Subject to approval at the next meeting

NHS
Blackburn with Darwen
Clinical Commissioning Group

CLINICAL COMMISSIONING GROUP (CCG)

Minutes of the Governing Body
Annual General Meeting
Thursday 18th September at 6 pm
Hornby Theatre, Blackburn Central Library,
Town Hall Street, Blackburn BB2 1AG

PRESENT:

Mr Joe Slater	Chairman (Chair)
Dr Chris Clayton	Clinical Chief Officer (CC)
Mr Roger Parr	Chief Finance Officer
Mr Paul Hinnigan	Lay Member - Governance
Mrs Anne Asher	Lay Member - Nurse Representative
Dr Zaki Patel	Executive Member
Mr Dominic Harrison	Director of Public Health
Dr Tom Phillips	Executive Member

IN ATTENDANCE:

Mr Paul Hopley	Deputy Senior Responsible Officer (PH)
Mr Mike Southgate	Head of Projects, Ryhurst Limited (representing Lancashire Care NHS Foundation Trust)
Mrs Helen Sanderson-Walker	Locality Communication and Engagement Lead
Mr Anthony Ashfaq	Administration Assistant
Mrs Pauline Milligan	Corporate Support Officer (minutes)

Min No:	
1.	**Apologies for Absence and Confirmation of Quoracy** The Chair welcomed everyone to the Clinical Commissioning Group's (CCG's) first Annual General Meeting (AGM) and introduced the members of the Governing Body (GB). He gave a short briefing with regard to the content of the agenda, meeting protocol and housekeeping. The Chair informed attendees that parts of the meeting were being filmed and requested that any attendee who objected to being filmed should contact the Communication and Engagement Lead. He said that, if any members of the public wanted to use their mobile devices to 'tweet' about the meeting, they could so but requested the mobiles were set to 'silent' mode to avoid disturbing others. Apologies for absence were received from: Mrs Debbie Nixon Chief Operating Officer Dr Malcolm Ridgway Clinical Director for Quality and Effectiveness Dr Pervez Muzaffar Executive Member Dr Penny Morris Executive Member Dr Adam Black Executive Member Dr Nigel Horsfield Lay Member - Secondary Care Doctor (Retired) The meeting was confirmed as quorate.

2.	**Declarations of Interest Relating to Items on the Agenda** No declarations of interest were made.
3.	**Chairman's Welcome – our engagement** The Chair referred to the work that the CCG had been doing over the last 12 months, working with patients and members for the public. He outlined his role, as the CCG's representative for Patient and Public Involvement (PPI) on the CCG's GB and that he particularly spent time talking with patients and the public about the services offered by the CCG. He stated that within the CCG's objectives, one of its core values was meaningful patient and public engagement and trying to put patients and the public at the heart of its work. He referred to a number of listening events and drop in sessions which had taken place over the last year; led by the CCG alone or with its partners across Pennine Lancashire. The Chair also referred to a series of meetings with representatives of GP Practice Patient Participation Groups which had taken place within the 4 localities of the Borough; led by himself and the Lay Members of the GB. The purpose of these meetings was to listen to patient's views on the CCG's plans and hear their concerns about local issues. He explained how these influenced the CCG's work, hence the importance of gathering information from meetings with its stakeholders, partners and other sources. The Chair reported that the CCG's Equality Compliance Report from the independent panel earlier this year was available on the CCG's website and the result of the Annual Equality Delivery System grading for 2014 was that the CCG had moved from a position of 'developing' to 'achieving' in all areas inspected. The CCG had been reported as showing 'due regard' to the Public Sector Equality duty and CCG staff continued to undertake Equality Analysis on decisions to ensure they had considered all aspects of equality and human rights before decisions were taken. The Chair concluded by saying that he hoped that, when the attendees at the meeting heard what the CCG had achieved last year and its plans for the future, they would appreciate that its plans were informed by the CCG's engagement work and its commitment to Equality and Diversity and that, as a result of this, the CCG would work more effectively with its partners to improve the health and well-being of the local population.
4.	**NHS Blackburn with Darwen Clinical Commissioning Group's Annual Report 2013/14 – what we have achieved so far** Dr Chris Clayton introduced himself and gave background information to his NHS service; as a GP for 10 years in Darwen and as Clinical Chief Officer of the CCG for the last 3 years. Dr Clayton stated that he was very proud of the achievements of the CCG which had begun to have an impact back in 2011. The CCG had been fully authorised without any conditions and was the only CCG in Lancashire to achieve this. The CCG had continued to be authorised in an on-going assurance process with NHS England. Dr Clayton referred to the membership of the CCG, which was formed by the members of the GP Practices; of which there are 28 in Blackburn with Darwen (BwD). Dr Clayton explained that the GP Practices are split into 4 Localities. Dr Clayton stated that there was a Senate within BwD, at which every member practice

