



Blackburn with Darwen
Clinical Commissioning Group

CLINICAL COMMISSIONING GROUP (CCG)

ANNUAL GENERAL MEETING

Wednesday 6th September 2017 at 12 noon
Hornby Theatre, Blackburn Central Library
Town Hall Street, Blackburn BB2 1AG

ORDER OF BUSINESS

No.	Item	Presented By	Report
1.	Chair's Welcome	Mr Graham Burgess Chair	
2.	Apologies for Absence and Confirmation of Quoracy	Mr Graham Burgess Chair	
3.	Declarations of Interest Related to Items on the Agenda <i>Members and attendees are requested to identify any interests relating specifically to the agenda items being considered (see guide below) and inform the Chair and Governing Body Secretary in advance of the meeting.</i>	Mr Graham Burgess Chair	
4.	Ratified Minutes of the Annual General Meeting held on 7 th September 2016 – For Information	Mr Graham Burgess Chair	Attached
5.	Review of the Year 2016/17	Mr Graham Burgess Chair Dr Chris Clayton Clinical Chief Officer	Presentation
6.	Financial Review	Mr Roger Parr Chief Finance Officer	Presentation
7.	Any Other Business	All	
8.	Closing Remarks	Mr Graham Burgess	

Types of Conflict of Interest

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

CLINICAL COMMISSIONING GROUP (CCG)

**Minutes of the Governing Body
Annual General Meeting
Wednesday 7th September 2016 at 12.30 pm
Meetings Room 1 and 2, Blackburn Central Library,
Town Hall Street, Blackburn BB2 1AG**

PRESENT:

Mr Graham Burgess	Chair
Dr Chris Clayton	Clinical Chief Officer
Mr Roger Parr	Chief Finance Officer
Dr Malcolm Ridgway	Clinical Director for Primary Care and Quality
Dr Adam Black	General Practitioner Executive Member
Dr John Randall	General Practitioner Executive Member
Dr Preeti Shukla	General Practitioner Executive Member
Mr Paul Hinnigan	Lay Member – Governance
Dr Nigel Horsfield	Lay Member – Clinical Advisor
Dr Geraint Jones	Lay Member – Secondary Care Doctor (Retired)
Mr Dominic Harrison	Director of Public Health, Blackburn with Darwen Borough Council (BwD BC)

IN ATTENDANCE:

Mr Iain Fletcher	Head of Corporate Business
Mrs Pauline Milligan	Corporate Support Officer

Min No:	
16.068	<p>Chair's Welcome</p> <p>The Chair welcomed everyone to the CCG's Annual General Meeting (AGM).</p> <p>The Chair stated that this was a very important time of the year for the CCG, as it had to formally account to the public for its actions over the past year and outline its plans for this year.</p> <p>The Chair added that he hoped that those present found the presentations useful and interesting.</p>
16.069	<p>Apologies for Absence and Confirmation of Quoracy</p> <p>Apologies for absence were received from Dr Penny Morris, General Practitioner Executive Member and Vice Chair, Mrs Debbie Nixon, Chief Operating Officer and Dr Zaki Patel, General Practitioner (GP) Executive Member.</p> <p>The meeting was confirmed as quorate.</p>
16.070	<p>Declarations of Interest Relating to Items on the Agenda</p> <p>No declarations of interest were made with regards to items on the agenda.</p>
16.071	<p>Minutes of the Annual General Meeting Held on 28th September 2015</p> <p>The minutes of the AGM held on 28th September 2015 had been approved as a correct record and ratified by the Governing Body on 4th November 2015.</p>

RESOLVED: That the minutes of the Annual General Meeting held on 28th September 2015 were noted.

16.072 Review of the Year 2015/16

The Chair commenced the presentation with a brief outline of the CCG's membership, which consisted of 27 member practices all of whom were part of the CCG's Clinical Senate.

The Chair explained that the practices had been grouped into four localities; namely Blackburn North, Blackburn East, Blackburn West and Darwen. The Chair continued to explain how this was important, in relation to the improvement of the integration of services within those neighbourhoods, along with colleagues in the Local Authority and other public services.

The Chair informed the meeting that the Clinical Senate met on a regular basis throughout the year and was attended by all the GP Practices and, on some occasions, by all the GPs. There were some members of the Clinical Senate on the CCG's Governing Body and, whilst the CCG was accountable to the public, it was also accountable to the membership of the Clinical Senate.

