

**NHS STOCKPORT CCG  
ANNUAL GENERAL MEETING  
Agenda**

<b>Date of Meeting:</b>	<b>28 July 2021</b>	<b>Time</b>	<b>From</b>	<b>To</b>
			<b>9.30am</b>	<b>10.30am</b>
<b>Venue:</b>	<b>Virtual Meeting via Microsoft Teams</b>			

<b>Item No</b>	<b>Agenda Item</b>	<b>Papers</b>	<b>Lead</b>	<b>Time</b>
<b>1.</b>	Welcome and apologies	Verbal	Chair	09.30am
<b>2.</b>	Minutes of the AGM held virtually on 22 September 2020	Attached For Approval	Chair	09.35am
<b>3a</b>	Annual Report and key areas of achievement	Presentation	Chief Accountable Officer	09.40am
<b>3b</b>	The Annual Accounts	Presentation	Chief Finance Officer	09.55am
<b>4.</b>	Forward look in 2021/22	Presentation	Chief Accountable Officer	10.10am
<b>5.</b>	Questions from the Public	Verbal	Chair	10.20am
<b>6.</b>	Closing Remarks	Verbal	Chair	10.25am
<b>Close</b>				<b>10.30am</b>

**AGM**  
**MINUTES of the meeting held on Tuesday 22<sup>nd</sup> September**  
**13:00 – 14:30, Virtual Meeting using Microsoft Teams**

**Members:**

Cath Briggs	GP Chair of Governing Body - CHAIR
Andrea Green	Chief Accountable Officer Stockport CCG
Michael Cullen	Chief Finance Officer, Stockport CCG
Kathryn Fortune	General Practice Representative
Andrew Johnson	General Practice Representative
John Jolly	Secondary Care Specialist Stockport CCG
Don Phillips	Lay Member for Patient & Public Involvement, Stockport CCG
Michael Richardson	General Practice Representative
Peter Riley	Lay Member for Primary Care Commissioning, Stockport CCG
Anita Rolfe	Executive Nurse, Stockport CCG
Madhu Vallulri	General Practice Representative
Phillip Winrow	Lay Member for Financial Management, Audit & Governance, Stockport CCG

**In attendance:**

Faduma Abukar	Senior Medicines Optimisation Pharmacist, Stockport CCG
Aameer Aldabbag	Springfield Surgery
Eve Anderson	Business Administrator Stockport CCG – Minutes
Michaela Buck	Mastercall Healthcare
Jacqueline Coleman	Prescribing Adviser Pharmacist, Stockport CCG
Jennifer Connolly	Public Health
Elizabeth Elliott	Viaduct Care
Anna Gillott	Adshall Road Medical Centre
Daniel Goldspink	The Village Surgery
Jaweeda Doo	Alvanley Family Practice
Emma Ince	Director of Integrated Commissioning, Stockport CCG
Paul Lewis-Grundy	Deputy Director of Corporate Affairs, Stockport CCG
Rebecca Locke	Heaton Moor Medical Group
Liz McLean	Director of Performance and Recovery, Stockport CCG
Luke Munro	Corporate Affairs Manager, Stockport CCG
Rachel Taylor	Bracondale Medical Practice
Simon Woodworth	Medical Director, Stockport CCG
Cllr. J Wells	Health and Wellbeing Board

**1. Welcome and apologies**

The chair welcomed the Member Representatives, Practice and CCG staff, to the meeting. The Chair introduced herself and covered the housekeeping aspects for virtual meetings.

**2. Minutes of previous meeting from 25<sup>th</sup> September 2019.**

The minutes were accepted as a true record, subject to the following amendment: P Windrow was in attendance at last year's AGM but had not been recorded in the minutes

### **3a The Annual Report**

A Green presented the annual report covering the period 01 April 2019 to 31 March 2020 and expressed that it had been an unusual year.

AG gave an update that the Governing Body was fully constituted as the new Secondary Care Specialist was now in post.

It was highlighted that it needed to be recognised that the CCG worked with others to commission services, including increased joint commissioning with Stockport Metropolitan Borough Council. There had been significant work in relation to children's commissioning particularly for those with special educational needs following the Department of Education visit and review, where there was an action requirement on the written statement of action. The joint commissioning developed for this had been excellent.

Another good example of the CCGs collaborative approach and great work was that of safeguarding adults and children, where the CCG worked with colleagues across the system; with a lead GP who engages well with primary care teams in respect of safeguarding.

With regards to engagement; members were advised that since the last AGM the CCG had recruited a new Lay Member, who has a real passion for engagement, to lead on this work.

