

Item 3.4c

**CLINICAL COMMISSIONING GROUP (CCG)**

**MINUTES OF THE ANNUAL GENERAL MEETING**

**WEDNESDAY 11<sup>TH</sup> SEPTEMBER 2018 AT 11.30 A.M.**  
**MEETING ROOMS 1 AND 2, BLACKBURN CENTRAL LIBRARY,**  
**TOWN HALL STREET, BLACKBURN BB2 1AG**

**CONTRIBUTORS:**

Mr Graham Burgess	Chair (Chair)
Dr Penny Morris	Medical Director (PM)
Mr Roger Parr	Deputy Chief Officer/Chief Finance Officer (RP)

**IN ATTENDANCE:**

Mrs Pauline Milligan	Governing Body Secretary (Minutes)
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Min No:	
<b>19.001</b>	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed everyone to the CCG's Annual General Meeting (AGM).</p> <p>He gave a short brief on items related to the content of the agenda, housekeeping, catering and the audio equipment.</p> <p>He informed those present that the Joint Chief Officer (CO) had sent her apologies, due to Annual Leave that had been booked in advance.</p> <p>The Chair remarked that it was a significant achievement for the two Pennine Lancashire (PL) CCGs to come together and appoint a Joint CO. He explained some of the many reasons behind the decision; e.g. to allow the CCGs to begin to establish a consistency of approach in providing treatment and services across PL. He also referred to the financial challenges faced by the NHS and the savings that had been made by appointing one Joint CO across the two CCGs.</p> <p>He informed those present that the CO had established a single Executive Team and, whilst the two CCGs remained in their respective bases, staff were working together to maximise resources.</p> <p>The Chair formally recorded his thanks to the Joint CO, Executive Team and all staff for their work and effort over the past year to maintain the high standards of the CCG.</p> <p>He also thanked all the CCG's partners for their work over the last year and, in particular, all those who worked in the Voluntary, Community and Faith (VCF) Sector and neighbourhoods; without who the CCG could not support the developments that the NHS Long Term Plan (LTP) outlines.</p>

**19.002 The Year in View**

Dr Penny Morris introduced herself and remarked that she was pleased to present The Year in View for 2018/19; as it reminded her of all the hard work that had taken place, and achievements reached, over the last year.

Dr Morris outlined the impacts of the work of the CCG during 2018/19 and its achievements in relation to:

Primary Care Networks

The CCG had four Primary Care Networks (PCNs), East Blackburn, West Blackburn, North Blackburn and Darwen. The PCNs had evolved from 'localities', established in Blackburn with Darwen (BwD) over a six year period and, following the publication of the NHS LTP, were now referred to as PCNs.

Dr Morris explained how the PCNs had developed from the localities; from work involving the General Practitioner (GP) Practices, the GP Federation, VCF Services and Therapy Services on specific projects relevant to their area; where people could work together to make a difference. This did not necessarily involve the significant spending of resources but was more focused on goodwill and collaborative working. She provided several examples of areas where this approach had made a difference, e.g. the increase in uptake in cervical screening in the North PCN following a targeted campaign.

Dr Morris referred to the new GP Contract issued on 1<sup>st</sup> April 2019, which directed that every GP Practice should offer extended GP access (i.e. appointments in the evenings and weekends) to its patients. This had been established in BwD for the last three years. She explained that every GP Practice in BwD was a member of the long established GP Federation and this had enabled the Federation to work with the Practices to help them work more closely together, reduce inappropriate referrals to hospital and make significant savings in relation to medicines waste.

Dr Morris referred to an infographic that demonstrated the breakdown of the PCNs and those partners and staff members involved in their shared leadership and Integrated Neighbourhood Teams (INTs). She explained that the health needs of each of the PCNs may be different; so members of each of the PCNs met and coordinated care to address the needs of the communities within their PCN. Members of all professions were involved in their area and this approach was referred to as 'Population Health Management'.

She explained that the Local Integrated Care Partnership, which involved senior representatives of all the partner organisations, was responsible for overseeing the work of the PCNs.

