

**Meeting held on Thursday 28 May 2015, 9:00 am to 1:00 pm
Taylor-Coleridge Meeting Room, Jubilee House, Lancashire Business Park,
Centurion Way, Leyland, PR26 6TR**

Present:

Dr Gora Bangi (Chair) – Chorley & South Ribble
Dr Alex Gaw – Lancashire North
Dr Tony Naughton – Fylde & Wyre
Dr Mike Ions – East Lancashire
Dr Amanda Doyle – Blackpool
Dr John Caine – West Lancashire
Mr Andrew Bennett – Lancashire North
Mrs Jan Ledward – Greater Preston/Chorley
and South Ribble
Mr Peter Tinson – Fylde and Wyre
Mr Mike Maguire – West Lancashire
Mr David Bonson – Blackpool
Mrs Debbie Nixon – Blackburn (10 am)

In Attendance:

Mrs Linda Riley – LCSU
Mr Carl Ashworth - LSCU
Mr Graham Urwin – NHS England
Dr Raj Patel – Medical Director NHS England
Mrs Jill Truby – Lancashire CCGs Network

1. Welcome, Apologies for Absence and Declarations of Interests

Dr Gora Bangi welcomed everyone to the meeting. Apologies for absence were received from Dr Chris Clayton and Dr Dinesh Patel. Dr Bangi asked for declarations of interest, none were declared.

2. NHS England

Dr Bangi welcomed Mr Graham Urwin, NHS England Manchester and Lancashire to the Network meeting. Mr Urwin had previously attended the January meeting and now wanted to reflect on issues, revise hot topics and provide feedback. Areas covered during discussion included:

- Ambitions, good narrative playing to strength of CCGs
- Huge imbalance felt by commissioners and providers
- Provider deficit of £800m. CCG commissioning position in North England in balance, Lancashire surplus and provider deficit increase in expenditure due to bank and agency staff.
- National evidence suggests year on year growth non-elective and elective.
- Rolling three months first GP referrals are up.
- 111 – urgent care system

Areas still of concern to CCGs included:

Flexibility around money and the difficulty in delivering on parity of esteem without this flexibility. CCGs to have open discussion. Mr Irwin reported that Simon Stevens had secured additional funding through the Better Care Fund.

Mr Urwin asked each CCG for written notification as to where they were up to in relation to signing off contracts with the acute sector.

3. Manchester devolution

Background:

- Greater Manchester Devolution Agreement settled with Government in November 2014, building on GM Strategy development
- Powers over areas such as transport, planning and housing.

- MOU Health and Social Care devolution signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts. MoU covers acute care, primary care, community services, mental health services, social care and public health. To take control of estimated budget of £6 billion each year from April 2016.
- Vision – to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester.

Objectives:

- Improve the health and wellbeing of all of the residents of Greater Manchester from early age to older people, recognising that this will only be achieved with a focus on the prevention of ill health and the promotion of wellbeing.
- Move from having some of the worst health outcomes to having some of the best.
- Close the health inequalities gap within GM and between GM and the rest of the UK faster.

Benefits:

- Enable us to have a bigger impact, more quickly, on the health, wealth and wellbeing of GM people.
- Be freer to respond to what local people want – using their experience and expertise to help change the way we spend the money.
- Create more formal collaboration and joint decision making across the region to co-ordinate services to tackle some of the major health, housing, work and other challenges – supporting physical, mental and social wellbeing.
- Changing rules around governance
- Creating moveable change
- Unified budgets
- Move budget back on place population budget
- Governance side
- Free from central control.
- Requirement still for an annual plan, reports and accounts.

Raj Patel, Medical Director, was introduced and he reported that additional non-recurrent and recurrent funding had been identified, which can be used to take primary care transformation forward via the Healthier Lancashire programme.

The programme

- Strategic Plan (Clinical & Financial sustainability)
- Establishing Leadership, Governance & Accountability
- Devolving Responsibilities and Resources
- Partnerships, engagement and communications
- Early implementation projects

Strategic plan

- Strategic direction
- Locality & Sector Plans
- GM Transformation Proposals
- Financial Plan & Enablers

Early Implementation Priorities'

- Seven day access to primary care
- Public Health programme
- Academic Health Science System (AHSS)
- Healthier Together decision
- Dementia Pilot
- Mental Health and Work
- Workforce policy alignment

Mr Urwin and Dr Patel were thanked for an informative discussion.

4. Minutes of meeting held 30 April 2015

The minutes of the meeting held on 30 April 2015 were agreed as an accurate record.

5. Matters arising and action sheet

Dr Bangi sought and obtained confirmation that the actions from the previous meeting were either complete or in hand.

6. Minutes from other meetings

The minutes from the Collaborative Commissioning Board held on 12 May 2015 were note

7. Any other Business

7.1 Jan Ledward reminded members of the meeting on 30 June to consider the options and priorities for the delivery of the hyper acute/acute elements of the stroke service specification. Invitations have been sent to all CCG Chief Officers and Trust Chief Executive.

Date of next meeting: Thursday 25 June 2015 9 am to 12:30 pm, venue room 231, Preston Business Centre, Fulwood, Preston.

The remainder of the meeting was dedicated to a session on future planning.