Officer from January 2020. <b>NFPI - ICS Commissioning Lead for the New Hospitals Programme</b>	03.11.2020 Updated 25.01.2021 <b>UPDATED</b> 22.06.2021	This will be declared separately in any meetings where this presents a conflict to my decision making
Mrs Linda Chivers	Lay Member, Chair of Audit, NHS Chorley & South Ribble CCG	<b>FI</b> - Non-executive Director Bridgewater Community Healthcare Foundation Trust (Audit Chair). The Trust have contracted with KPMG audit service which is also contracted with the CCG - 01.06.2018 <b>NFPI - member of the CCG Transition Board and the CCG Finance Transition Group .</b>	13.10.2020 <b>UPDATED</b> 22.06.2021	Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making. if deemed appropriate member would also be excluded from any discussion prior to a decision.

Name	Role	Declaration	Date	Mitigating Actions
Mrs Patricia Hamilton	Governing Body Nurse, NHS Chorley and South Ribble and NHS Greater Preston CCG	No Interests Declared	13.10.2020	Not applicable - no interests declared
Katherine Disley	Chief Finance and Contracting Officer	No Interests Declared	16.06.2020	No risk to decision making as no potential conflicts identified



## NHS Greater Preston CCG Primary Care Commissioning Committee - Declarations of Interest

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Name	Role	Declaration	Date	Mitigating Actions
Donna Roberts	Associate Director Transformation and Delivery - Primary Care	No Interests Declared	20.04.2020	No risk to decision making as no potential conflicts identified
Katherine Disley	Chief Finance and Contracting Officer	No Interests Declared	16.06.2020	No risk to decision making as no potential conflicts identified
Dr Eamonn McKiernan	Secondary Care Doctor, NHS Chorley and South Ribble and NHS Greater Preston CCG	<p><b>NFPI</b> - Retired consultant Anaesthetist who worked at LTHTR for 31 years. Associated</p> <p><b>NFPI</b> - Oldest daughter is a social worker in Newcastle-upon-Tyne</p> <p><b>NFPI</b> - Second daughter is a Psychiatrist researching and practicing in Cambridge.</p> <p><b>NFPI</b> - Third daughter is Children's nurse in Stockport</p> <p><b>NFPI</b> - Son-in-Law training in Cardiology in Cambridge and Norwich Under the care of Lancashire Teaching Hospital</p> <p><b>NFPI</b> - Under the care of Blackpool Victoria Hospital</p>	23.11.2020	Interest noted. Will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making.

Name	Role	Declaration	Date	Mitigating Actions
Dr Hari Nair	GP Director Greater Preston CCG	<p><b>FI</b> - Senior GP Partner in Practice (Lane Ends Surgery) (previously Doclands Medical Centre)</p> <p><b>FI</b> – GMS (Previously PMS) Contract holder</p> <p><b>FI</b> -GP Quality Contract with the practice. I am clinical lead for this at the CCG</p> <p><b>FI</b> -GP Trainer responsible for training undergraduate (UCLAN) FY/ST trainees, trainee advance clinical practitioners (HEE)</p> <p><b>FI</b> -Enhanced Services LES/DES/LIS practice signed up for these with NHSE/CCG/LCC</p> <p><b>FI</b>- Network based work - Clinical lead for extended access for Greater Preston Network &amp; Practice signed up to Network DES. The network is going to operate as a limited liability partnership. My practice is a member practice in the network and LLP.</p> <p><b>FI</b> -BHR Investments Ltd - I am a director of the company. Company owns the practice premises and leases the building to the practice</p> <p><b>FI</b> - I support an organisation providing support services for young women for the wider community in Preston, based in my practice.</p> <p><b>FI</b> – Beacon private limited – this provider delivers limited audiology service for Preston patients, based in my practice.</p>	05.10.2020 <b>UPDATED</b> <b>22.06.2021</b>	Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making

Name	Role	Declaration	Date	Mitigating Actions
		<p><b>FI</b> -Member of limited company comprising practices in Preston and Chorley aimed at organisational delivery of primary care at scale. No current business is handled by this company.</p> <p><b>NFPI</b> -Wife is consultant Histopathologist with special interest in renal and GI pathology employed by Lancashire Teaching Hospitals. She also carries out private reporting work for Ramsey Group</p> <p><b>NFPI</b> - Daughter has finished FY training in LTH and is based in West Midlands. She is currently deferring a year and doing locum work in West Midlands and may do similar work in North West hospitals.</p> <p><b>NFPI - Clinical Lead Primary and Community Care for the ICP System Delivery Board</b></p>		
Dr Sumantra Mukerji	Chair - NHS Greater Preston CCG	<p><b>FI</b> - Salaried GP – Stonebridge Surgery</p> <p><b>FI</b> - Salaried GP – Stonebridge Surgery, which has a contract with Lancashire and South Cumbria NHS Foundation Trust to manage patients clinically in Longridge hospital</p> <p><b>FI</b> - Stonebridge Surgery – Member of Preston East Network</p> <p><b>FI</b> - Director – P &amp; S Mukerji Ltd</p> <p><b>FI</b> - Wife – Shareholder and employee - P &amp; S Mukerji Ltd</p> <p><b>FI</b> - Son – Shareholder – P &amp; S Mukerji Ltd</p>	<p>13.11.2020</p> <p>UPDATED</p> <p>04.02.2021</p> <p>UPDATED</p> <p>08.03.2021</p> <p>UPDATED</p> <p>23.06.2021</p>	<p>Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making</p>