	is represented and that meetings take place every quarter. The Senate played a very important role in developing the Constitution of the CCG and also in terms of the establishment of the CCG's wider clinical leadership model. Dr Clayton outlined the list of services within BwD, e.g. Pharmacies, Dentists, hospitals and voluntary and community faith services. He referred to the CCG's plans to commission General Practice services and added that this could take place between October 2014 – April 2015. Dr Clayton outlined the different services that the CCG commissions: • Unscheduled Care – e.g. urgent and emergency services, out of hours services • Integrated Care – bringing services together, moving to 4 localities • Mental Health and Dementia – the CCG was the lead commissioner for Mental Health Services across Lancashire and was leading the Lancashire acute mental health and dementia in-patient reconfiguration • Primary Care – the CCG has developed a Primary Care Strategy to guide the future of General Practice Dr Clayton invited questions from the floor. There were no questions. The Chair thanked Dr Clayton for his presentation.
5.	**NHS Blackburn with Darwen Clinical Commissioning Group's Annual Accounts and Financial Statements 2013/14** Mr Roger Parr introduced himself as the CCG's Chief Finance Officer and presented the CCG's Annual Accounts and Financial Statements 2013/14, which was the CCG's first year as an authorised body. Mr Parr reported that the CCG had achieved all of its key financial duties. The first duty was for the CCG to remain within its revenue allocation and for 2013/14 the revenue allocation was just under £203m. Mr Parr continued that another key duty for the CCG was to remain within its running cost allowance, often referred to as '£25 per head', and that the CCG had remained within that limit. The Better Payment Practice Code is how the CCG is measured in relation to the payment of invoices, i.e. how quickly the CCG had paid its providers. Mr Parr confirmed that the CCG had achieved its targets in line with the Better Payment Practice Code. Mr Parr informed the meeting that the CCG's duties were fulfilled despite the CCG entering into a new NHS structure and national financial ledger system. He added that this was a significant achievement and a reflection on the work the CCG had completed with its partners and, in particular, the Midlands and Lancashire Commissioning Support Unit (CSU). Mr Parr said that the majority of the CCG's allocation was spent on commissioning services and the main bulk of this was through provider contracts. There were some staff costs in commissioning and these were associated with clinical staff, e.g. the Medicines Management Team.

The CCG's running costs were split between staff costs and other costs; included within other costs were non-pay costs as a CCG and this included the CCG's Service Level Agreement with the CSU, which worked with the CCG to deliver its objectives.

The CCG had delivered its surplus which was a target of 1% and the CCG was just £2k away from that figure which was a significant achievement in terms of financial control and planning and Mr Parr thanked the CCG's Finance Team and also the CSU for its support in the process.

Mr Parr continued that significant investment was made in hospital services during last year due to increased demand but the CCG had also looked to invest in out of hospital services, care in the community and care closer to home and highlighted some of the CCG's investments during that period.

Mr Parr remarked that, when the CCG's allocation was considered in terms of CCG spend across the BwD Borough, this equated to £1,185 per head of the GP registered population. Most of that spend was on acute care (almost 60% of expenditure), which equated to £700 per head. Mr Parr further identified how the remaining portion of expenditure was split amongst other services.

Mr Parr highlighted how the acute spend related to the number of patient attendances and hospital admissions

Mr Parr looked forward to the future and highlighted the CCG's 2 year Operational and 5 year Strategic Plans and the increase in programme allocation, which was a 1.7% increase as a planning assumption. The CCG's running costs planning assumption was a reduction of circa 10% and the CCG is actively planning to reduce its running costs in line with this guidance.

Mr Parr stated that the CCG received a national uplift of 2.14% in 2014/15 but still remained under its fair share, or target allocation, by just over 2%.

Mr Parr said a major part of planning for 2015/16 involved the Better Care Fund (BCF) and the CCG was working with BwD Borough Council (BC) which involved creating a pooled budget of just over £12m. This would be invested into integrated care, care in the community and care closer to home.

Mr Parr referred to investments in 2014/15 which amounted to a significant increase in funding for the hospital acute setting but also paying for various initiatives within the locality teams, care in the community, vulnerable older people and Mental Health Services.

