

**NHS STOCKPORT CCG
ANNUAL GENERAL MEETING
Agenda**

Date of Meeting:	22nd September 2020	Time	From	To
			1.00pm	2.15pm
Venue:	Virtual Meeting via Microsoft Teams			

Item No	Agenda Item	Papers	Lead	Time
1.	Welcome and apologies	Verbal	Chair	1.00pm
2.	Minutes of the AGM held on 25 September 2019	Attached For Approval	Chair	1.05pm
3a	The Annual Report and report back on two key areas of achievement a) Primary Care Networks b) Quality improvements	Presentation	Chief Accountable Officer a)PCN Clinical Director b)CCG Executive Nurse	1.10pm
3b	The Annual Accounts	Presentation	Chief Finance Officer	1.40pm
4.	Forward look in 2020/21	Presentation	Chief Accountable Officer	1.50pm
5.	Questions from the Public	Verbal	Chair	2.00pm
6.	Closing Remarks	Verbal	Chair	2.10pm
Close				2.15pm

MINUTES OF THE NHS STOCKPORT CLINICAL COMMISSIONING GROUP
ANNUAL GENERAL MEETING
HELD AT FRED PERRY HOUSE, STOCKPORT
ON WEDNESDAY 25 SEPTEMBER 2019

PRESENT

Dr I Ahmed (Bramhall Health Centre), Dr Maher Al-Auri (Marple Cottage Surgery), Dr Sarmid Al-Kamil (The Family Surgery), Dr Alex Bayes (Bramhall & Shaw Medical Group), Dr Robert Beardsell (Bredbury Medical Centre), Dr Helena Bower (Manor Medical Practice), Dr Cath Briggs (Bracondale Medical Centre), Dr Greg Carter (Marple Medical Practice), Dr Amjad Choudry (Woodley Village Surgery), Dr David Dawson (Adswood Road Surgery), Dr Mark Gallagher (Alvanley Practice), Dr Tony Gill (Caritas GP Partnership), Dr Anna Gillott (Adshall Road Medical Practice), Dr Geeta Gupta (South Reddish Medical Centre), Dr Steve Hastings (Hulme Hall Medical Group), Dr James Higgins (Brinnington Health Centre), Dr Lucy Housley (Stockport Medical Group), Dr Caroline Hull (Beech House Medical Practice), Dr Najabat Hussain (Park View Group Practice), Dr Rachel Kilroy (Chadsfield Medical Practice), Dr Martin Leahy (Manor Medical Practice), Dr Rebecca Locke (Heaton Moor Medical Group), Dr Catherine Lynch (Caritas GP Partnership), Dr Karen McKewan (Park View Group Practice), Dr Viren Mehta (Cheadle Medical Practice), Dr Robert Mathewson (High Lane Medical Centre), Dr Carmel Morris (Heald Green Health Centre 2), Dr Bonny Needham (Gatley Medical Centre), Dr Morag Needham (Marple Bridge Surgery), Dr Richard Nurcombe (The Family Surgery), Dr Penny Owen (Heald Green Health Centre 1), Dr Graham Parker (Archwood Medical Practice), Dr Raina Patel (The Guywood Practice), Dr Lynda Pozzoni (The Village Surgery), Dr Howard Sunderland (Marple Medical Practice), Dr Raje Thiagarajan (Woodley Health Centre), Dr Jeremy Wynn (Heaton Mersey Medical Practice)

IN ATTENDANCE

Sharon Beaden (Springfield Surgery), Sian Bradshaw (NHS Stockport CCG), Steve Bradshaw (NHS Stockport CCG), Sue Carroll (Healthwatch), Mark Chidgey (NHS Stockport CCG Governing Body), Jennifer Connolly (NHS Stockport CCG Governing Body), Jane Crombleholme (NHS Stockport CCG Governing Body), Michelle Davenport (Heaton Mersey Medical Practice), David Ericcson (Ericcson Management), Sarah Ferguson (Stockport Neighbourhood Care), Mark Fitton (SMBC), Mary Foden (Citizens Representation Panel), Rhona Franks (South Reddish Medical Centre), Joan Gibson (Public), John Greenough (NHS Stockport CCG Governing Body), Zain Harper (Viaduct Care), Irene Harris (Mental Health Carers Group), Monica Hastings (Marple Cottage PPG), Kathy Hern (Mastercall), Jane Hey (Citizens Representation Panel), Deborah Hind (NHS Watch), Rosemary Hyde (Practice Manager, Bracondale Medical Centre), Tony Johnson (Public), Mike Lappin (Healthwatch), Sally Lomax (Woodley Village Surgery), Colin McCabe (Stockport Mind), Cllr Tom McGee (SMBC), David Moore (Home Instead), Karen Nutt (Mastercall), Cllr John Pantall (SMBC), Anna-Helena Platt (Public), Seth Manish (Citizens Representation Panel), Peter Riley (NHS Stockport CCG), Roger Roberts (NHS Stockport CCG Governing Body), Pam Smith (SMBC), John G Thomas (Cheadle Medical Practice PPG), Graham Trickey (NHS Watch), Andy Wedderburn (NHS Watch), Philip Well Drake (Public), Dr Simon Woodworth (NHS Stockport CCG Governing Body), Jack Wrigley (Public), Laura Latham (NHS Stockport CCG), Dr Cath Briggs (NHS Stockport CCG Governing Body)