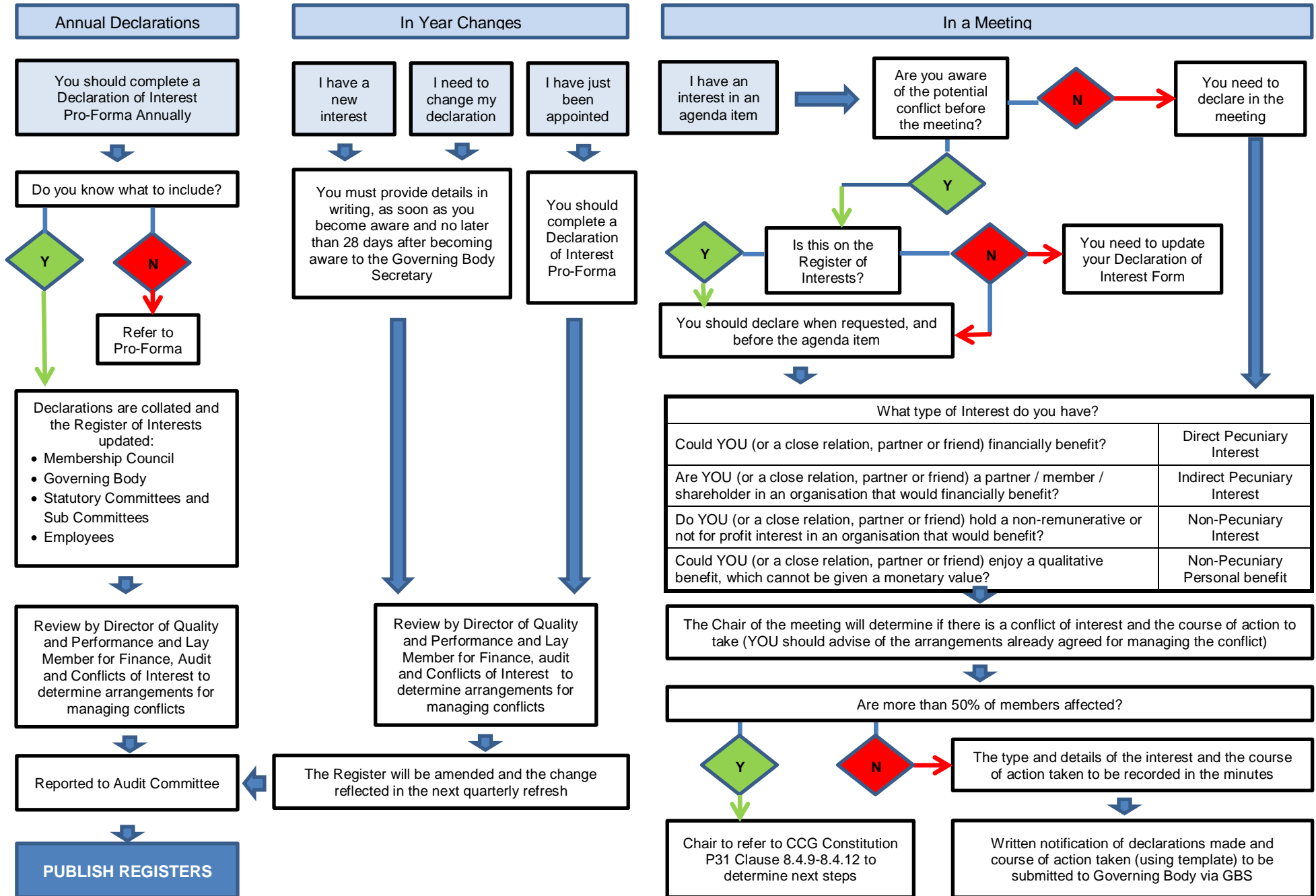
Name	Role	Declaration	Date	Mitigating Actions
		<p>NFPI - Member of the Clinical Oversight Group for the New Hospitals Programme  NFPI - Senior Responsible Officer for the ICP Patient, Public and Carers Committee  NFPI - member of the ICP Respiratory Steering Group.</p>		
Mr Denis Gizzi	Chief Accountable Officer, Chorley & South Ribble & Greater Preston CCG's	<p><b>II</b> - The Den recording studio - ceased trading  <b>II</b> - The Electric Church Recording Studio - I donated equipment to son's new company - Current  <b>FI</b> - Smart Sight Coaching - Current  <b>FI</b> - Procorre Consulting (Name Change) - Current  <b>II</b> - Dr Alan Nye is a long-time acquaintance from my time in Oldham - Current  <b>II</b> - My wife is currently working on a Part-Time basis at NWAS - Current  <b>FI</b>- My wife owns 'The Skin Studio' business - Current</p>	03.06.2020	Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making
Mr Ian Cherry	Lay Member for Finance, Audit & Conflicts of Interest - Greater Preston CCG	<p><b>FI</b> -My practice carries out Expert witness work for Hempsons, on behalf of the NHS, in relation to medical negligence litigation.  <b>FI</b> - My practice undertakes personal tax work for Jan Ledward, Chief Officer of Liverpool CCG  <b>II</b> - My daughter, Dr Mary Gemma Cherry, is a lecturer in Clinical Health Psychology at the University of Liverpool and Honorary</p>	12.10.2020 UPDATED 12.01.2021 UPDATED 22.06.2021 UPDATED 28.07.2021	Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making.

Name	Role	Declaration	Date	Mitigating Actions
		<p>Clinical Psychologist with Royal Liverpool and Broadgreen Hospitals Trust.</p> <p><b>II - My son-in-law, Dr Jake Rigby, is a Consultant Child and Adolescent Psychiatrist at Cheshire and Wirral Partnership.</b></p> <p>FI - My practice undertakes personal tax work for Jayne Mellor, Director of Transformation and Delivery Chorley and South Ribble and Greater Preston CCG.</p> <p>FI – my practice undertakes work for DWF in relation to medical negligence expert witness work.</p> <p><b>NFPI - Chair of the CCG Finance Transition Group and is a member of the System Finance Recovery Board</b></p>		
Mr Paul Richardson	Lay Member (Vice-Chair GP & CSR CCG Governing Bodies)	<p><b>II - Son is employed by NHS Blackpool Teaching Hospitals Trust</b></p> <p><b>II - Daughter employed by Public Health England</b></p> <p><b>NFPI - Chair of the ICS Quality and Performance Sub Committee</b></p>	02.10.2020 <b>UPDATED</b> <b>22.06.2021</b>	Interest to be managed as and when conflict arises
Mrs Debbie Corcoran	Lay Member - Greater Preston CCG	<b>NFProl</b> - From 15th May 2017, employed as Clerk to the Corporation to Nelson and Colne College. The College works directly with NHS organisations/Trusts to deliver training. 2 College Board Members are also associated with the East Lancashire Hospitals NHS Trust – one is an employee, another is a Non-Executive Director of the	14.10.2020 <b>UPDATED</b> <b>22.06.2021</b>	Interest noted, will be reviewed in line with agenda items at committee meetings and procurement involvement. Where a conflict emerges the individual will be excluded from decision making