Dr Morris outlined some of the achievements in Primary Care during the year:

- Darwen Healthcare was successful at bringing in extra funding for a new training scheme for Nurses;

- Hollins Grove Surgery in Darwen was nominated for The People's Choice Award: Surgery of the Year;
- Darwen Healthcare Assistant Practitioner, Maria Slater, was announced as a finalist in the 2018 RCNi Nurse Awards.

### Mental Health

Dr Morris highlighted that, across Lancashire and South Cumbria (L&SC), a specialist Mental Health Service had been introduced for new and expectant mothers with significant mental health needs. She explained how the new eight bedded unit would make a positive difference to the care of new mothers and their babies.

She referred to the current redesign of the Child and Adolescent Mental Health Service (CAMHS) and, as part of this work, there had been a series of listening events, involving children, young people and their carers and parents.

A series of educational broadcasts had been arranged via LearnLive to promote awareness of mental health and other conditions such as asthma to children, young people and Teachers in local schools.

### Sport England

Dr Morris was pleased to inform the meeting that PL was one of twelve Local Delivery pilot areas chosen by Sport England to look at different ways of working with people who would not normally take any exercise. The aim of the pilot was to make it easier, and encourage people, to become healthier and more active. It was also to understand the reasons why people find it hard to be active; working with partners to try new approaches to help change lives. The pilot had meant that £10m of investment would be available over the next few years within PL to progress this work.

### Intermediate Care

Dr Morris explained that Intermediate Care was provided to patients who were well enough to be discharged from hospital but were not well enough to be discharged home. The focus of the care was to support patients in the interim until they were well enough to be able to go back to their own home, or be supported in the community.

A joint project between the CCG and BwD Borough Council was being undertaken to redevelop Albion Mill, Blackburn, and utilise the facility to deliver Intermediate Care provision for BwD residents.

The £12.5m Albion Mill extra care facility would provide 109 beds, including 50 extra care apartments, 31 en-suite rooms for Intermediate Care, 24 dementia apartments and 4 rehabilitation apartments.

The new home which was scheduled for completion in summer 2020 would provide state of the art facilities for elderly people in BwD.

### Hospital Care

Dr Morris stated that, this year, saw the introduction of a more efficient electronic referral system for GPs to refer patients to hospital.

She explained that, at the point of referral by the GP (particularly if there is a suspicion that the patient's symptoms may suggest cancer) the patient would be referred under a 'two week rule'. The referral was submitted during the patient's GP appointment and would ensure that the patient was assessed within the following period of two weeks.

She reiterated her earlier comments that the CCG had built on the successful introduction of its INTs in each locality and had begun to integrate more services in the community and, in doing so, brought more hospital services closer to people's homes. In line with NHS LTP, there should be significant investment into this area in the future.

#### Children and Young People

Dr Morris announced that BwD had officially become a 'breastfeeding friendly' Borough; supported by the CCG.

She confirmed that, along with BwD Borough Council, the CCG had been successful in a funding bid to tackle childhood obesity.

As previously mentioned, the CCG had broadcast health messages to all schools in PL; with a particular focus on asthma. The broadcasts had shown young people how to prevent, manage and support asthma attacks.

The CCG had also worked closely with children and young people to find out how it could improve mental health services.

#### Cancer

Dr Morris referred to the focus on the treatment of cancer in the NHS LTP; to improve early diagnosis and access to diagnostic investigations and treatment. The CCG had a shared Action Plan with East Lancashire Hospitals NHS Trust to ensure that any necessary improvements were made.

She referred to the CCG's successful awareness campaign to encourage 25 year old females to have their first smear test for cervical cancer, called "25 it's time".

The CCG had also launched a bowel cancer test, which can be used quickly and easily and can rule out bowel cancer.

Dr Neil Smith, the CCG's Cancer Lead, and his team, had launched a campaign across PL to raise awareness of cancer and the importance of early detection and diagnosis – "Let's Talk Cancer". The campaign was already being adopted across L&SC.

#### Urgent and Emergency Care

Dr Morris informed members that the CCG had invested in and supported the establishment of a new purpose built Ambulatory Emergency Care Unit. She explained that the unit would help treat patients with a range of conditions, e.g. low risk chest pain and pulmonary embolism.