Mr Parr referred to the full copy of the CCG's Annual Accounts and Financial Statements 2013/14 which was available on the CCG's website via the following link:

http://www.blackburnwithdarwenccg.nhs.uk/about-us/publications/

The Chair opened up the meeting to any questions in relation to the CCG's stewardship of its funding allocation.

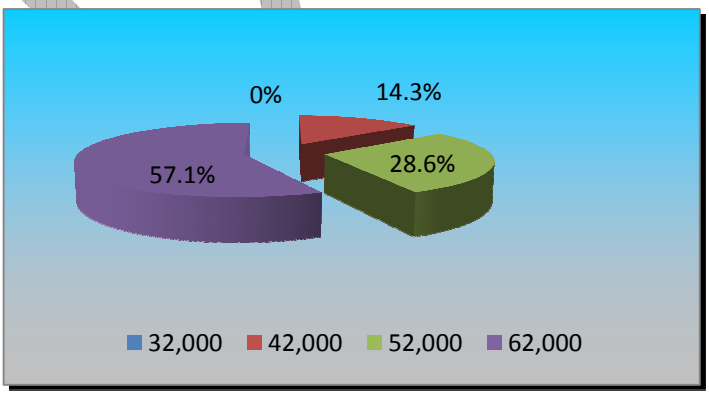
There were no questions.

RESOLVED: That NHS Blackburn with Darwen Clinical Commissioning Group's Annual Accounts and Financial Statements 2013/14 were approved.

6.	**A Case Study for Improvement in Mental Health Services** The Chair referred to a number of initiatives which had been highlighted in Mr Parr's presentation of the Annual Accounts and Financial Statements which looked forward to 2014/15 and beyond. As the CCG was the lead commissioner for Mental Health Services across Lancashire the CCG thought the public would be interested to receive information regarding the planned improvements in Mental Health Services to be provided for the patients of Pennine Lancashire which involved a development on a site close to the Royal Blackburn Hospital (RBH). Mr Paul Hopley introduced himself and gave a brief background to Mental Health Services across Lancashire. In 2006, there had been 15 hospital sites across Lancashire but, following engagement with the public, feedback indicated that patients and their carers wanted services closer to their communities. A public consultation exercise was undertaken and the outcome was to develop 4 hospital sites for in-patient care across Lancashire but with the majority of services being provided by community services and care closer to home. A new site in Lancaster called the Orchard opened in June 2014, another site called the Harbour at Blackpool was due to open in March 2015 and the next development would be here in Blackburn. Mr Hopley introduced Mr Mike Southgate who presented the details for the planned development close to the RBH site. Mr Southgate had been involved with Lancashire Care NHS Foundation Trust (LCFT) for 4-5 years and had delivered major projects on behalf of the Trust across the county; this had particularly focused on new in-patient accommodation. Mr Southgate outlined the details of the proposed new in-patient facility, located adjacent to RBH called the Pennine Lancashire Mental Health Unit. Mr Southgate described the location of the site and details of the buildings and accommodation, which comprised of single, en-suite units which can be utilised as male or female wards. A planning application had been submitted to BwDBC on 12th September. It was noted that the scheme had planned for 116 beds to allow for future expansion but only 72 would be opened when the unit came into operation. The acute area would contain 54 beds and the advanced care ward (mixed male and female) would contain 18 beds. The accommodation was flexible and could be used to accommodate more male/female patients or broken down into smaller areas. Mr Southgate outlined the security of the facility which is created by courtyards within the unit. He referred to the benefits of the site and the timescales for completion of the unit. Mr Hopley thanked Mr Southgate for the presentation and questions were invited from the floor.
Q	*What is the difference between acute and advanced care?*
PH	*Acute care is for people who have be admitted to hospital with a straight forward mental health problem, whereas advanced care has been designed to care for patients who may have co-morbidities, frailties and other physical conditions as well as a mental health condition which would, in the past, have been more difficult to manage in a mental health acute hospital.*
Q	*Is there an assumed minimum length of stay?*