Name	Role	Declaration	Date	Mitigating Actions
		<p>Board. The Adult Community Learning (ACL) delivery arm of Nelson and Colne College Group – Lancashire Adult Learning or LAL - are developing links with Primary Care Networks to offer support with social prescribing through provision of learning and skills support to the community – at no cost.</p> <p><b>NFPI</b> - Husband is an employee in a commercial organisation (Intersystems), which contracts with acute NHS Trusts for the provision of electronic patient record (EPR) systems.</p> <p><b>NFPI - member of the ICS Strategic Commissioning Committee</b></p>		
Mrs Helen Curtis	Director of Quality and Performance, NHS Chorley and South Ribble and NHS Greater Preston CCG	<p><b>NFPI</b> - Daughter is a Clinical Business Manager for Surgery at Lancashire Teaching Hospitals</p> <p><b>NFPI</b> - Son is a social worker in central Preston</p> <p><b>NFPI - Member of the ICS Quality and Performance Sub Committee</b></p> <p><b>NFPI – Member of the ICS Transition Board</b></p> <p><b>NFPI – Executive Programme Director CCG Closedown</b></p>	23.10.2020 <b>UPDATED</b> 24.06.2021	This will be declared separately in any meetings where this presents a conflict to my decision making
Jayne Mellor	Director of Transformation and Delivery	<p><b>II</b> – Daughter is employed by Lancashire Teaching Hospitals as a Clerical Officer from January 2020.</p> <p><b>NFPI - ICS Commissioning Lead for the</b></p>	03.11.2020 Updated 25.01.2021 <b>UPDATED</b>	This will be declared separately in any meetings where this presents a conflict to my decision making

Name	Role	Declaration	Date	Mitigating Actions
		New Hospitals Programme	22.06.2021	
Mrs Patricia Hamilton	Governing Body Nurse, NHS Chorley and South Ribble and NHS Greater Preston CCG	No Interests Declared	13.10.2020	Not applicable - no interests declared

# Declarations of Interest Flowchart





**Committee in Common  
Primary Care Commissioning Committee Minutes  
4 August 2021 - MS Teams**

**Present**

Mr. Paul Richardson, Lay Member (Vice –Chair GP & CSR CCG Governing Bodies) (Chairman of Committee)  
Mrs. Linda Chivers, Lay Member Finance and Audit, NHS Chorley and South Ribble CCG  
Mr. Geoffrey O'Donoghue, Lay Member Patient and Public Involvement NHS Chorley and South Ribble CCG  
Mrs. Debbie Corcoran, Lay Member Patient and Public Involvement NHS Greater Preston CCG  
Mr. Denis Gizzi, Accountable Officer  
Mrs. Katherine Disley, Chief Finance and Contracting Officer  
Mrs. Tricia Hamilton, Governing Body Nurse  
Dr Eamonn McKiernan, Secondary Care Doctor

**In Attendance**

Dr Hari Nair, GP Director, NHS Greater Preston CCG  
Dr Ann Robinson, GP Director, NHS Chorley and South Ribble CCG  
Mrs. Jayne Mellor, Director of Transformation and Delivery  
Mrs. Jo Cooper, Network Manager  
Mrs. Jill Truby, Committee Secretary

**Members of the Public** There was 1 member of the public in attendance and 1 member of staff

1	<p><b>Welcome and apologies for absence</b> As Chair of the meeting, Mr Paul Richardson welcomed everyone to the meeting in common of the Primary Care Commissioning Committees of Chorley and South Ribble CCG and Greater Preston CCG.</p> <p>Apologies for absence received from Mr Ian Cherry, Lay Member, Mrs. Helen Curtis, Deputy Accountable Officer, Director of Quality and Performance, Dr Lindsey Dickinson, Chair of NHS Chorley and South Ribble CCG, Dr Sumantra Mukerji, Chair of NHS Greater Preston CCG, Mrs. Donna Roberts, Associate Director Transformation and Delivery, Primary Care, and Mrs. Sarah Danson, Primary Care Manager, NHS England, and NHS Improvement North West</p> <p><b>Quorum</b> The meeting was quorate.</p>
2	<p><b>Declarations and Register of Interests</b> Mr Richardson reminded committee members of their obligations to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCGs.</p>

	<p>Declarations made by members of the Primary Care Commissioning Committee are listed in the CCGs' Register of Interests. The Registers are available either via the secretary to the governing body or the CCGs' websites.</p> <p>GP directors made the usual GP declaration as providers of services.</p> <p>Mr Geoffrey O'Donoghue declared that he was now a member of the Communications and Engagement Group for the New Hospital Programme.</p> <p><b>Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee resolved:</b></p> <ul style="list-style-type: none"> <li>• Declarations of Interests were noted</li> </ul>
3	<p><b>Minutes of previous meeting</b></p> <p>The minutes of the previous meeting held on 7 April 2021 were agreed as an accurate record.</p>
4	<p><b>Matters arising</b></p> <p>Members discussed the outstanding action relating to Discretionary Payment and now requested an actual date on when it will have been considered by all CCGs Committees.</p> <p>Action matrix updated.</p>
5	<p><b>Quarterly Contractual Changes</b></p> <p>The paper provided the committee with a summary of the contractual changes that were enacted during the previous quarter April - June 2021.</p> <p><b>Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee resolved:</b></p> <ul style="list-style-type: none"> <li>• To note the contractual changes</li> </ul>
6	<p><b>Annual Primary Care Network changes</b></p> <p>The report provided an overview of the changes which have occurred during quarter 1, April to June 2021/2022 which are within the Network Contract Directed Enhanced Services Specification and Guidelines.</p> <p>The Primary Care Commissioning Committee was asked to receive the contents of this report for information.</p> <p><b>Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee resolved:</b></p> <ul style="list-style-type: none"> <li>• Noted the changes</li> </ul>
7	<p><b>Population Based Health Improvement (Quality Contract for General Practice) 2021/2022</b></p> <p>Mrs Jo Cooper presented the report. The directive from NHS England / Improvement to suspend locally commissioned services except where they</p>

supported Covid work including the vaccination programmed ended on 31 March 2021. From 1 April 2021 all services were recommenced

On 7 April the Primary Care Commissioning Committee agreed to a number of proposals. These included assuming achievement of the KPIs for Quarter 1 of the 2021/2022 contract and to pay practices at one twelfth of 90% of the contract annual payment. This was to support practices to start moving into a recovery phase through fully stepping back up QOF, delivering business as usual and addressing any backlogs in routine long-term condition management.