The CCG had led a campaign to raise awareness of the importance of influenza

	<p>immunisation and Dr Morris explained why it was important in terms of urgent and emergency care. She encouraged the audience to have a 'flu vaccination and to encourage others to do so; especially those in vulnerable groups, e.g. frail elderly, children and those with Long Term Conditions.</p> <p><u>Diabetes</u></p> <p>Dr Morris stated that, across L&amp;SC, patients with certain types of diabetes, who fulfilled particular criteria, now had consistent access to insulin pumps and glucose monitoring devices. This was a significant development in terms of technology and the management of diabetes.</p> <p>A structured Diabetes Education Programme had been established called EMPOWER (engage, motivate, plan, ownership, wellness, educate, review), designed to help people with Type 2 Diabetes understand what diabetes was, the effect it had on their body and how to make small, achievable changes to the food they eat and their everyday life. The programme, provided by Spirit Healthcare, was being delivered in community venues across BwD and GP Practices now had the option to refer patients living with Type 2 Diabetes.</p>
<p><b>19.003</b></p>	<p><b>Clinical Commissioning Group Annual Assessment</b></p> <p>Dr Morris was pleased to announce that the result of the CCG's Annual Assessment by NHS England for 2018/19 had been reported as 'good' (as last year); with Quality of Leadership and Finance being rated as 'green'.</p> <p>She commented that the rating was reassuring and the CCG's regulators had congratulated it on its work to develop supportive and robust arrangements across PL. NHS England also stated that the CCG had shown focus on overall financial delivery and should be commended for its outstanding performance in dementia and diabetes.</p>
<p><b>19.004</b></p>	<p><b>Financial Accounts 2018/19</b></p> <p>Mr Roger Parr introduced himself as the CCG's Chief Finance Officer and provided an overview of the financial reports for 2018/19.</p> <p>Mr Parr formally thanked the CCG's Finance and Governance Teams and Midlands and Lancashire Commissioning Support Unit in producing the CCG's Annual Accounts and Report; the CCG's Internal and External Auditors for their scrutiny of the CCG's systems and processes and the Audit Committee, which approved the Annual Report and Accounts on behalf of the Governing Body.</p> <p>The CCG achieved each of its three statutory financial duties in 2018/19.</p> <p>He gave an overview of the following in relation to the CCG's statutory duties:</p>

<b>Statutory Duties</b>	<b>Target</b>	<b>Performance</b>	<b>Achieved</b>
CCG to remain within its revenue allocation	£266,463k	£266,463k	Yes
CCG to remain within its running cost allocation	£3,524k	£3,396k	Yes

<b>Better Payment Practice Code</b>	<b>Target</b>	<b>Number</b>
NHS Payables	95.0%	99.4%
Non NHS Payables	95.0%	99.7%

Mr Parr explained that the funding the CCG was responsible for was circa £266m. The CCG had hit its target and achieved a break even position. The breakdown of costs was as follows:

<b>Funding</b>	<b>£266,463k</b>
<b>Commissioning Costs</b>	
Staff Costs	£907k
Other Costs	£262,744k
Income	(£584k)
<b>Running Costs</b>	
Staff Costs	£1,623k
Other Costs	£1,773k
Net Expenditure	£266,463k
<b>Surplus 2018/19 (target £0k)</b>	<b>£0k</b>

He drew members' attention to the investments and developments in 2018/19, which had focused on out of hospital activities:

- Quality Improvement in Primary Care;
- Better Care Fund;
- Mental Health;
- Child and Adolescent Mental Health Services Transformation;
- Resilience.

Mr Parr broke down the overall resource of £266m to the expenditure per head of population and that this equated to £1,504 per head. The majority of spend was in acute care at £782 per head (52%). The breakdown was as follows:

<b>Funding £266m</b>	<b>£1,504 per head</b>
Acute Care	£782 (52%)
Primary Care	£316 (21%)
Community Based Care	£105 (7%)
Mental Health	£135 (9%)
Continuing Health Care	£60 (4%)
Other	£106 (7%)

He explained how the funding was broken down and how the CCG planned to reduce its acute spend and bring some services closer to home.