GP Members were given feedback and praised for the recent frailty summit where 80+ attendees from across Stockport looked at how to best improve care, at a neighbourhood or community services level. The panel had completed some excellent work to shape and inform and bring a public and patient voice to those improvements.

There had been a collaborative approach with the Local Authority to produce a SEND strategy and an outcomes framework; this had also been co-produced with children, young people and parents.

It was reported that performance against the constitution was mixed for the year. A number of areas were progressing up until the end of the year, however due to the pandemic a number of areas were unable to lock down the expected improvements, particularly against the planned care agenda.

A Green extended her thanks to the GP members in terms of their response and support to the pandemic, also to other stakeholders who had worked collectively to get the best offer that we could for local people during this time and also to CCG staff, where everyone had worked together to ensure that there had been a coordinated response.

#### **a) Primary Care Networks**

Dr R Lock presented this agenda item and highlighted the following key points:

There had been a big change in General practice in having to work very quickly with around 5 million text messages sent during the pandemic and moving from no video consultations to around 15k video consultations.

Members heard that Stockport were to be included as part of a pilot for the use of virtual dashboards for care homes along with virtual wards for Covid.

One thing that Stockport could be very proud of was its collaborative approach. The 7 Clinical Directors from the Primary Care Networks had been meeting regularly in a forum chaired by R Locke. There was Stockport representation on a Greater Manchester Clinical Directors forum which in turn feeds into a National Clinical Directors forum.

It was highlighted that the discharge to assessment ward had been very successfully established in Stockport.

## **b) Quality improvements**

A Rolfe presented this item and highlighted the following areas:

Most areas in Stockport had been rated good or better, with only two areas requiring improvement at Pennine Care Foundation Trust and Stockport NHS Foundation Trust. Overall, a really encouraging picture was presented in relation to the quality of care received for the people of Stockport.

Stockport has had successes in relation to Care Homes and home care across a number of areas. Stockport CCG had a jointly provided Quality Improvement Team with the Local Authority which has been in place for around 3 years and the work which had been done has been a good foundation as Stockport moved into the pandemic.

The programme of care home training had unfortunately been interrupted due to Covid but was planned to get back on track.

A Rolfe explained the biggest success story for care homes and how we know that all the work that has been done had made a difference, is that in 2016 generally care homes were rated as 'required improvement' with only a couple being rated good. Stockport were at the bottom of the GM league table but now Stockport were top or second in the league and generally care homes were rated as good. The work undertaken for care homes had complimented the GP development scheme and some of the digital work which was being worked on at the moment.

## **3b The Annual Accounts**

M Cullen introduced himself and explained his dual role with the Local Authority.

He presented the Annual Accounts and highlighted the following key points:

In the year 2019/2020 all financial duties placed on the CCG were delivered. However the balanced financial position was only achieved by receiving non-recurrent support from both GM and the Local Authority. The CCG do have challenges ahead in securing service and financial sustainability as they are carrying forward a recurring deficit.

MC explained that with regards to the qualified value for money opinion received from the auditors, this was mainly based on concerns for the future sustainability. For the 2019/20 financial year delivery of efficiency targets was mainly achieved though non-recurrent measures, over 64% was achieved non-recurrently whilst 36 % delivered recurrently. The CCG required non-recurrent support from its partners to deliver financial balance in 2019/20 and concerns over financial and service sustainability have been exacerbated somewhat by the unprecedented regimes that Covid has placed on the CCG.

## **4. Forward look in 2020/21**

A Green presented this item and talked through the bullet points on the presentation:

Members were advised that the CCG has a statutory duty as category 2 responder to the civil contingencies act to: coordinate, communicate and operate as a system partner during what has been Covid but moving forward whatever we are facing next. The CCG had been operating under a level 4 incident for some considerable time which was then downgraded to level 3, however potentially this may

be escalated again for the rest of the year. This means that the CCGs planning and financial regimes were constrained this year, the ability to implement contracts with its main providers had been limited and it will have to work through collaboration and cooperation as opposed to being able to use contractual levers.

With regard to restoration of services, there had been a big push to restart and restore core services and ensure patients were not affected. Elective services and demand on services and urgent care was significantly reduced in response to the pandemic and initial lockdown. Although certain services continued it was clear that the reduction in elective demand cannot be sustained and more people needed to be treated and the backlog needed to be addressed. This will be a challenge in the 6 months moving forward.