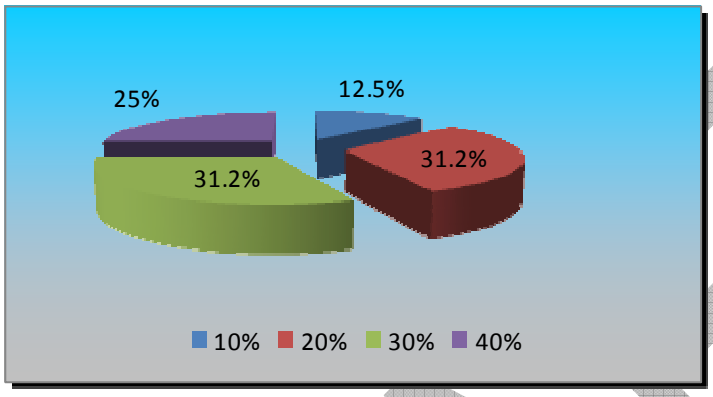
PH	*Yes, the length of stay across the whole project originally, when it started, was 70 – 80 days but the plans and changes in community services should reduce the length of stay to 40 days on average.*
Q	*Can we explain to people what is the difference between functional and organic mental illness?*
PH	*The difference is that functional mental illness may refer to depression and anxiety, whereas organic mental illness may refer to Dementia or an Alzheimer's related illness.* The Chair thanked Mr Southgate and Mr Hopley for the presentation.
7.	**Our Priorities for the Future** Dr Clayton outlined the CCG's priorities for the future and its 5 Year Strategic Plan. The Plan contained 9 'High Impact' changes. Dr Clayton explained the changes and how the CCG would deliver them. They were: • Delivering high quality Primary Care at scale and improving access • Self-care and early intervention • Enhanced integrated Primary Care Services • Access to high quality re-ablement and intermediate care • Improved hospital discharge and reduced length of stay • Community based ambulatory care for specific conditions • Access to high quality urgent care • Scheduled care • Quality Dr Clayton referred to the BCF and bringing health and social care together in an integrated way. A budget of £12m would move into a care fund with BwDBC and a model had been produced to demonstrate better ways of caring for frail elderly people, reducing emergency admissions and improving patient experience. Dr Clayton outlined the CCG's plans for the following schemes: • Named GP for over 75s • Integrated health and social care teams • Individual care plans • Intensive home support for those who need it • Care navigation and directory of local services • Strengthened community rehabilitation and re-ablement The Chair thanked Dr Clayton for his presentation and invited questions from the floor.
Q	*The Acute Trust has been heavily involved in the submission of the BCF and supported it along with the 9 'High Impact' changes and, as partners; we are all in it together. All the specific schemes are great but it is a cultural change that we need to make isn't it, the public, patients, GPs, hospital clinicians, everyone? Cultural change is hard and the schemes are great but we need to make a cultural change too.*
CC	*I agree with you. There are plans and schemes but you need to get the culture right and change the way that we work. There is something else that I didn't mention here but I'm sure it's key; particularly about health services. There is a Pennine Lancashire Clinical*

	Transformation Board which is a body that has been running for the last 2 – 3 years and it involves Primary Care and Secondary Care Clinicians really starting to work together. Over the years we have seen a divide between GPs and Consultants for many reasons but if we can bring them back together and agree a clinical model of care we can then drive that through our management structures and, from a service delivery point of view, that is the way forward. Separately, and this started this morning at the Lancashire Expo, I am sure that, if we do not engage the public to say 'actually this is my own condition; I own it and I'm going to run with it and be in charge of it', we will struggle and that's the other part of the work that we're going to pick up, it's huge. There was a presentation this morning about integrated care and patient owning that care and there is something in that. We have got to really forge ahead with information and ownership. That's longer term so if I look at the 5 Year Plan which looks at proposals to reduce hospital admissions and change to that culture; the delivery of a 5 – 10 year plan is about citizen ownership and changing health and how we view health.
Q	*Do you have any plans in the future to build a Primary Care Centre (PCC) adjacent to the hospital?*
CC	*I have a meeting planned with East Lancashire Medical Services (ELMS) and the Acute Trust to discuss if the PCC is fit for the future. Many of us are trying to understand urgent care and where is the best place for patients to go. Undoubtedly, at the moment, a significant number of patients want to go to the RBH site and there is a misunderstanding around that being because they can't get GP appointments, which actually isn't true, but there is something about the convenience and central location and everybody knowing where that it is. But there is a thought around actually do you try and change that or make it better and more appropriate – if patients want to go there let's get the right services there. That's just open thinking, there isn't a plan yet to build a PCC but we are starting to have those thoughts and conversations now so that we identify the right thing to do. We certainly want more General Practice Primary Care in urgent care and the question is how best to do that.*
Q	*Can I start by saying congratulations, there have been so many NHS reorganisations and this is the first year of a new CCG and I think that you are doing an absolutely fantastic job through transition but also maintaining a real focus on doing the job. I think that tonight's presentation demonstrates that very clearly, an excellent achievement. For me, and as we talk about a 10 year vision and what we might want to achieve 10 years from now, I sense that it is really fantastic that we are starting to take responsibility for quality and to be able to talk openly and comfortably about wanting the very best hospital and the very best community service and more importantly the very best relationship with citizens to help support themselves. All that, in a very grown up way, will necessitate change and all of us are responsible for delivering change and it will be tough with difficult decisions to make. I sense that we are in a much stronger place and I am delighted with the progress that the hospital has made. I sense that everyone is pleased and that tells me that the system has come a long way. There was a report issued earlier this week from Liverpool University talking about 10 year pictures, looking at health equity and it was full of analysis; but the final and most satisfying contribution was that it reflected on achievements over the last 10 years '"Blackburn with Darwen in all of its guises and all of its partnerships, many of which are the people on the front line who are GPs have contributed to better health and improvements, has exceeded the national averages in its progress." Over this last 10 years we are in the top quartile of health improvement and improving life expectancy. For me that's an achievement and all of this is important but it is about striving to improve outcomes so I hope that in the next 10 years part of the CCG's ambition remains that in 10 years from now we will be continuing to narrow the gap and exceed average health gains nationally; in terms of our health outcomes. That is crucial and that is ambitious, not just for the CCG but the whole*