Mr Parr explained that, in order to deliver the CCG's financial targets, efficiencies had to be made during the course of the year, as the demand and cost of services increased. The uplifts the CCG received did not keep pace with the increase in demand. The funding gap this generated was known as the Quality, Innovation, Productivity and Prevention (QIPP) gap. The target to be delivered peaked in 2017/18 at £8.6m. The target in 2018/19 was £6m and this was achieved.

He referred to the CCG's financial achievement since its inception:

<b>Financial achievement year on year</b>			
	<b>Target</b>	<b>Actual</b>	<b>Variance</b>
2013-14	£1,922,000	£1,924,000	£2,000
2014-15	£2,307,000	£2,311,000	£4,000
2015-16	£2,184,000	£1,589,000	−£595,000
2016-17	£2,232,000	£823,000	−£1,409,000
2017-18	£3,632,000	£3,632,000	£0
2018-19	£6,044,000	£6,044,000	£0

Mr Parr highlighted the financial turnaround and balance that the CCG had achieved over the last two years and remarked that this was a result of work, not only by the CCG itself, but by working with its partners.

Mr Parr reported that the CCG had received its financial allocation for 2019/20. He stated that the CCG had financial plans in place to deliver its target; however, there would be a significant challenge this year to deliver its efficiency savings of £6m.

He explained that a specific funding formula was used to calculate the 'fair share' allocation for the CCGs. In 2019/20 BwD CCG had received an allocation increase of 5.7%; however the CCG was still 4.02% under its notional 'fair share' allocation (£9,709k) in 2019/20. He added that, whilst the CCG was already in a challenged position at the beginning of the year, over the next few years the gap would close as the CCG's funding would be slightly higher than the national average.

	<b>2019/20</b>
Programme Allocation	£241,524k
Running Cost Allocation	£3,505k
Primary Care Co-Commissioning	£24,765k
<b>Total Allocation</b>	<b>£269,794k</b>

	<p>Mr Parr reported that the CCG would continue to invest in 2019/20 in:</p> <ul style="list-style-type: none"> <li>• Primary Care;</li> <li>• Mental Health Five Year Forward View;</li> <li>• Continuing Health Care and Learning Disabilities;</li> <li>• Child and Adolescent Mental Health Services Transformation;</li> <li>• Better Care Fund;</li> <li>• Primary Care Networks.</li> </ul> <p>In order for the CCG to deliver its financial targets the CCG had to undertake various efficiency projects. He highlighted the significant savings made by General Practice and the Medicines Management Team in reducing prescribing costs and medicines waste by £621k in 2018/19, a significant reduction from the previous year.</p> <p>He highlighted some areas of CCG performance, some of which involved more work and prioritisation by the CCG:</p> <ul style="list-style-type: none"> <li>• The reduction in GP referrals; down by 2.7%;</li> <li>• The 18 Week Referral to Treatment Standard had reached 90.3%, however the target (92%) had been missed;</li> <li>• Cancer 62 Day first definitive treatment standard performance was 84.08% against a target of 85%;</li> <li>• The Accident and Emergency (A&amp;E) 4 Hour Standard performance was 80.0% against a target of 95%;</li> </ul> <p>He concluded his presentation of the CCG's activity and financial performance in 2018/19.</p>
<p><b>19.005</b></p>	<p><b>Questions and Any Other Business</b></p> <p>The Chair thanked Dr Morris and Mr Parr and summarised that the presentations had highlighted a good level of performance in many areas; however, there were still some challenges to be faced and areas where improvements could be made.</p> <p>He invited questions or comments from the audience.</p> <p><b>Q/C</b> I am amazed at how far we have come. From the very first meeting there have been real arguments and debates about how to save money and I'm glad to say that you have listened to what the public had to say as well as some of the GPs. I applaud Dr Morris for what she has done and would like to ask Mr Parr how long he has been doing this in BwD?</p> <p><b>RP</b> I came to BwD in 2010. I came to the Primary Care Trust and then transferred into the CCG through the national changes.</p> <p><b>Q/C</b> In all honesty in the very beginning it was hard going. I applaud you all for what you</p>

