

**East Lancashire CCG Governing Body**

**ANNUAL GENERAL MEETING**

Minutes of the meeting held on Wednesday, 4 September 2019  
11:30pm at Walshaw House

<b>PRESENT:</b>	
Dr Richard Robinson Dr Santhosh Davis Dr Mark Dziobon Dr Fiona Ford Kirsty Hollis Kathryn Lord Dr Tom Mackenzie Michelle Pilling David Swift Dr Paul Taylor Alex Walker	CCG Chair GP Clinical Lead - Burnley Medical Director GP Clinical Lead - Hyndburn Chief Finance Officer Director of Quality & Chief Nurse – Interim GP Clinical Lead - Rossendale Deputy Chair & Lay Member – Quality & Patient Engagement Lay Member – Governance Secondary Care Doctor Director of Performance & Delivery
<b>In Attendance</b>	
Debra Atkinson Roger Parr Claire Richardson Anne Holden	Head of Corporate Business Chief Finance Officer/Deputy Chief Officer – BwD CCG Director of Strategy and Transformation Corporate Administration Manager
<b>Staff, Member Practices and Organisations Represented:</b>	
Julie Pollard Rachel Watkin Kath Clarkson Afrasiab Anwar  Barbara Marshall Dr Naheed Tracy Noon Linda Riley Representatives from the Slaidburn Community	) ) CCG Staff ) Community Team Leader – Ethnic Minority/Gypsy Roma & Traveller Achievement Service, LCC Parkinsons UK Thursby Surgery Burnley, Pendle & Rossendale CVS M&L CSU
<b>APOLOGIES:</b>	
Dr Julie Higgins Naz Zaman	Joint Chief Officer Lay Member – Equality & Inclusion

<b>Min Ref:</b>	
<b>19:01</b>	<b>Welcome &amp; Introductions</b>  Dr Richard Robinson, Chair of the CCG welcomed everyone to the Annual General Meeting (AGM). The AGM was a statutory meeting and an opportunity to share the CCGs Annual Report and Accounts. He outlined the content of the agenda and confirmed there was an opportunity to ask questions at the end of the meeting. The AGM was to be followed by the formal Governing Body meeting at 1pm which was to be held in public and visitors were invited to attend if they wished.

Dr Robinson advised that he had been in post as Chair of the CCG since September 2018 and had been involved in the recruitment of the Joint Chief Officer following the retirement of Mark Youlton at the end of December 2018. Mark had previously worked in finance roles, joining the CCG as the Chief Finance Officer for three years before becoming the Accountable Officer and Dr Robinson was grateful to him for all his years of service.

The Chair confirmed that Dr Julie Higgins had been appointed as the Joint Chief Officer (CO) for East Lancashire and Blackburn with Darwen CCGs. Dr Higgins has a background in public health and has held a number of senior roles in the North West. She had sent her apologies for the meeting as she was currently on annual leave.

He advised that the CO had established a single Executive Team across the two organisations, to enable closer working and improve services across Pennine Lancashire (PL) for our population, whilst supporting the national ask for CCGs to reduce running costs by 20%.

Whilst the two CCGs remain statutory bodies, Dr Robinson advised that work had now commenced to map meetings across the two organisations, looking at common ground as there is similar geography and both CCGs share an Acute Trust and many of the services. Having a single Executive Team avoids duplication and work is ongoing to look at aligning various sub committees. The Governing Bodies have also started to work jointly in development sessions and in November will hold the first Meeting in Common with the two CCG Governing Bodies.

The NHS Long Term Plan (LTP) also requires CCGs to work in a different way, with closer working with providers, to join up care and avoid duplication and provide a better patient experience. This is work ongoing.

Dr Robinson handed over to Dr Mark Dziobon, Medical Director with the CCG who came into post in January 2019, prior to which he was the Clinical Director for Performance with the CCG.

**19:02 The Year in View**

Dr Dziobon introduced himself as a GP in Burnley and Medical Director with the CCG. He presented the Year in View for 2018/19 and highlighted achievements and successes during the year, together with areas of business as usual.