The Chair explained that the CCG's boundaries extended beyond that of the Borough and, whilst the Blackburn with Darwen (BwD) Borough's population amounted to approximately 146,000; the CCG's population amounted to approximately 167,000 and included people who live on the periphery of BwD who were registered with its GP Practices.

The Chair outlined the social and economic profile of BwD and some of the challenges faced within the Borough in developing local health services.

The Chair informed the meeting of the strong history of partnership working between health services and the Local Authority and reminded members of the Government's plans to fully integrated Health and Social Care Services by 2020. He explained that joined-up working across Health and Social Care Services in the Borough was already well underway and work would continue to advance progress.

The Chair stressed the increasing importance of all the CCG's partnerships; e.g. as the lead commissioner for Mental Health Services; with voluntary and community organisations and the third sector and in its collaborations with organisations across Pennine Lancashire and Lancashire wide. The Chair summarised that the CCG's partnership working was strong but needed to be developed further to meet the financial challenges faced by the CCG.

The Chair provided examples of the CCG's engagement activities over the last year and how it had strengthened its programme to ensure the improvement of its engagement with the patients and communities it served.

In conclusion, the Chair stated that the CCG operated within the CCG Assurance Framework. The framework comprised of five components and in 2015/16 had been rated as follows:

- Well led organisation (good);
- Delegated functions (good);
- Finance (requires improvement);
- Performance (good);
- Planning (good).

The Chair explained that the CCG's overall assurance status was "requires improvement" but this was due to the fact that the CCG had not fully met the 1% financial surplus business rules and had spent all of its available resources.

Questions and answers followed.

Dr Chris Clayton continued the presentation with a review of 2015/16 and a look ahead to planning for the future.

Dr Clayton outlined key areas and highlighted finance as being a critical area for the NHS. Dr Clayton referred to media reporting of the current financial position of the NHS and reaffirmed the Chair's earlier comments about the CCG's financial assurance and its current significance, which had determined the CCG's overall annual assurance rating.

Dr Clayton reminded those present of the CCG's vision and how its work, in partnership with others, would continue throughout this year.

Dr Clayton referred to the statutory responsibilities of the CCG related to:

- CCG Assurance;
Dr Clayton provided examples of evidence of the CCG's assurance:
 - the CCG had continue to remain "assured";
 - the CCG had recently completed its 360^o Stakeholder Survey and was collating the results;
 - the CCG had met its objectives related to Equality and Diversity;
 - there was active staff engagement to support the Sustainable Development Management Plan;
 - Dr Clayton had recently received confirmation of "full assurance" on the CCG's Better Care Fund Plan;
 - the CCG had achieved all of its statutory financial duties.
- Annual Review of the CCG's Constitution;
Dr Clayton reminded those present that the CCG was a membership body made up of its General Practitioner (GP) Practices and explained the importance of regularly reviewing the CCG's Constitution to ensure that it reflected the changing picture of the NHS. The changes made in October 2015 related to:
 - the updated role and responsibilities related to Primary Care Co-commissioning;
 - changes to meeting arrangements;
 - updates related to the appointment/re-appointment process and notice periods;
 - updates related to delegated decision making arrangements;
 - updates related to meeting Terms of Reference.
- Monitoring the CCG's Performance;
Dr Clayton explained that the performance monitoring of key indicators for health and action with providers of service was a major role of the CCG to ensure that improvements were made where targets were not met. In 2015/16 these related to:
 - operational standards for treating 95% of patients within 4 hours at Accident and Emergency (A&E);
 - response times for ambulances;
 - waiting times for cancer diagnosis and treatment;
 - waiting times for planned treatment.

Dr Clayton continued to reflect on the CCG's key successes in 2015/16 related to:

- Mental Health;
- Primary Care;
- Medicines Management;
- Integrated Care and Better Care Fund;
- Scheduled Care;
- Unscheduled Care;
- Children and Adolescent Mental Health;
- Paediatrics.

Dr Clayton concluded that, as he reflected upon in his presentation, 2015/16 had been a very busy year in which the CCG had achieved a great deal. He invited questions from those present.

Questions and answers followed.

RESOLVED: That the Governing Body noted the content of the review of the year 2015/16.

16.073 Financial Review 2015/16

Mr Roger Parr introduced himself as the CCG's Chief Finance Officer and provided an overview of the financial reports for 2015/16.