	have done as a user of the system; it has been really good, thank you.
<b>RP</b>	Thank you for your encouragement.
<b>Q/C</b>	I am delighted from Dr Morris's point of view to be able to say that she has been cured of cancer after three years. I am surprised at you putting that message out as I was always told that you should never consider yourself cured but should consider yourself in remission for at least five years and I thought that was the message that the medical profession tried to put out but I am delighted that you are cured.
<b>PM</b>	That is my positivity. There are lots of people in different situations but, unless someone tells me different, I am cured.
<b>Q/C</b>	On topic at the moment is the in appropriate prescribing of opiates – is that an issue in BwD and, if it is, what plans have you to tackle that problem?
<b>PM</b>	Just to clarify, opiates are very strong painkillers, e.g. Morphine strength painkillers and in BwD we are an outlier for prescriptions of opiate painkillers. The painkillers are very appropriately used for cancer pain but they are also used for patients with chronic pain, e.g. back pain. Patients may say that the painkillers aren't working and ask for something stronger and are then prescribed very strong painkillers that, if taken in high doses and with other medications, can become a dangerous cocktail of medications. As part of the CCG's Quality Scheme for this year, there are some initiatives in relation to the appropriate use of medicines and the prescribing of opiate medicines is one of the initiatives, i.e. reducing the amount of prescribing. This will involve training for GP Practice staff. The CCG is aware of the problem and is planning to address.
<b>Q/C</b>	My view on this is that people who take opiate medication then become addicted to them. Are we going to deal with the addictions?
<b>PM</b>	That is one of the problems that I did not mention, opiates are addictive; even those medicines that are different from Morphine. Part of the education for professionals is how to deal with this problem and the patients who are taking a higher dose of opiates. It will be looking at how to reduce the dosage slowly, safely and effectively as there will be withdrawal symptoms if patients suddenly stop taking the painkillers. It is a big challenge and all aspects of the issue need to be dealt with. There will be patients who need wider help in coming off the painkillers.
<b>Q/C</b>	I have just seen that the CCG will be investing 9% into Mental Health Services and I just wondered what exactly are the CCG's plans for adult mental health; especially the frequent attenders to A&E, as a massive percentage of that is around adult mental health and social issues.
<b>RP</b>	Attendances at A&E are significant in terms of how the system responds to them. It is not just patients with mental health issues; some are those who have substance misuse and alcohol problems and may also have a mental health problem. It is importance to recognise the specific issues. The CCG does not commission Substance Misuse Services but it has been working with third sector organisations this

	<p>financial year and will continue to do so next year to support them with alternative options for frequent A&amp;E attenders. In terms of the investment during this financial year the CCG is looking to support and improve Community Services to prevent patients from reaching a crisis situation. Patients in crisis can be seen in the community, rather than attending an acute facility and being admitted into a mental health bed.</p> <p>The Chair added that the CCG did work closely with the Local Authority, i.e. its Public Health and Adult Social Care Services, CAMHS, the VCF Sector and the Hospital Trust in a joined up approach across the Borough to provide alternative options.</p> <p>Dr Adam Black added that some mental health problems could begin in childhood and a lot of work been undertaken to prevent adverse childhood experiences that could lead to adult mental health problems in the future, e.g. safeguarding training for GPs.</p>
<p><b>19.006</b></p>	<p><b>Closing Remarks</b></p> <p>The Chair thanked all those present for their attendance. He reflected that it had been a good last year. He thanked all the CCG's staff for their work over the year and those who had been involved in organising the AGM.</p> <p>He acknowledged that there were colleagues present from East Lancashire CCG and a number of staff from both CCGs who were now working together as one team across PL.</p> <p>He thanked all members of the Patient Participation Groups and Voluntary Sector for their work over the last year and the CCG's Local Authority partners, e.g. those involved in the obesity pilot, those involved in the CAMHS work in schools and those involved in the leisure and sports activity pilots across PL.</p> <p>The Chair closed the event by saying that, when the CCG holds its AGM next year, it was hoped that it would be able to demonstrate the improvements it had made in the integration of services across PL.</p> <p>He thanked everyone for their attendance, once again, and hoped to see everyone again next year.</p>

**Signed**

**Date**