**Governing Body Annual General Meeting (AGM)**

**Minutes of the AGM held at 4.00pm**

**Thursday 28 September 2017, at Cheltenham Racecourse**

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| **Present:** | | |
| Dr Andy Seymour *(Chair)* | AS | Clinical Chair |
| Mary Hutton | MH | Accountable Officer |
| Dr Caroline Bennett | CB | GP Liaison – Lead North Cotswold Locality  Governing Body member |
| Julie Clatworthy | JC | Registered Nurse, Governing Body member |
| Alan Elkin | AE | Lay Member Governing Body member – Patient and Public Engagement and Vice Chair |
| Dr Lawrence Fielder | LF | GP Liaison Lead – Forest Locality, Governing Body member |
| Kim Forey | KF | Director of Integration |
| Helen Goodey | HG | Director of Locality Development and Primary Care |
| Colin Greaves | CG | Lay Member Governing Body member - Governance |
| Dr Alan Gwynn | AG | GP Liaison Lead South Cotswolds Locality, Governing Body member |
| Dr Will Haynes | WH | GP Liaison Lead – Gloucester Locality, Governing Body member |
| Cath Leech | CL | Chief Finance Officer |
| Dr Hein LeRoux | HL | Deputy Clinical Chair |
| Ellen Rule | ER | Director of Transformation and Service Redesign |
| Sarah Scott | SS | Director of Public Health |
| Mark Walkingshaw | MW | Director of Commissioning Implementation and Deputy Accountable Officer |
| Dr Jeremy Welch | JW | GP Liaison Lead Tewkesbury, Newent, Stanton, Governing Body member |
| Dr Sheena Yerburgh | SY | GP Liaison Lead – Stroud and Berkeley Vale Governing Body member |
| **In attendance:** | | |
| Zoe Barnes | ZB | Corporate Governance Support Officer |
| Ryan Brunsdon | RB | Board Administrator |
| Christina Gradowski | CG | Associate Director of Corporate Governance |
| Emma Savage | ES | Associate Director Transformation and Service Redesign |
| Matt Pearce | MP | Senior Programme Manager (Self-care and Prevention) |
| Caitlin Lord | CL | Project Manager |
| Stephen Rudd | SR | Head of Locality and Primary Care Development |
| John Yeomans | JY | Patient Reference Group representative |
| Shirley Butler | SB | Occupational Health Advisor, JD Norman |
| Jenny Hudson | JH | Human Resources Manager, JD Norman |
| Elizabeth Kousiakis | EK | Vice President of Human Resources JD Norman |
| Dr Sophia Sandford | SS | GP, Forest of Dean |
| Karl Gluck | KG | Commissioning Manager, Mental Health |