	system to rise to the challenge and maintain that overriding ambition to close the gap on healthy life expectancy.
Q	*The Ambulance Service is driving through internal cultural change which should be encouraged. As the people who are first contacted North West Ambulance Service staff are empowered to make decisions and are supported by training to provide alternatives, rather than going to urgent care. I don't what scope there is in the 5 Year Plan for the CCG to adopt this approach more generally?*
CC	*This is part of the concept around making the best use of services. If you think that prior to the 111 Service, patients would ring 999 and the outcome of that was a transfer to Accident and Emergency. We are doing lots of things around this, considering whether actually at the point when the citizen rings there is another way that patient can be managed. So absolutely yes, if I give you an example of what we are doing at the moment, we have set up an Acute Visiting Service where, if a 999 call happens and the Paramedics attend and think actually this patient does not need transfer to hospital but they do need extra care, we have a service where a GP can attend as a matter of urgency to assess the patient and manage them until their own GP is available or symptoms subside. We are building on that approach. That is a really important service which we want to increase. There are other initiatives that we are looking at.*
8.	**Interactive Discussion** Dr Tom Phillips led an interactive discussion with the meeting attendees and asked a series of questions giving attendees the opportunity to respond via electronic 'voting' pads. The resulting feedback is indicated below (if there was a correct response to the question, the answer is highlighted in red): **1.) Approximately how many people living in the area are diagnosed with at least one long-term condition? (multiple choice)** — **Responses** 32,000 — 0 — 0% 42,000 — 2 — 14.29% 52,000 — 4 — 28.57% ***62,000*** — ***8*** — ***57.14%*** **Totals** — **14** — **100%** 

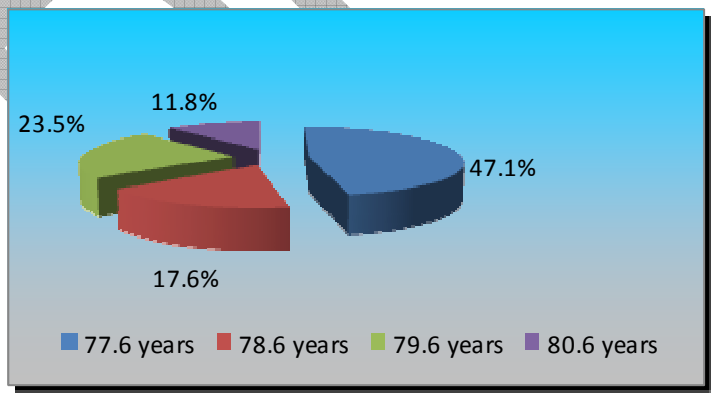
2.) Over the next 10 years, the number of local people aged over 70 is estimated to increase by how much? (multiple choice)

	Responses	
10%	2	12.50%
20%	5	31.25%
30%	***5***	***31.25%***
40%	4	25%
Totals	**16**	**100%**

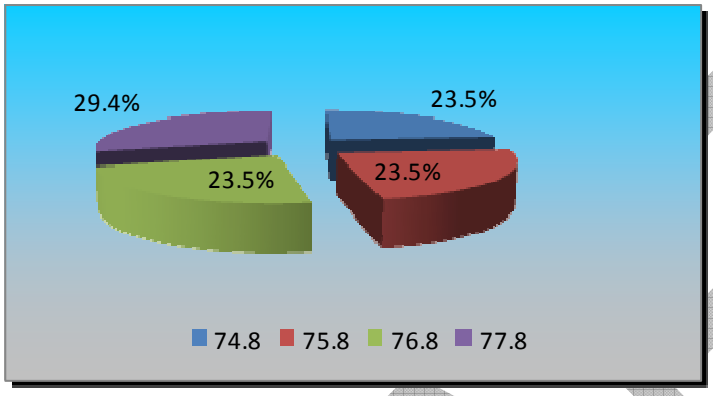


3.) What is the current life expectancy of Blackburn and Darwen women? (multiple choice)