1 WELCOME AND APOLOGIES

The chair welcomed the Member Representatives, practice and CCG staff, and members of the public to the meeting.

2 APPROVAL OF THE DRAFT MINUTES OF THE MEETING HELD ON 20 SEPTEMBER 2018

The minutes of the meeting held on 20 September 2018 were approved as a correct record.

3 SUMMARY OF 2018/2019 ACHIEVEMENTS

The chair talked through a presentation of the CCG's achievements during the previous financial year, notably referencing the changes to staffing across both the CCG and the wider Stockport health and care system.

The main successes, challenges and plans for the coming year were summarised. Namely the Ofsted rating of both care homes and GP practices across the borough, national recognition for Stockport's Stroke Centre and the integration of dementia and end of life nursing, and progress that has been made in the mobilisation and delivery of services.

The challenges that were highlighted included the A&E performance, cancer and referral to treatment waiting times, the recent closure of the Stockport breast service and SEND activity.

The future plans were summarised as the need to further develop the primary care and mental health services for Stockport, the alignment of health and social care neighbourhoods and GP Network, and a focus on strengthening the public and community involvement.

4 ANNUAL REPORT AND ACCOUNTS

M Chidgey talked through the CCG's financial position from 2018/2019, in which it was noted that the CCG has been able to invest in priority areas including mental health, primary care and community services.

Attendees heard that the CCG will continue to face challenging QIPP targets for the coming years, in line with many other NHS services. It was confirmed that the 2019/2020 priorities will include continued mental health investment, funding to support the development of neighbourhoods and primary care networks and a redesign of the urgent care system.

It was noted that the CCG had been assessed as 'good' in the 2018/2019 CCG ratings, but there are a number of areas that the CCG will need to build upon in the coming years. The system is achieving a number of the constitution targets, but there are still challenges which need to be overcome.

5 STOCKPORT CCG STRATEGY

Dr S Woodworth talked through a presentation on the CCG's Strategy 2019 – 2024, noting that the Council of Members will be asked to approve the strategy for implementation during the Council of Member meeting.

He explained that in January 2019, NHS England launched the Long Term Plan setting out what the NHS is expected to deliver over the next ten years. As a result of this, all CCGs have been asked to refresh their Strategic Plans this year.

Stockport CCG's strategy has been developed in conjunction with the other health and social care partners in the borough. In addition to this, there has been a wide range of engagement, involving staff, clinicians, GPs, partners, patients and the public – around 400 people in total.

It was explained that the strategy reflects the CCG's existing commitments under the Greater Manchester strategy, Stockport's Health & Wellbeing Strategy and Stockport Together. It explains what the CCG will do over the next five years to help deliver the NHS and local plans to achieve our vision for health and care in Stockport.

It was noted that the CCG has five strategic aims for the next five years:

- **Start Well:** ensuring that everyone in Stockport has the best possible start in life
- **Live Well:** supporting everyone in Stockport to live well, make healthy choices, prevent ill health and proactively manage health conditions as close to home as possible
- **Age Well:** supporting everyone to age well and remain independent for as long as possible
- **Die Well:** supporting patients and their families at the end of life
- **Lead Well:** reforming the health and care system in Stockport to build a sustainable system for future generations

The delivery of Stockport CCG's strategic plans will be undertaken through six key work programmes

- **Primary and Community Care:** the new model of care will deliver more support out of hospital.
- **Maternity and Children:** Providing a good start in life and supporting children to achieve their full potential is vital to improving population health.
- **Mental Health & Specialist Services:** continue to increase investment in this vital area to increase access to mental health services and improve outcomes for local people
- **Planned Care:** improving the quality of planned care, including cancer care, in Stockport.
- **Urgent Care:** aiming to radically improve urgent care in Stockport and deliver the standards set out in the NHS Constitution
- **Enablers:** delivery of the strategic aims will require input from a range of enabling services, including Finance, Estates, Workforce, Commissioning & Procurement, Communications & Engagement, and IM&T.