The Integrated Care System (ICS) were planning to submit a universal quality contract across the wider footprint from 1 October 2021. This is no longer achievable for October 2021 and therefore it is proposed the current GP Quality Contract will now run to March 2022.

This paper presented further proposals for the Population Based Health Improvement (Quality Contract for General Practice) 2021/2022 to support primary care in their ongoing delivery of the Covid-19 vaccination programme, delivery of GMS primary care and resumption of normal services. These areas are around the KPI monitoring for quarter 2, the associated finances and the continuation of the Contract.

Quarter 1 agreement was that all KPIs that are measurable in Qtr1 are assumed to be fully achieved for quarter 1. PCC proposal is for quarter 2 KPIs to also be assumed as fully achieved. The CCG has planned for 100% to be paid to practices in H1 and the cost would be £54k per quarter higher than previous years where performance has been monitored.

A query was raised regarding the potential saving from underperformance of £55k, whereas it was referenced that 100% in the first six months was accounted for

Katherine Disley was requested to provide clarification.

**(Addendum** – The Q2 segment of 90% of the overall budget of £3448951 is £862637 (3/12) which relates to 100% of performance which, based on last year's performance, is £54k more than that was originally budgeted).

Mrs Cooper was asked what assurance was in place to ensure patients were obtaining the level of clinical support required and was there any evidence of monitoring from the previous year? Mrs Cooper reported that monitoring continues and, in response to a request from the committee agreed to circulate last year's monitoring evidence.

Dr Hari Nair confirmed that he sat on the group reviewing the quality contract and that a lot of work had already been undertaken, however all contracts were different. He reported that Central Lancashire's current contracts contained the most detail in terms of KPIs. It had been agreed that they are unable to provide a new contract by October and this would probably more likely be 1<sup>st</sup> April before it is introduced.

Denis Gizzi reported that as lead for the closing down programme, any contract agreements from the CCG will have to be considered as part of the transition to the new receiver.

In response to concerns raised by the committee regarding firstly, that nothing is yet in place at ICS level and secondly, that there appear to be conflicts of interest around the planning for this, Mr Richardson agreed to raise this at the next Lancashire Chairs' and Vice-Chairs' group meeting.

The Committee requested evidence of last year's monitoring and assurance.

Finance subject to clarity. (See addendum above)


**Chorley and South Ribble CCG Primary Care Commissioning Committee and Greater Preston CCG Primary Care Commissioning Committee resolved:**

- Agreed to approve the proposals for the Population Based Health Improvement (Quality Contract for General Practice) for 2021/2022 subject to the caveats above.

8. **Any other business**  
There was no further business.

Signed as an accurate record ..... Date .....

## Matters Arising

Code	Title	Lead	Status	Due Date	Comments
CSR&GPPCC 200603-7	Discretionary Payment Members requested further clarification on the Lancashire wide discretionary payment policy	Mrs Sarah Danson			On-going.

## Primary Care Commissioning Committee

<b>Date of meeting</b>	6 October 2021
<b>Title of paper</b>	Quarterly Contractual Changes Report
<b>Presented by</b>	
<b>Author</b>	Steven Harris – NHS England and Improvement
<b>Clinical lead</b>	
<b>Confidential</b>	

<b>Purpose of the paper</b>
<b>Executive summary</b>
This report is a summary of any Contractual Changes to GMS and PMS contracts effective in the previous quarter(s) (July – September 2021) where Contract Variations have been processed to reflect a change to a practice's existing contract.
<b>Recommendations</b>
The Primary Care Commissioning Committee is asked to receive the contents of this report for information purposes only.

<b>Links to CCG Strategic Objectives</b>		
SO1	Improve quality through more effective, safer services, which meets a minimum level of 'good' in the Improvement and Assessment Framework	<input type="checkbox"/>
SO2	Commission care so that it is integrated and ensures sustainability and meets whole population needs with an appropriate balance between in-hospital and out-of-hospital provision, which meets a minimum level of 'good' in the Improvement and Assessment Framework	<input type="checkbox"/>
SO3	Engineer a financially sustainable health and social care economy which meets statutory financial duties	<input type="checkbox"/>
SO4	Ensure people are at the centre of the planning and management of their own care, and that their voices are heard, enabling the CCG to meet a minimum level of 'good' in the Improvement and Assessment Framework	<input type="checkbox"/>
SO5	Be a well-led clinical commissioning group, which meets a minimum level of 'good' in the Improvement and Assessment Framework	<input type="checkbox"/>
SO6	Reduce inequalities in access and outcomes across the health and care system by achieving a minimum level of 'good' in the Improvement and Assessment Framework	<input type="checkbox"/>

**Governance and reporting**

(list committees, groups or other bodies that have discussed this paper)

Meeting	Date	Outcome

**Were any conflicts of interest identified at previous meetings**

(mark X in the correct box below)

Yes	No

**If conflicts of interest were identified what were these:**

--

**Implications**

Quality/patient experience implications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(Potential) conflicts of interest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Equality Impact Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Privacy Impact Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there any associated risks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, please include risk description and reference number			

**Assurance**

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# **Primary Care Commissioning Committee**

## **Quarterly Contractual Changes Summary**

**6 October 2021**

### **Overview**

Detailed within this report is a summary of any Contractual Changes effective in the previous quarter (July – September 2021) where Contract Variations have been processed to reflect a change to a practice's existing contract.

### **Partnership Changes**

No partnership changes were effective during this quarter.

### **Practice Mergers**

No partnership changes were effective during this quarter.

### **Open and Closed Lists**

No applications to open or close lists were effective during this quarter.

### **Boundary Changes**

No boundary changed applications were effective during this quarter.

### **Premises (Relocations)**

No premises relocations were effective during this quarter.

### **Recommendation**

Members of the Primary Care Commissioning Committee are asked to receive the content of this report.