**Primary Care:**

- All 53 registered practices achieved an 'outstanding' or 'good' rating by Care Quality Commission (CQC) which was commendable and a reflection of the good work of general practice colleagues, also testament to the patients who contribute to the ratings.
- The CCG has established extended GP access which is a useful addition to our resource of appointments.
- Social prescribing offers non-medical support in the community. EL CCG has been at the cutting edge nationally in securing funding and agreeing grants for organisations to provide some of the services in the community. Almost 11,000 patients have benefitted from non-medical interventions, which has had a significant impact on communities.
- Across East Lancashire nine Primary Care Networks (PCNs) have been established, with all practices involved. However it was noted that some areas have struggled to do this and it has not been easy for all.

**Mental Health:**

- The CCG has introduced specialist mental health services for new mums, on a

Lancashire & South Cumbria (L&SC) footprint, particularly to support mums at a significant risk of mental health issues following childbirth.

- By listening to children and young people, improvements have been made to child and adolescent mental health services and promoting mental health awareness in local schools with LearnLive Educational Broadcasts.

#### **Care Homes:**

- The CCG is one of six vanguard sites, based in the Pendle area, working closely with Airedale Hospital. It was recognising that a lot of interventions for patients in care homes do not need a hospital visit and the telemedicine platform was introduced, which allows for video consultations between hospital and care homes.
- Music therapy for people in care homes with dementia was introduced which has had a massive impact.
- Trainee Nurse Associates have also been introduced in the area to create new career paths.

#### **Hospital Care**

- The CCG has worked with ELHT to develop and introduce a more efficient electronic referral process, resulting in a 99% GP referral rate by electronic means.
- A significant success was the introduction of Integrated Neighbourhood Teams in each locality, where a cohort of District Nursing and Allied Health Professional staff are best placed to provide the care required, reducing hospital admissions and a significant boost for our patients.
- The CCG has begun to integrate more services in the community, where it makes sense to do so, by bringing more hospital services closer to people's homes. Work is ongoing with ELHT to progress this.

#### **Children & Young People**

- A Paediatric Health Hub was introduced in Rossendale, run by Paediatricians' to reduce hospital trips and bring children's services closer to home. This has had a significant impact on patients not needing to attend hospital, with very good reports. This was a pilot site and work is ongoing to look at how this can work in other areas and in other disease specialties.
- Blackburn Council were successful in a funding bid to tackle childhood obesity.
- Health messages have been broadcast to all PL schools with a particular focus on asthma, showing young people how to manage asthma and prevent and support asthma attacks.

#### **Cancer Services**

- Dr Neil Smith, a GP in Blackburn and the Cancer Lead across Pennine Lancashire led the 'Lets Talk Cancer' campaign to raise awareness and highlight the importance of early detection and diagnosis to ensure the right care is received early. Work has also been ongoing to promote awareness around smear tests, encouraging 25 years olds to have a smear. A bowel cancer screening test had also been launched with significant success.

#### **Urgent & Emergency Care**

- The CCG has invested in and supported the establishment of an Ambulatory Emergency Care Unit, providing specialist intervention for patients to receive same day treatment/diagnosis where this is the right thing for them.
- The flu campaign had remained on the CCGs Risk Register all year to ensure it was promoted early, and following a concerted campaign to raise awareness, there was improved uptake.

#### **Diabetes**

- Patient with diabetes now have consistent access to insulin pumps and glucose

monitoring devices on the NHS and uptake is excellent. A diabetes education programme for people who are at risk of getting diabetes has also proved successful.

As there were no further questions, the Chair thanked Dr Dziobon for his presentation.

He introduced Dr Naheed, a GP at Thursby Surgery in Burnley and Clinical Director for Burnley East Primary Care Network.

Dr Naheed was leading the project closely with Dr Davis, Integrated Care Clinical Lead, looking at a primary care led community approach to frailty.

She described population health management as an approach aimed at improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population.