Attendees heard that detailed three-year plans will be developed for each delivery programme and feed into the CCG's annual operational plans.

6 PUBLIC INVOLVEMENT

The chair explained that the CCG's Statement of Public Involvement is the organisation's annual report of how local communities have been engaged and involved to help improve local services, demonstrate areas of best practice and identifies areas for improvement.

It was explained that during summer 2019, the CCG published its Public Involvement and Engagement Strategy, which was co-produced with partners and local representatives. The CCG also supported the proposal to develop a Partnership Involvement Network, which will bring local voluntary, charity and community organisations closer together with health and care organisations.

The new Public Involvement Strategy was co-produced with partners to ensure it reflects a more joined-up way of working and focuses on how the CCG can connect with communities to share decisions.

The next steps were set out and it was noted that the CCG plans to actively involve public, communities and other stakeholders in shaping local services, to work collaboratively across public and community sectors so that involvement is joined-up across Stockport and to continually ask 'What Matters' with our communities when planning and shaping local services.

7 QUESTIONS FROM THE FLOOR

The following questions were raised by those present at the meeting and responded to by Members of the CCG's Governing Body:

Question posed by Tony Johnson:

What progress has been made in ensuring that primary care supports patients and there is a reduction in the number of patients going to A&E?

Answer provided by Dr V Mehta:

There have been a series of meetings around Primary Care Networks (PCNs) with clinical directors to address this, and areas are coming together to discuss the care offered to patients. A strategy session will be held next week to understand the challenges, and following this, a plan will be developed to address the challenges. There is a real need to understand what the pressures are within the system.

Regarding the progress that is being made, the system will be publishing A&E numbers and focussing on the plan.

Dr C Briggs added that there is ongoing work around care homes and how the GPs support this service. There are MDTs in place across Stockport, and focus is being given to the responsiveness of practices to support children.

There is a commitment to offering greater access at primary care services. And work is underway regarding acute visiting which will ensure those in need get seen sooner.

It is also worth noting that the need is also going up within the community, and there is a need for services to keep responding to this need.

A Rolfe explained that Mastercall Out of Hours offers a good responsive service to reduce care home admissions over the weekend.

Dr C Briggs added that as a GP, the improved access to patient records is helping in terms of the support that can be offered to primary care patients. It is acknowledged that there is a need to focus on collaboration across the system.

Question posed by Deborah Hind:

There is an IVF consultation ongoing, which is clearly a cut to services. Are you looking to cut other services? A lot of what is presented in the public information is data regarding the success rates of treatment, but it is not clear what this is based on. If you don't cut IVF services, are you planning to cut other services? This is clearly a cut to women's services, as are the cuts to breast services and other

women's health services. Why have you chosen IVF? The consultation is not fit for purpose, as the information provided does not allow people to decide on the appropriate outcome.

Answer provided by Dr C Briggs:

We will note what has been said about the consultation and take that into consideration to be addressed.

Dr S Woodworth added that this is a genuine consultation with the Stockport population who will have the opportunity to inform the outcome. He explained that the ultimate goal of the consultation is to get the public's view on the services offered. In Stockport, there are currently two cycles on offer, and this will continue until a decision is taken by the Governing Body.

He noted that the breast service change was as a result of the fact that Stockport were unable to deliver the service. It is not a cut. All options were considered, but there was no option to deliver in Stockport with the resources and capacity available.

Question posed by Councillor Jon Pantall:

When I engage with constituents in Stockport, the most common issue that is flagged is around getting an appointment with GP. People are also keen to emphasise the importance of public engagement – we have patient participation groups in all practices, but the level of involvement with these can feel a bit like a postcode lottery. There isn't engagement at a practice level, and I would like to see how this will be moved forward.

What was the primary care input to the recent flooding issues in Stockport? And it feels like progress in some areas is quite slow. There was no mention of pooled budgets and integrated health and social care

Answer provided by Dr V Mehta:

Regarding patient access to appointments, the GP practice is the place that most people will have contact with health services. Practices in Stockport are having more contact with patients than ever before, and some have been trialling the use of video technology to ensure that more people can be seen.

The Primary Care Networks will offer a solution to provide tailored care to people within the community. The CCG has an ambition to work with Council colleagues to consider the community offer and what preventative services can be offered.

Dr C Briggs noted that progress has been made regarding the integration agenda. A host of services have been introduced during the previous year, and the challenge for the CCG is around integration and working together across the system. It is acknowledged that there are bits of the system which are working well, but others need to be further developed.

8 THANKS AND CLOSE

The chair thanked all attendees for their involvement with the meeting.

It was explained that the second part of the meeting would be split into a public engagement session and a separate Council of Members meeting.