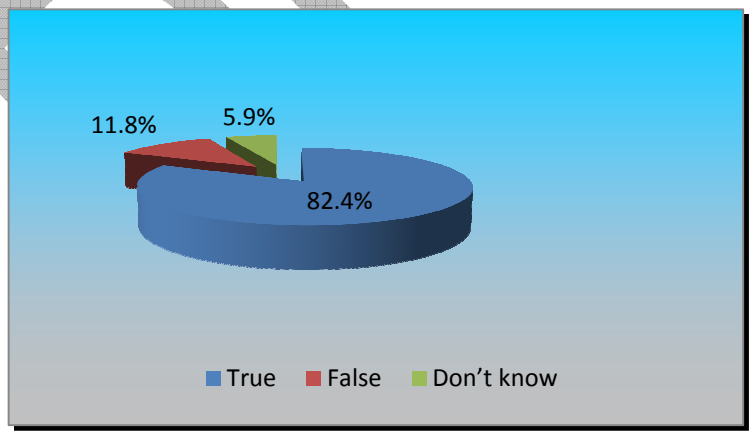
	Responses	
77.6 years	8	47.06%
78.6 years	3	17.65%
79.6 years	***4***	***23.53%***
80.6 years	2	11.76%
Totals	**17**	**100%**



4.) What is the current life expectancy of Blackburn with Darwen men? (multiple choice)	Responses	
74.8	***4***	***23.53%***
75.8	4	23.53%
76.8	4	23.53%
77.8	5	29.41%
Totals	**17**	**100%**

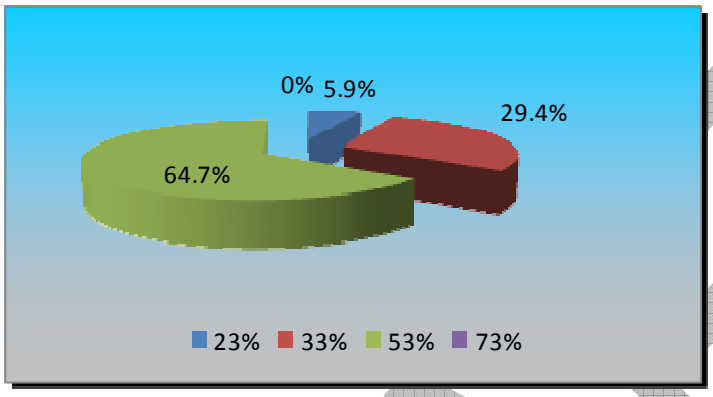


5.) Alcohol related hospital admissions have more than trebled in the last ten years in the borough…. (multiple choice)	Responses	
True	***14***	***82.35%***
False	2	11.76%
Don't know	1	5.88%
Totals	**17**	**100%**



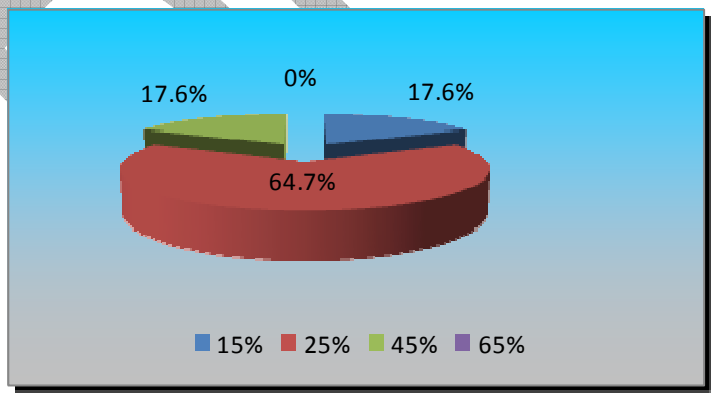
6.) Approximately how many of all deaths in Blackburn with Darwen are caused by circulatory disease (multiple choice)

	Responses	
23%	1	5.88%
33%	***5***	***29.41%***
53%	11	64.71%
73%	0	0%
Totals	**17**	**100%**