## Primary Care Commissioning Committee

<b>Date of meeting</b>	6 <sup>th</sup> October 2021
<b>Title of paper</b>	PCN Health Inequalities Local Enhanced Service (LES)
<b>Presented by</b>	Donna Roberts, Associate Director Transformation & Delivery – Primary Care
<b>Author</b>	Suzanne Bell
<b>Clinical lead</b>	Dr Shashi Khandavalli
<b>Confidential</b>	No

### Purpose of the paper

The purpose of this paper is to present to the Primary Care Commissioning Committee, for approval, the PCN Health Inequalities Local Enhanced Service (LES).

### Executive summary

The fact that Health Inequalities are present within Central Lancashire is not a new concept, with areas of significant deprivation, poor housing, high levels of long-term conditions and poor mental health clearly recognised by all public sector partners. However, Covid-19 has highlighted and worsened the health inequalities that exist within society, and in particular the North West, like never before. There is clear recognition now that everyone must act to address these inequalities, to address the causes of ill health and prevent further detrimental outcomes.

Whilst our health and care organisations remain under extreme pressure coordinating our Covid-19 responses and vaccination deployment, there are opportunities presented now that we cannot afford to miss, particularly in how we design and deliver our responses that could allow us to mitigate some of the pandemic impact and protect our most vulnerable people. With a focus to then build on our immediate responses, through the horizons of Covid-19 over coming months and years, we recognise that we must begin to build an infrastructure that is focused on population health and improving outcomes for all.

In March 2020, NHSE published the Network Contract Directed Enhanced Service (DES) Specification, this document sets out the offer and obligations to the CCGs Primary Care Networks (PCNs). The DES is one of NHSE's chosen vehicles to drive tackling neighbourhood health inequalities, with requirements coming in from October 2021 that include the requirement for PCNs to appoint a lead for tackling health inequalities within the PCN.

### Recommendations

The Primary Care Commissioning Committee are asked to **approve** the LES for the role of PCN Health Equalities GP Lead. This will allow the CCGs to release the funding to advertise the roles and progress the health inequalities agenda across Central Lancashire PCNs.

<b>Links to CCG Strategic Objectives</b>		
SO1	Improve quality through more effective, safer services, which meets a minimum level of 'good' in the Improvement and Assessment Framework	<input checked="" type="checkbox"/>
SO2	Commission care so that it is integrated and ensures sustainability and meets whole population needs with an appropriate balance between in-hospital and out-of-hospital provision, which meets a minimum level of 'good' in the Improvement and Assessment Framework	<input checked="" type="checkbox"/>
SO3	Engineer a financially sustainable health and social care economy which meets statutory financial duties	<input checked="" type="checkbox"/>
SO4	Ensure people are at the centre of the planning and management of their own care, and that their voices are heard, enabling the CCG to meet a minimum level of 'good' in the Improvement and Assessment Framework	<input checked="" type="checkbox"/>
SO5	Be a well-led clinical commissioning group, which meets a minimum level of 'good' in the Improvement and Assessment Framework	<input checked="" type="checkbox"/>
SO6	Reduce inequalities in access and outcomes across the health and care system by achieving a minimum level of 'good' in the Improvement and Assessment Framework	<input checked="" type="checkbox"/>

<b>Governance and reporting</b> (list committees, groups or other bodies that have discussed this paper)		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
N/A		
<b>Were any conflicts of interest identified at previous meetings</b> (mark X in the correct box below)		
<b>Yes</b>	<b>No</b>	
	<b>X</b>	
<b>If conflicts of interest were identified what were these:</b>		

<b>Implications</b>			
Quality/patient experience implications?	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
(Potential) conflicts of interest?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
Equality Impact Assessment?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input checked="" type="checkbox"/>
Privacy Impact Assessment?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input checked="" type="checkbox"/>

Are there any associated risks?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input checked="" type="checkbox"/>
If yes, please include risk description and reference number			

<b>Assurance</b>

## **1.0 Background**

Avoidable health inequalities are by definition, unfair, and socially unjust. A person's chance of enjoying good health and a longer life is determined by the social and economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life. Addressing such avoidable inequalities and moving towards a fairer distribution of good health, requires a life course approach and action to be taken across the whole of society.

The NHS Five Year Forward View set out the need to address the health and wellbeing gap, preventing any further widening of health inequalities. This commitment has been identified and headlined in the NHS Long Term Plan, to ensure this important work is funded and continues.

The World Health Organisation (WHO) defines health inequalities as "differences in health status or in the distribution of health determinants between different population groups". There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes, improving the quality of services and the experiences of people. It is also core to the NHS Constitution and the values and purpose of the NHS.

The NHS Constitution states that the NHS has a duty to "...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population". This is reflected in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which introduced for the first-time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England.

In March 2020, NHSE published the Network Contract Directed Enhanced Service (DES) Contract Specification, this document sets out the offer and obligations to the CCGs Primary Care Networks (PCNs). The DES is one of NHSE's chosen vehicles to drive tackling neighbourhood health inequalities, with requirements from October 2021.

## **2.0 Aims and objectives of service**

Addressing health inequalities, differences in morbidity, life expectancy and access to healthcare is at the forefront of Central Lancashire's Integrated Care Partnership's (ICP) agenda. The role will be integral to supporting the delivery of the NHS Long Term Plan and keeping the focus on the Integrated Care System (ICS) priorities around prevention, reduction of inequalities and addressing the wider determinants of health.

Building on the requirements of the DES specification to appoint a Health Inequalities Lead, the CCG has decided to extend this role to provide strategic and clinical leadership to take forward the health inequalities agenda within the PCN.

The role will work with the Population Health GP Clinical Leads to understand the needs of Central Lancashire and the PCN population. They will use that information to work with members of the PCN (both clinical and non-clinical) to develop shared goals and strategies to manage inequalities within the Central Lancashire population using a population health management approach.

The PCN Health Inequalities GP Lead will be ideally positioned in the PCN to analyse the needs of their PCN population, setting shared goals, ambitions and targets for communities.

### **3.0 Finance**

Each PCN will receive funding for a PCN Health Inequalities GP Lead to cover one session per week until 31<sup>st</sup> March 2022, at a sessional rate of £340.07 per session.

Within the weekly session, the PCN Health Inequalities GP Lead will participate in all training and development sessions that are applicable to the role.

The funding for the role is part of the wider funding agreed within the ICS Population Health Cell for the formation of a CCG population health team.