Dr Naheed confirmed that Burnley has two Primary Care Networks and a combined patient population of 100,866. There are a number of vulnerable and deprived areas and there is a need for intervention. She described the difficulties experienced in engaging with residents, as they had other issues to worry about, resulting in significant health inequalities. All communities are proud and have a strong sense of belonging.

She advised that an Expression of Interest was put forward and the area was selected to be part of the pilot across Lancashire & South Cumbria (L&SC) to look at population health management. The pilot used a data approach by focusing target interventions on a cohort of specific patients with the aim of improving the overall health of the population.

It was recognised there was no simple pattern and a very complex picture was identified, with people living with a number of long term conditions. A model was developed that is simple, realistic and sustainable to support an ageing population with increased complex needs. She felt this is an approach that can be used across the patch, to enhance existing services rather than creating something new. By connecting with the communities and building resilience, they can take control.

Dr Naheed described the work involved, making particular reference to the work of the Community Connectors. She felt this is the start of an important journey which continues to be work in progress and work is ongoing to evaluate the findings. She highlighted the importance of having knowledge of the community, with the focus being on what makes a difference, and have the links to achieve this. There is also a need to adapt our approach depending on the community. Dr Naheed considered this has been a very interesting and emotional journey and the knowledge gained will be shared with colleagues across the patch.

A number of Peer Support Groups have been established and a short film had been taken at one of the community events where patients outlined what it feels like living with frailty, which was shared at the meeting.

Dr Robinson thanked Dr Naheed for showcasing the work ongoing which was very interesting and invited questions.

One of the Slaidburn residents highlighted the importance of communities, pointing out that Slaidburn is a real community and they do a lot of the things outlined by Dr Naheed for themselves. She highlighted the importance of GPs being part of the community as they know the people and know their needs. The Practice Manager is also part of the community and knows everyone. She pointed out that we have those connections in Slaidburn and we don't want to lose them. We are those real people with real problems and a lot of what Dr

	<p>Naheed describes is transferrable to Slaidburn.</p> <p>Dr Dziobon responded by saying that as a GP he wanted to acknowledge what had been said, as he is passionate about the job and his patients and knows when they need to be seen. As Medical Director, the threat of closure of any practice, when there is a relationship with the providers and the community which it serves, is deeply saddening. He felt the biggest threat to any practice is the workforce, particularly the lack of GPs and nurses etc.</p>
<p><b>19:03</b></p>	<p><b>CCG Annual Assessment</b></p> <p>Following the CCGs Annual Assessment with NHS England, the headline rating for the CCG is Good for the second year running, with the Quality of Leadership and Finance rated as Green. Given the pressures on the system, NHS England said the CCG should be congratulated on the work undertaken in developing supportive and robust arrangements across Pennine Lancashire. The CCG has shown focus on financial delivery overall and should be commended for its outstanding performance in dementia and good in diabetes.</p>
<p><b>19:04</b></p>	<p><b>Presentation of the Annual Report &amp; Accounts 2018/19</b></p> <p>Kirsty Hollis, Deputy Chief Officer and Chief Finance Officer introduced herself and was pleased to present the Accounts for 2018/19. She outlined the process, confirming that the Accounts were signed off in May this year, following a rigorous external audit process in terms of how we produce the accounts and ensure value for money.</p> <p>She described each of the statutory financial duties and was pleased to confirm that all were achieved. In terms of the Better Payment Practice Code where the target is to achieve 95% of all invoices to be paid within 30 days, the CCG had overachieved in this area resulting in performance achieving 99%. She highlighted that this is a good indication if organisations are getting into financial difficulties, pointing out that EL CCG are healthy from a financial perspective.</p> <p>In terms of NHS E Measures, the CCG delivered a £15.2m surplus. It was noted that £11m was brought forward from the previous Primary Care Trust (PCT) as NHS E would not allow surplus funding to be spent, due to constraints on resources within the NHS. In December 2018 the Governing Body took a decision to deliver an extra £1m of surplus and delivered a total of £16.2m. NHS E have now given permission to utilise £2m of the surplus, which will be used to invest in PCNs to support some of the developments during 2019/20.</p> <p>Key highlights outlined how the money is spent, with just over 50% spent on acute services. The ambition for Pennine Lancashire is to shift this to invest more in community and primary care services to enable patients to remain in their own homes in their communities.</p> <p>The Chair thanked Kirsty for her report and invited any questions.</p> <p><b>Q:</b> What is the budget going forward?  <b>A:</b> Kirsty advised that nationally the NHS plan put an average 5.2% growth into the NHS for 2019/20, but this will reduce over the next few years. EL CCG is considered to be an over target CCG in terms of the allocation, highlighting that our size and our demographic should receive £600m, rather than getting the average 5.2% uplift.</p> <p>She highlighted the need to create some significant cost improvement programmes, and the CCG is working with partner organisations to ensure the NHS within our footprint remains sustainable, but shift investment to support community services.</p> <p>Reference was also made to the Lancashire County Council social care budget and health and wellbeing services and the implications from cuts to other budgets that are likely to have</p>