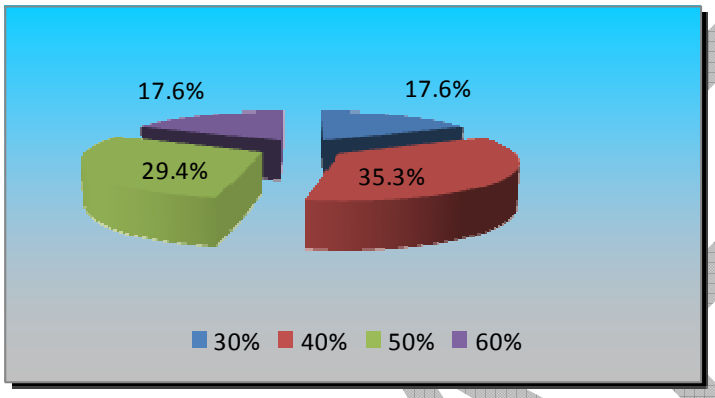
7.) How many deaths in Blackburn with Darwen are attributed to cancer? (multiple choice)

	Responses	
15%	3	17.65%
25%	***11***	***64.71%***
45%	3	17.65%
65%	0	0%
Totals	**17**	**100%**



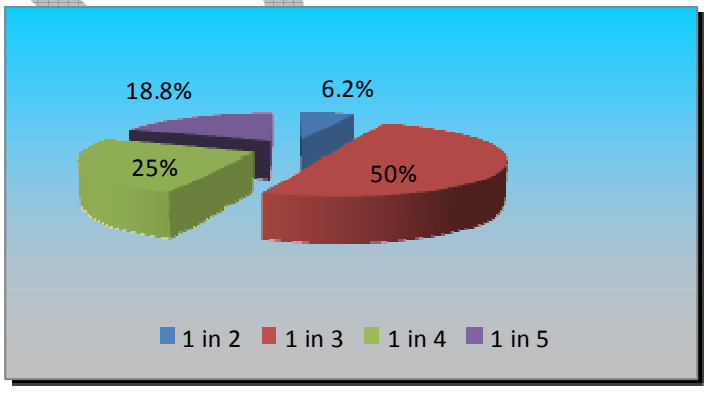
8.) In the next 15 years the number of people living with dementia in the area is predicted to increase by how much? (multiple choice)

	Responses	
30%	3	17.65%
40%	6	35.29%
50%	***5***	***29.41%***
60%	3	17.65%
Totals	**17**	**100%**



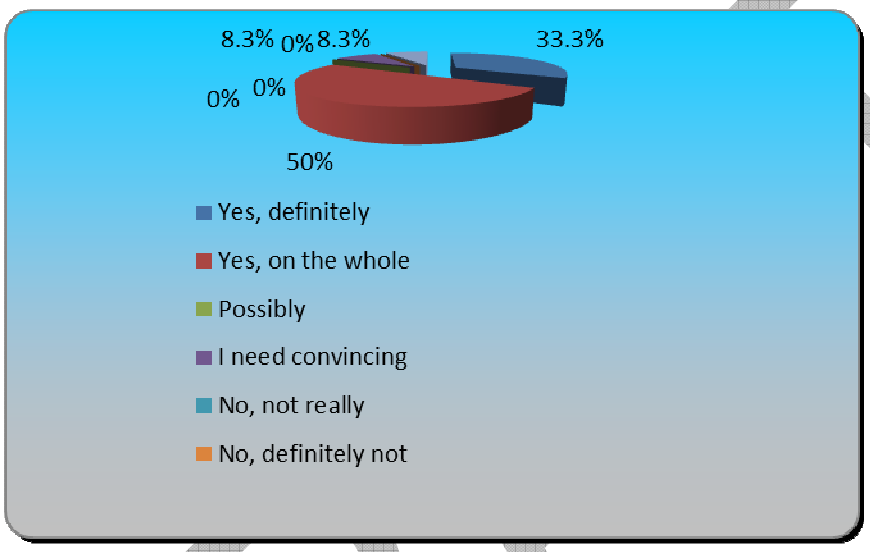
9.) Approximately what proportion of people who go to the Urgent Care Centres at the Royal Blackburn and Burnley General Hospitals don't need to be there? (multiple choice)

	Responses	
1 in 2	1	6.25%
1 in 3	***8***	***50%***
1 in 4	4	25%
1 in 5	3	18.75%
Totals	**16**	**100%**