On 3<sup>rd</sup> June 2021, a letter was sent to CCG Accountable Officers and Chief Finance Officers from Dr Julie Higgins (ICS SRO Population Health Management and Health Inequalities) and Dr Andy Knox (ICS Clinical Director Population Health Management) informing them of the agreement to invest £200,000 (per CCG for H1), to help the ICP to improve health outcomes by focusing population health at place level health inequalities, through population health management. This investment is to help develop and continue the ongoing work of transition, towards a fully functioning population health approach across the ICS.

ICPs have been asked:

- To focus on building its population health team working within a united population health approach across the ICS.
- For each CCG to develop an evidence base on lived experience of health inequalities to inform the Health Inequalities Commission.

The funding allocation has been agreed within the CCG budgets up to the 31st March 2022. Equal funding has also been allocated for H2, therefore the total allocation of funding for the financial year 2021/22 is £400,000.

The role will be aligned to the new overarching population health team and work alongside, and with, other PCN Health Inequalities GP Leads.

Funding has been agreed for the overarching team up to 31<sup>st</sup> March 2024 and therefore these posts could potentially extend in-line with this.

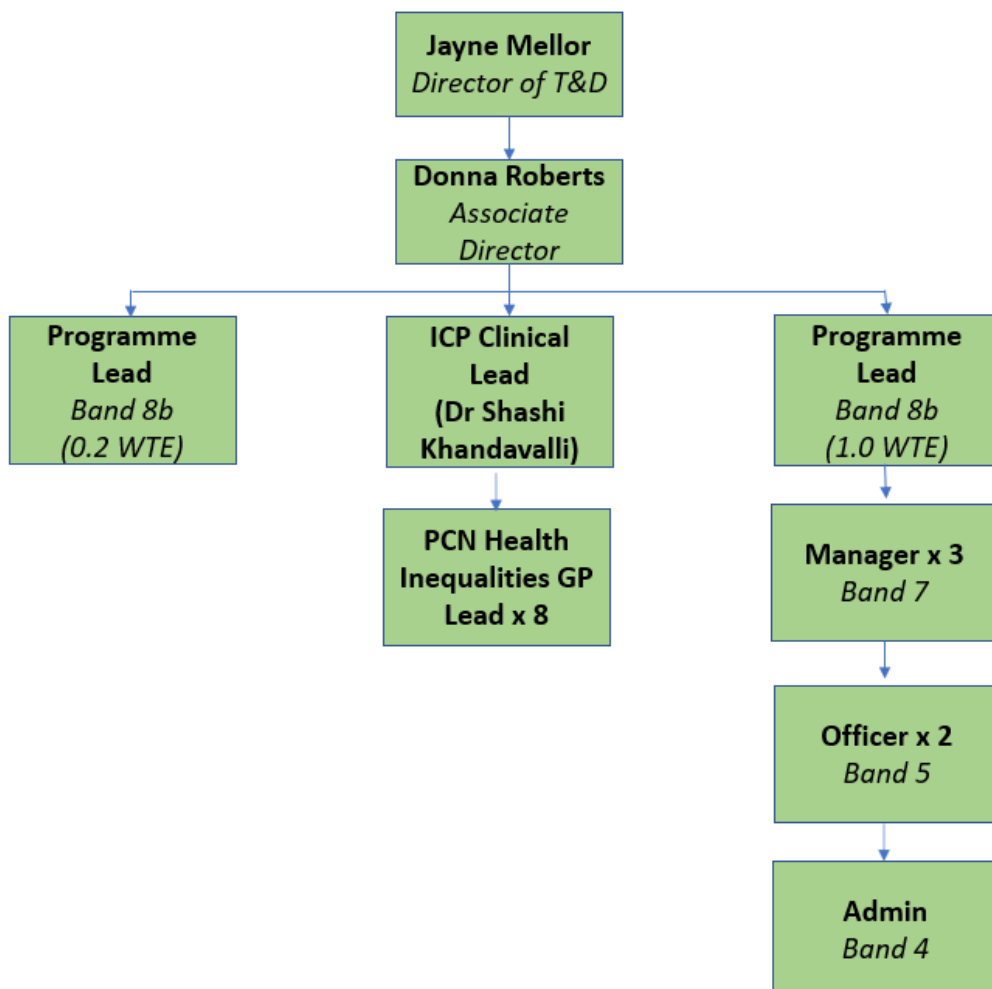
#### 4.0 Population Health (PH)Team

There will be a PH Team in each ICP to nurture the right conditions at neighbourhood, PCN, district and ICP level to facilitate radically new ways of working.

Each ICP will determine its own core population health infrastructure, which will include:

- Clinical leadership of the ICP programme and team
- Programme Management capacity
- Operational management of the Population Health function and approach
- Programme coordination and support

The structure of the PH Team within Central Lancashire can be found below:



## 5.0 Benefits

Reduce Health Inequalities within the PCN populations and across Central Lancashire.

## 6.0 Recommendation

The Primary Care Commissioning Committee are asked to approve the attached Local Enhanced Service (LES) which includes the attached role description.

PCN Health Inequalities GP Lead LES Service specification:



PCN Health  
Inequalities GP Lead s

PCN Health Inequalities GP Lead Role Description:



PCN Health  
Inequalities GP Lead r

## SECTION B PART 1 - SERVICE SPECIFICATIONS

<b>Service Specification No.</b>	
<b>Service</b>	<b>PCN Health Inequalities GP Lead</b>
<b>Commissioner Lead</b>	<b>Jayne Mellor, Head of Transformation &amp; Delivery</b>
<b>Provider Lead</b>	<b>Central Lancashire Primary Care Networks (PCNs)</b>
<b>Period</b>	<b>1<sup>st</sup> October 2021 – 31<sup>st</sup> March 2022</b>
<b>Date of Review</b>	<b>March 2022</b>

### 1. Population Needs

#### 1.1 National/local context and evidence base

Avoidable health inequalities are by definition, unfair, and socially unjust. A person's chance of enjoying good health and a longer life is determined by the social and economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life. Addressing such avoidable inequalities and moving towards a fairer distribution of good health requires a life course approach and action to be taken across the whole of society.

The NHS Five Year Forward View set out the need to address the health and wellbeing gap, preventing any further widening of health inequalities. This commitment has been identified and headlined in the NHS Long Term Plan, to ensure this important work is funded and continues.