	<p>an impact. EL CCG is one of eight CCGs across L&amp;SC and there is a move to aggregate the budgets, resulting in a risk going forward that growth monies may be sliced to support areas that are not doing so well.</p>
<p><b>19.05</b></p>	<p><b>Questions &amp; Any Other Business</b></p> <p>Dr Robinson invited questions from members present.</p> <ul style="list-style-type: none"> <li>▪ Is there a published strategy that links to the budgets and the work going forward?</li> </ul> <p>In response, Claire Richardson referred to the discussions about our neighbourhoods, prevention, mental health work and reducing the demand for A&amp;E and inpatient care. She referred to the Pennine Plan which aligns to the NHS Long Term Plan, and builds on the work already done in partnership with other organisations. There is a focus on our community to support our residents across Pennine Lancashire to make the right choices, to reduce pressure in the acute sector.</p> <p>She confirmed that the Strategy will be developed at a Lancashire &amp; South Cumbria (L&amp;SC) level and as soon as the PL Plan has been agreed it will be published. The timetable for response to the LTP will be published by end November. Claire highlighted the need to engage with the public and co-produce the plans going forward, working through PCNs and with Healthwatch.</p> <ul style="list-style-type: none"> <li>▪ Mrs Barbara Marshall, a volunteer for Parkinson UK and former HV shared her sadness at the demise of her previous role which is now managed by Virgin Care.</li> </ul> <p>The Chair pointed out the contract was awarded by LCC and was not something the CCG have been able to influence.</p> <p>Claire Richardson advised that part of her role covers Children’s commissioning across PL and involves working closely with the local authority. She advised that funding moved to the local authorities five years ago and the service went out to procurement. As part of the Virgin contract services are aligned to neighbourhoods, bringing HVs and school nurses back into alignment with primary care. She confirmed the CCG has strong relationships with LCC and BwD Council, working with Virgin Care to ensure alignment with those services.</p> <ul style="list-style-type: none"> <li>▪ Mrs Marshall was attending on behalf of Parkinson’s UK and wished to thank the CCG for their support in appointing a Parkinson’s Nurse. She advised that things have changed over the years in terms of support for patients suffering from Parkinson’s and outlined the position regarding her husband who suffers from Parkinson’s. She expressed her concerns that some consultants suggest moving patients to a care home and she highlighted the importance of making patients lives worth living, and was concerned that if they go into hospital mobile, they are less mobile when they are discharged.</li> </ul> <p>The Chair thanked Mrs Marshall for outlining her concerns and further discussion would take place outside the meeting.</p> <p>Having listened to the points raised, particularly relating to Slaidburn, Health Visiting and Parkinsons, Dr Dziobon felt there was a common theme in that out of hospital services need to be so much more developed. The CCG and other partners are determined to bring about change out of hospital with good community provision.</p>
<p><b>19.06</b></p>	<p><b>Closing Remarks</b></p>

	<p>As there was no further business, Dr Robinson thanked everyone for attending and invited those present to stay for the Governing Body meeting.</p>
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Further discussion also took place outside the meeting with the residents of Slaidburn.

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