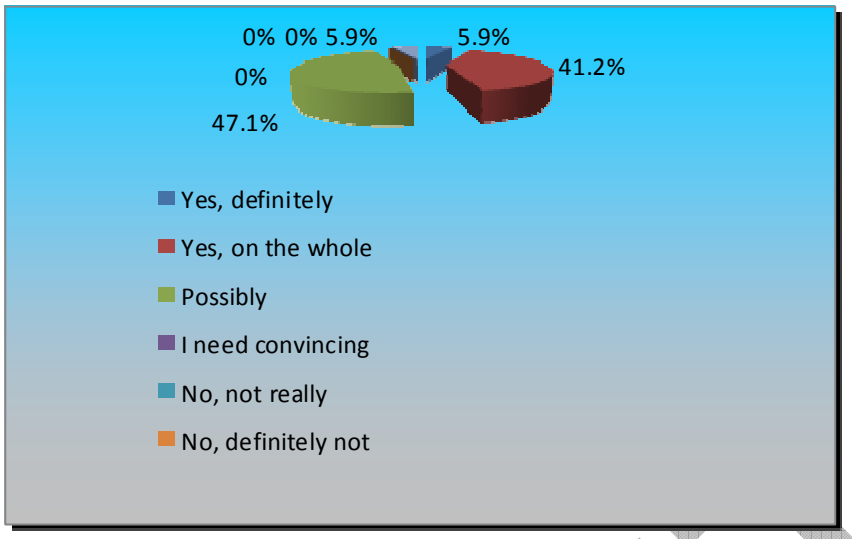
10.) Is the CCG going in the right direction? (multiple choice)

	Responses	
Yes, definitely	4	33.33%
Yes, on the whole	6	50%
Possibly	0	0%
I need convincing	1	8.33%
No, not really	0	0%
No, definitely not	0	0%
I can't tell which direction you are going in	1	8.33%
Totals	**12**	**100%**



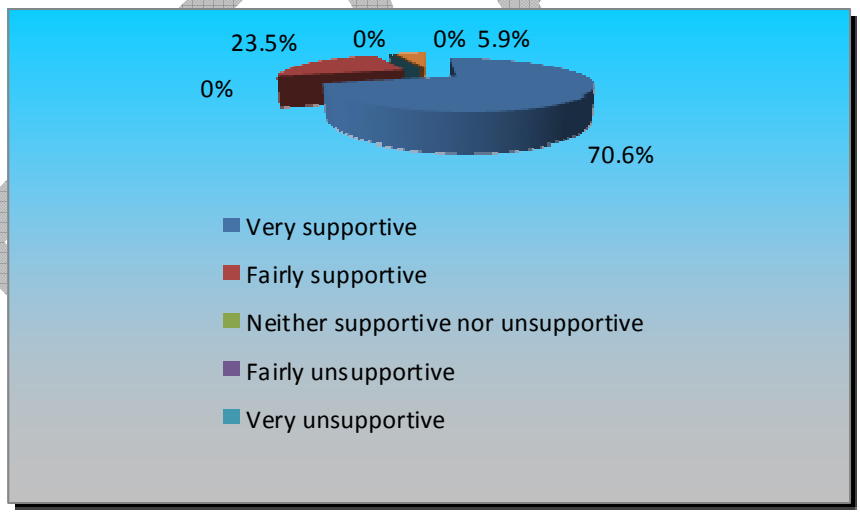
11.) Will the CCG's plans deliver the required results? (multiple choice)

	Responses	
Yes, definitely	1	5.88%
Yes, on the whole	7	41.18%
Possibly	8	47.06%
I need convincing	0	0%
No, not really	0	0%
No, definitely not	0	0%
Not sure I understand what results you are lo...	1	5.88%
Totals	**17**	**100%**



12.) How supportive are you of our plans? (multiple choice)

	Responses	
Very supportive	12	70.59%
Fairly supportive	4	23.53%
Neither supportive nor unsupportive	0	0%
Fairly unsupportive	0	0%
Very unsupportive	0	0%
Not sure/would need to see more	1	5.88%
Totals	**17**	**100%**



The Chair thanked Dr Phillips for the useful interactive discussion and summarised that this ended the meeting on a positive note; as the results indicated that people supported the CCG's plans. However, there was some useful learning for the CCG; that it does have some way to go to convince people that what it is planning in the BCF and its 5 Year Strategy are going to deliver the improvements it wants for the people of BwD.

9.	**Any Other Business** No further business was discussed. The Chair thanked everyone for attending the CCG's first AGM and giving their views and stated that the CCG would continue to work with its partners in BwDBC, Healthwatch, Age UK, ELMS, ELHT and the public. The CCG spends a great deal of money on the public's behalf and wants to spend it as effectively as possible.

Signed ……Chairman …… Date