The World Health Organisation (WHO) defines health inequalities as "differences in health status or in the distribution of health determinants between different population groups". There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes, improving the quality of services and the experiences of people. It is also core to the NHS Constitution and the values and purpose of the NHS.

The NHS Constitution states that the NHS has a duty to "...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population". This is reflected in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which introduced for the first-time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England.

In March 2020, NHSE published the Network Contract Directed Enhanced Service (DES) Contract Specification, this document sets out the offer and obligations to the CCGs Primary Care Networks (PCNs). The DES is one of NHSE's chosen vehicles to drive tackling neighbourhood health inequalities, with requirements from October 2021 for PCNs to appoint a Health Inequalities Lead.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>✓</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>✓</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health following injury</b>	<b>✓</b>



<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	✓
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	✓

## 2.2 Local defined outcomes

- To support the development of the Central Lancashire PCNs and their Clinical Directors in tackling the wider determinants of health in their areas and across Central Lancashire
- To support development and delivery of the NHS Long Term Plan, and associated ICS Population Health Strategy at the Central Lancashire ICP level
- Influencing, shaping and then supporting delivery of the ICS Clinical services Strategies for Central Lancashire (Acute, Community and Mental Health)

## 3. Scope

### 3.1 Aims and objectives of service

Addressing health inequalities, differences in morbidity, life expectancy and access to healthcare is at the forefront of Central Lancashire's Integrated Care Partnership's (ICP) agenda. The post holder will be integral to supporting the delivery of the NHS Long Term Plan and keeping the focus on the Integrated Care System (ICS) priorities around prevention, reduction of inequalities and addressing the wider determinants of health.

The PCN Health Inequalities GP Lead will be ideally positioned in the PCN to analyse the needs of their PCN population, setting shared goals, ambitions and targets for communities.

The PCN Health Inequalities GP Lead will work with the Population Health GP Clinical Leads to understand the needs of Central Lancashire and the PCN population. They will use that information to work with members of the PCN (both clinical and non-clinical) to develop shared goals and strategies to manage inequalities within the Central Lancashire population using, a population health management approach.

### 3.2 Service description/care pathway

The role description for the PCN Health Inequalities GP Lead can be found here:



PCN Health  
Inequalities GP Lead r

### 3.3 Equipment / Premises

The PCN Health Inequalities GP Lead must be provided with a satisfactory working environment and have adequate access to IT facilities within the PCN.

### 3.4 Minimum Required Activity

The PCN Health Inequalities GP Lead will be required to provide one session per week for the term of this specification and will be reviewed in March 2022 for potential continuation.

### 3.5 Activity Reporting

There is no activity reporting required for this role

### 3.6 Audit

There will be audits related to the PCN DES Specification - Tackling Neighbourhood Health Inequalities, as well as focused health inequality projects.

### 3.7 Finance

Each PCN will receive funding to identify a PCN Health Inequalities GP Lead to cover 1 session per week, until 31<sup>st</sup> March 2022, at a sessional rate of £340.07 per session.

### 3.8 Eligibility / Criteria and Accreditation

The post holder must be a practicing GP who practices within the Central Lancashire PCN in which they wish to represent.

The post holder must hold a Post-graduate management or specialist clinical/professional qualification, or equivalent experience.

### 3.9 Any acceptance and exclusion criteria

N/A

### 3.10 Interdependencies with other services

This list includes, but is not limited to:

- General Practices within the Primary Care Network
- Lancashire Teaching Hospitals NHS Foundation Trust
- Lancashire County Council
- Preston City Council
- Chorley Borough Council
- South Ribble Borough Council
- Lancashire & South Cumbria NHS Foundation Trust
- Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
- North West Ambulance Service (NWAS)
- Police Service
- Fire Service
- Schools
- Housing Association
- Social Services

## 4. Applicable Service Standards

### 4.1 Applicable national standards (e.g. NICE)

N/A

### 4.2 Applicable standards set out in Guidance and/or issued by a competent body

The NHS Long Term Plan (published January 2019)  
<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

**4.3 Applicable local standards**

N/A

**5. Applicable quality requirements and CQUIN goals**

**5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

N/A

**5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

N/A

**6. Location of Provider Premises**

N/A

**7. Individual Service User Placement**

N/A

## **PCN Health Inequalities GP Lead**

### **Role Description and Person Specification**

#### **Role Summary**

Addressing health inequalities, differences in morbidity, life expectancy and access to healthcare is at the forefront of Central Lancashire's Integrated Care Partnership's (ICP) agenda. The post holder will be integral to supporting the delivery of the NHS Long Term Plan and keeping the focus on the Integrated Care System (ICS) priorities around prevention, reduction of inequalities and addressing the wider determinants of health.

The PCN Health Inequalities GP Lead will be ideally positioned in the PCN to analyse the needs of their PCN population, setting shared goals, ambitions and targets for communities.

The post holder will work with the Population Health GP Clinical Leads to understand the needs of Central Lancashire and the PCN population. They will use that information to work with members of the PCN (both clinical and non-clinical) to develop shared goals and develop strategies to manage inequalities within the Central Lancashire population using a population health management approach.

Action will include championing the development of services, running campaigns and spreading good practice.

#### **Key responsibilities**

The PCN Health Inequalities GP Lead will support the Health Inequalities agenda across Central Lancashire, the ICP and the ICS, in the following broad areas of responsibility:

- To support the development of the Central Lancashire PCNs and their Clinical Directors in tackling the wider determinants of health in their areas
- To support development and delivery of the NHS Long Term Plan, and associated ICS Population Health Strategy at the Central Lancashire ICP level
- Influencing, shaping and then supporting delivery of the ICS Clinical services Strategies for Central Lancashire (Acute, Community and Mental Health)

The PCN Health Inequalities GP Lead will have the following specific responsibilities:

- Lead the planning of the Protected Learning Time (PLT) events for PCN clinical staff. PLT topics will be derived from areas of identified need (both data driven and from engagement of attendees)
- To use information to support the identification of variation in access and quality at both PCN and ICP level. The information will support both PLT planning and service development
- To work with partner organisations to develop a strategic approach to reducing health inequalities with their PCN
- To work across the system with a wide range of clinical and care professionals to develop new ideas and solutions for holistic care models
- Act as a champion for tackling health inequalities across the Central Lancashire ICP and on behalf of the PCN
- To support the PCN to adopt a Population Health Management approach
- To be a visible leader for health inequalities, across Central Lancashire and the wider clinical leadership system across the Lancashire and South Cumbria ICS
- To provide clinical leadership for a range of other relevant functions and support quality improvements including research and development, innovation and evidence-based practice

### **Improving Quality and Outcomes**

- To link with all clinical and care professional groups across Central Lancashire, to support delivery of the Lancashire and South Cumbria ICS transformation agenda
- To promote quality, innovation, productivity and prevention, driving transformation, but marrying this with opportunities for whole system cost reductions to deliver better value for taxpayers
- To provide expert advice to PCN members and partners, on the tackling of health inequalities
- To support the development of a delivery framework to measure improvement in quality and outcomes
- Support the evaluation of PCN and ICP service developments to understand the

impact on health inequalities

### **Enabling Clinical and Professional Leadership**

- To develop and empower the leadership capability of others to contribute to the health inequalities agenda
- To help build networks at a neighbourhood/PCN level and nurture key relationships with senior clinicians

### **Enabling Patient and Public Involvement**

- Support the PCN (and other ICP partners) to engage with their communities to understand the main conditions, behaviors and wider determinants driving health inequalities in their area.
- To uphold policies and principles on the promotion of equality
- To create an inclusive working environment where diversity is valued, everyone can contribute, and everyday action ensures we meet our duty to uphold and promote equality

### **Partnership and cross boundary working**

- To encourage innovation that supports Health and Social Care values and culture and contributes to future successes
- To promote a learning culture that encourages the use of initiative and innovation, and supports clinical development, through individual reviews, evaluation and evidence-based examples of good practice
- To build relationships with clinical groups and leaders across the Lancashire and South Cumbria ICS to support the design and implementation of new models of integrated care and commissioning development
- Working with key partners and in particular clinical groups, identify and agree outcome measures, quality targets and methods of measuring and assuring progress towards these targets

### **Promoting equality and reducing inequalities**

- To ensure that all strategies developed across the ICP have clear and sound evidence of how they will be expected to reduce inequalities in healthy life

expectancy

- To uphold policies and principles on the promotion of equality and inclusion
- To actively promote the NHS Constitution by championing its values and principles and by promoting appropriate access to health and care provision

### **Developing an excellent system**

- To adopt a team approach and develop matrix working to reinforce integration and to ensure the best use of skills and knowledge
- To maintain knowledge of latest NHS, social care and wider public sector policy and guidance, of views of health-related think-tanks and of current thinking on strategy from outside the NHS
- To adhere to the standards laid down in the NHS Code of Conduct of Managers and the Nolan principles
- To ensure personal and team participation in all mandatory training as required
- To participate in personal objective setting and review, including the Personal Development Plan process and to actively support the development of individuals and teams through appraisal, personal development planning, coaching and mentoring
- To ensure the health, safety and wellbeing of all staff
- To ensure compliance with all confidentiality and governance requirements

### **Terms of employment**

- This post is offered on the basis of 1 session per week till 31st March 2022.

## PCN Health Inequalities GP Lead

### Person Specification

Factors	Description	Essential	Desirable	Assessment
<b>Qualifications</b>	Educated to degree level	√		A/C
	Post-graduate management or specialist clinical/professional qualification, or equivalent experience	√		A/C
	Public health or quality improvement qualification/ equivalent experience special interest		√	A/I
<b>Knowledge, Training and Experience</b>	Practicing GP within Central Lancashire	√		A/I
	Experience of management roles and responsibility	√		A/I
	Experience of providing care and treatment to patients from deprived communities and an understanding of the health and social factors that influence health outcomes for vulnerable people/patient groups	√		A/I
	Demonstrable understanding of population management and its application	√		A/I
	Demonstrable understanding of the NHS and Local Government political environments, especially working across traditional	√		A/I



	<p>boundaries</p> <p>Clear understanding of evidence-based approaches to tackling inequalities</p> <p>Working knowledge of integration and NHS Long term Plan agenda</p> <p>Working knowledge of the PCN DES requirements</p> <p>Understanding of developing and implementing clinical transformation</p> <p>Knowledge and understanding of the importance of citizen engagement and collaboration</p>	<p>√</p> <p></p> <p></p> <p>√</p> <p>√</p>	<p></p> <p>√</p> <p>√</p> <p></p> <p></p>	<p>A/I</p> <p>A/I</p> <p>A/I</p> <p>A/I</p> <p>A/I</p>
<b>Values and Behaviors</b>	<p>Demonstrable commitment to and focus on quality, promotes high standards to consistently improve patient outcomes</p> <p>Demonstrably involves patients and the public in the development of service strategies</p> <p>Consistently puts clinicians at the heart of decision making</p> <p>Values diversity and difference, and operates with integrity and openness</p> <p>Works across boundaries,</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p></p>	<p></p> <p></p> <p></p> <p></p> <p></p>	<p>A/I</p> <p>A/I</p> <p>A/I</p> <p>A/I</p> <p></p>

	looks for collective success, listens, involves, respects and learns from the contribution of others	√		A/I
	Uses evidence to make improvements, seeks out innovation	√		A/I
	Actively develops themselves and others	√		A/I
<b>Skills and Capabilities</b>	Demonstrable general management and senior clinical leadership skills from a breadth of disciplines (including skills in public health data analysis, performance improvement, governance and innovation) or willingness to develop these skills	√		A/I
	Expert presentational skills and experience of presenting at a senior level	√		A/I
	A keen intellect to analyse complex problems and support and facilitate the development of coalitions that can develop and deliver shared visions to address them successfully	√		A/I
	A willingness and ability to both learn from the past, but also challenge oneself and others, to think creatively and seek out innovation and spread it to generate new solutions to current and future challenges	√		A/I
		√		A/I

	<p>Demonstrable resilience, independence of thought and emotional intelligence</p> <p>The ability to work through conflict and ambiguity and the ability to demonstrate a range of leadership styles to secure results through high-level influencing skills.</p>	√		A/I

**\*Assessment will take place with reference to the following information**

**A=Application form    I=Interview    C=Certificate**