Mr Parr referred to the former presentations and remarked that, as both presentations had referred to the financial aspects of the CCG, this indicated how important issues related to finance currently were within the NHS.

Mr Parr presented the 2015/16 financial position of the CCG and thanked the Finance Team, including staff from the Midlands and Lancashire Commissioning Support Unit, for their hard work to ensure that the CCG's accounts and financial statements were produced in line with national deadlines.

The accounts and financial statements had been subjected to scrutiny from the CCG's appointed External Auditors, Grant Thornton, and the process had been overseen by the CCG's Audit Committee.

The CCG achieved each of its key financial duties in 2015/16:

Statutory Duties	Target	Performance	Achieved
CCG to remain within its revenue allocation	£241,912k	£240,323k	Yes
CCG to remain within its running cost allocation	£3,555k	£3,473k	Yes

Better Payment Practice Code	Target	Number
NHS Payables	95.0%	99.0%
Non NHS Payables	95.0%	98.8%

Mr Parr explained that from a total CCG allocation of almost £242m, the CCG spent just over £240m. The CCG's running costs, which amounted to approximately £22 per head of population, resulted in a slight underspend.

Another external target of the CCG was how the CCG paid its invoices in a timely fashion and the CCG had achieved this target.

Mr Parr referred to the CCG's income and expenditure and highlighted the CCG's surplus for 2015/16 of just under £1.6m against a 1% target surplus. This meant that the CCG missed its target by £0.6m and resulted in the finance component of the assurance framework being rated as 'requires improvement'. Mr Parr explained that the £1.6m would be returned to the CCG in 2016/17 and the CCG would again be expected to deliver a 1% surplus.

Mr Parr outlined investments and developments in 2015/16 in:

- Primary Care Co-Commissioning;
- Quality Improvement in Primary Care;
- Prime Minister's Challenge Fund;
- Better Care Fund;
- Intensive Home Support;
- Mental Health.

Mr Parr drew members attention to the CCG's total spend of £240m, which amounted to £1,413 per head of the GP population and that 52% of the CCG's total spend was spent within secondary care. Mr Parr continued that the CCG was working to understand different ways of supporting patients outside of a hospital setting. The expenditure per head was spent as follows:

Total Spend £240m	£1,413 per head	%
Acute Care	£739	52%
Primary Care	£311	22%
Community Based Care	£101	8%
Mental Health	£101	7%
Continuing Health Care	£53	4%
Other	£101	7%

Mr Parr outlined hospital activity (the majority of which was at East Lancashire Hospitals NHS Trust) and this equated to:

- 23,109 scheduled care admissions;
- 19,800 emergency admissions (54 admissions per day);
- 165,532 out-patient attendances (662 attendances per day);
- 61,288 A&E attendances (168 average attendances per day)
- 1,752 hospital births;
- 1,130 cataract operations.

Mr Parr looked to the future and reported that the CCG had allocations notified for the current and next financial year. The CCG had received the national minimum allocation of 3.05% and, therefore, remained under its target allocation by almost 2.5%, i.e. just over £5m; a significant amount.

	2016/17	2017/18
Programme Allocation	£219,522k	£224,450k
Running Cost Allocation	£3,537k	£3,518k
Primary Care Co-Commissioning	£23,263k	£23,691k
Total Allocation	£246,322k	£251,659k

Mr Parr explained that, in terms of the 3.05% increase this year, the level of efficiencies required by the CCG's providers had reduced, i.e. instead of a reduction in prices from the providers the prices had actually increased by approximately 2%. New business rules had been introduced which meant that the CCG had to hold back 1% of its allocation, which would be used to support transformation and sustainability. This had resulted in 3% of the CCG's allocation being accounted for outside its control, which indicated how challenging it would be for the CCG to reach its financial targets in 2016/17 and 2017/18.

Mr Parr outlined the CCG's investments and developments in 2016/17 related to:

- Primary Care;
- Mental Health;
- Continuing Health Care;
- Learning Disabilities;
- Better Care Fund;
- 1% Transformation Fund.

Mr Parr concluded his presentation and invited questions on any aspect of the CCG's finance or anything that had previously been presented.

Questions and answers followed.

RESOLVED: That the Governing Body noted the content of the financial review of

	2015/16.
16.074	Any Other Business No further business was discussed.
16.075	Closing Remarks The Chair drew the meeting to a close and thanked everyone for their attendance and contribution to the meeting.

Signed



Date 2nd November 2016

RATIFIED