Members heard that the CCG have been working with the Local Authority and that the CCG had started to engage with partners on 'One Stockport' which had been referred to as a movement rather than campaign'. One Stockport works with local authority colleagues and also partners in the community and voluntary sector. There had been some engagement undertaken by the Communications and Engagement team, but there was more to do. There was a requirement to gather views for a longer term plan of how services work in Stockport, building on the best that we have had so far and continuing to operate into a pandemic.

In terms of Stockport Foundation Trust an update was given that there was significant work to do in terms of improvements required following the CQC inspection and also in term of patient flow issues; for example ensuring patients only go into hospital where they need to be in hospital for a treatment.

The final area discussed as part of the forward view update was on the Health and Care Partnership. The CCG were investigation how the Partnership has delivered to date and what needs to be done moving forwards and how commissioning needs to work moving forwards. That review had been started but was currently incomplete.

## 5. Questions

The Chair asked for any questions or comments.

1) D Phillips asked: How are 'we' as a system working to assist the SFT and Pennine to achieve 'Good' or better?

A Rolfe responded that in relation to Pennine Foundation Trust, the CCG works with North East sector CCGs in a collaborative manner to oversee quality, as Stockport is only part of Pennine Care footprint and have facilities throughout the North East sector. In relation to Pennine Foundation Trust's journey with CQC, around 3 years ago they were in a worse position, with fewer areas that were rated good. They now have more areas in the good category but not quite enough to move them from "requires improvement" into "good" rating. The CCG are currently working out how best to support them to do what is required.

With regards to Stockport Foundation Trust there is a wide programme of support from the CCG to work with them. The partners are held to account as a system and therefore we need to work together to improve what is being offered to local people. Local CCG mechanisms are in place such as the Contracting meeting, follow ups in relation to commissioner visits, and as part of the commissioner visiting programme the CCG have developed a further element of interviewing patients to get further feedback. This is all overseen at the CCGs Quality and Governance committee. From a Stockport Foundation Trust perspective the timeframe for movement from 'requires improvement' to a 'good' rating will probably be in the region of 18 months to 2 years.

2. Cllr J Wells asked what the Primary Care teams' view was about how the technology was working for

patients.

S Woodworth responded to say that the response has been mixed but generally the use of technology has been well accepted by patients. He agreed there were certain demographics who were still struggling, for example the very old or very young and it was still difficult to assess children remotely. GPs still felt reassured seeing this group face to face. The Chair highlighted to the group that it was important not to widen the gap when utilising technology and ensure that care isn't compromised. People need to be given options for consultations.

3) D Goldspink wanted to raise the importance of the benefits to the system as a whole when all parties communicate well together and requested that the CCG liaise increasingly closely with those who represent General Practice and of course the LMC. He felt that this communication would help to mitigate teething problems in processes. For example, although Bramhall Manor is working well now, he felt that had there been greater involvement at the outset, initial teething problems could have been avoided. The Chair agreed there is strength in partnerships of working together.

4) J Doon made the following comments: she felt that a number of organisational boundaries had been removed during recent times particularly working with colleagues from LMC, Mastercall and CCG, and made a plea to the members that these relationships continue to be built upon. There was great value in being able to meet regularly with fellow chairs and supporting partners. She also commented that with regards to the CQC report and supporting partners, we do have some way to go, the Trust is in financial deficit as well and that has implications for the CCG and Stockport as a system. It would be good for us to work together to support the Trust but equally for the Trust to use the CD and consultant forum to focus much more strategically on what it means to deliver a full and unified community offer with Primary Care for our patients.

The Chair agreed with J Doon's comments regarding working with our partners, particularly the Chairs across Stockport, through regular meetings and agreed it has been such an important part of keeping in touch with some of the challenges which have been placed on the system.

## **6. Chairs Closing Remarks**

The Chair thanked everyone in what has been a year of significant change but has prompted significant innovation; everyone has worked in situations of significant stress and worry but has responded positively. The Chair also extended her thanks to the Governing Body which is now fully quorate and meets the needs of our Constitution. Thanks were also given to the CCG teams for the way they have responded and worked positively and yet remotely and continued to be buoyant in the CCG chats and groups.

The Chair thanked the GP practices who have worked so well continuously throughout this time with very little leave and adapting to the general challenges of Covid, whilst also trying to get back to the pre-Covid position.

The Chair thanked Andrea Green for her leadership across the CCG and for work with the Chief Executives and Accountable Officers across the system.

The Chair closed the meeting by stating that she had learned how responsive and adaptive people can be in the NHS and how committed our teams are to deliver the best care to the people of Stockport and thanked everyone for their attendance at the AGM.