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| 1. | **Welcome and introductions** |
|  | Dr Andy Seymour, Clinical Chair of Gloucestershire CCG (GCCG) welcomed everyone to the AGM. He informed the meeting he was a local GP in Gloucester and the CCG’s Chairman. |
| 2. | **Minutes of the AGM held on 2016** |
|  | Dr Seymour asked members of the governing body to approve the AGM minutes of 27 September 2016.  **Approved:** the AGM minutes of 27 September 2016 were approved as a true and accurate record of the meeting. |
| 3. | **Overview of 2016/17** |
| 3.1  3.2  3.3  3.4  3.5  3.6 | Dr Seymour provided an overview of the year 2016/17.  During 2016/17 the local health economy experienced significant pressure both in terms of demand for services and finances. The CCG faced a challenging financial position during the year with cost increases in a number of areas. However, through careful financial management the CCG was able to achieve its financial plan and deliver a surplus. This was against a backdrop of a growing population and patients with more complex needs in Gloucestershire. Current estimates showed there were 47,500 people over the aged of 65 living with a long term condition and this was set to rise to 77,000 by 2030.  During 2016/17 the CCG worked with its health and social care partners to develop the Sustainability and Transformation Plans (STP). The CCG played an intrinsic role in the development of the STP working in collaboration and partnership across the health economy with partners to agree four key priorities:   * Self-care and Prevention – enabling active communities * Redesigning Clinical Pathways – such as dementia, diabetes and respiratory care * One Place, One Budget, One System, working to transform and modernise urgent care * Reducing Clinical Variation.   The intention of the STP was to make the very best use of the ‘Gloucestershire pound’ so that resources including the local workforce were effectively deployed across health and social care.  Dr Seymour presented a set of slides highlighting the CCG’s key successes during the previous financial year The CCG :   * worked with 81 practices, across 7 localities and in 16 clusters. This model allowed GPs to work at scale both collaboratively and effectively. It provided greater resilience and sustainability. * supported the recruitment of clinical pharmacists working within practices to assist with repeat prescriptions and medication reviews. This was making best use of GP time and improving the quality of care provided to patients. * funded the recruitment of mental health workers and paramedics working within practices to improve the care they delivered to vulnerable patients. * promoted social prescribing that has helped 20,000 people across the county to better manage their own medical condition, enabling them to improve their diet, exercise and overall lifestyle * supported the development of an Access Fund which had delivered 35,000 additional GP appointments across the county * organised frailty sessions to improve early diagnosis of dementia, with the CCG attaining a 68% diagnosis rate, which was above the national average * had organised the prevention and self-care programme promoting the healthy work place and schools standard, with 40 local businesses and 43 schools signed up * initiated the second phase of the diabetes programme, identifying pre-diabetes in patients, with 100 patients already referred for diet and lifestyle advice and support * launched the Mental Health Let’s Talk website and supported additional investment in Gloucester city cabin, a vital resource for people with mental health conditions and learning disabilities * provided additional investment in the Rapid Response Urgent Care service, which has helped patients stay in their own homes rather than an unnecessary admission to hospital * supported the Learning Disability Intensive Support Service which had been identified as an exemplar of best practice. Over 300 people were currently receiving support from this service * had progressed its work on service redesign focusing on cancer care, working with MacMillan. Falls prevention was another priority, working with the local council and fire service to prevent falls in patients’ homes * organised a pain management masterclass, which focused on fast and effective treatment.   Dr Seymour conveyed his appreciation by thanking all the health and social care staff for the work they do. |
| **4.** | **Financial Review 2016/17** |
| 4.1  4.2  4.3  4.4  4.5  4.6 | Cath Leech, Chief Financial Officer, presented the financial review for 2016/17.  The CCG had received a total revenue resource limit of £839,223m including primary care and spent approximately £822m. At the end of the financial year, the CCG delivered a surplus of £9,463m prior to the inclusion of the system risk reserve. With the addition of the system risk reserve, the CCG’s surplus increased to £17.551m.  The CCG achieved its financial plan for 2016/17 and fulfilled its financial duties in full. The allocation of money was broadly in line with the previous year’s expenditure.  Across the Gloucestershire, health system partners were working together on the STP. It was noted that the health and social care funding base would increase by 11.5% over the next five years. However, there would continue to be significant cost pressures within the health system culminating in an estimated £226m financial gap if partners ‘did nothing’. The STP focused on creating a sustainable health system by making more effective use of resources, transforming how and where services were delivered and managing demand.  Cath Leech commented that as of month 5 (August) 2017, the CCG was on target to deliver its financial plan for 2017/18.  Dr Seymour thanked Cath Leech for a succinct presentation and overview of the 2016/17 accounts. |
| 5 | **People Powered Health: self-management and peer support** |
| 5.1  5.2  5.3  5.4  5.5  5.6  5.7  5.8  5.9 | Matt Pearce, (MP) Senior Programme Manager (Self-care and Prevention) was joined by Caitlin Lord, Project Manager and John Yeomans (Patient Reference Group) to present People Powered Health.  MP set out the national context stating that there were demographic and financial pressures facing the NHS with more people living longer but in poorer health, with long term conditions such as heart disease, diabetes and respiratory conditions. People were increasingly living sedentary lifestyles with approximately 35-50% of the population with the lowest level of ‘activation’. Gloucestershire health and social care partners in conjunction with voluntary groups and agencies were working together to embed self-care, prevention and personalisation across the system. Integrated Personalised Commissioning (My Life – My Plan) was part of the self-management programme.  MP read out a quote by Simon Stevens  *"We stand of the cusp of* ***a revolution*** *in the role that patients and also communities –will play in their own health and care. Harnessing what I’ve called this* ***renewable energy*** *is potentially the make it or break-it difference between the NHS being sustainable or not." (Simon Stevens, Speech 2014)*  MP explained that in Gloucestershire there were around 47,500 people over the age of 65 living with a long term condition. This was projected to rise to 77,000 by 2030. He stated that there needed to be a paradigm shift from:   * paternalistic care to “what’s important to me” * provider as the expert to “the person as the expert” * enabling people to take greater responsibility for their health required a multi-facet and whole system approach. This required looking at improving the skills of the workforce to co-produce solutions with patients, increasing shared decision making, improving health literacy, harness technology through remote monitoring, risk stratifying/identifying people most at risk of poorer health outcomes and wrapping support around them.   Catlin Lord explained that self-management aimed to empower individuals who were living with a long term condition by encouraging them to recognise the role they play in their own health and develop the knowledge, skills and confidence to take action to improve their lives. The self-management programme aimed to:   * improve the quality of life for those living with a long term condition * reduce pressure on NHS services * provide accessible and short courses/ taster sessions/masterclasses and events, which would skill up people to manage their own condition for example those with COPD.   An important aspect of the scheme was goal setting and self-management planning to enable behavioural change with peer role modelling to provide additional support to people.    It was noted that the self-management scheme provided tailored advice recognising everyone was different so that there was no pathway and no one size fits all. Patients were signposted to appropriate community support via a referral to Community Connectors; patients could self-refer to Community Connectors for one to one support or to find out about local activities and support groups that can help them.    John Yeoman spoke about his experience of using the self-management techniques that were part of the programme and how the tools and techniques had helped him with his condition.  AS thanked Matt Pearce, Caitlin Lord and John Yeoman. |
| **6.** | **Creating Healthy Workplaces** |
| 6.1  6.2  6.3  6.4  6.5  6.6  6.7  6.8 | Matt Pearce (MP) introduced, Shirley Butler (SB), Occupational Health Advisor, Jenny Hudson (JH) Human Resources Manager and Elizabeth Kousiakis, (EK) Vice President of Human Resources from JD Norman, whom he had been working with on Healthy Workplaces.  MP explained the national and local context for the Workplace Wellbeing Charter.   * There were approximately 30,000 businesses in the county employing over 291,000 people: * As a population we spend approximately 60% of our waking hours at work * Health-related staff absence was higher in the NHS than other sectors, costing approximately £2.4bn a year * By 2030, 40% of workers would have at least one long-term condition * Evidence showed that workplace health initiatives could deliver a wide range of benefits, to both employers and staff. * There was a commitment from STP partners to support the local workforce and accredit 40 organisations to the National Workplace Wellbeing Charter.   The Charter was structured around 8 key standards:   * Leadership * Absence Management * Health and Safety * Mental Health * Smoking * Physical Activity * Healthy Eating * Alcohol   It was noted that 40 businesses had been accredited across the county who had given positive feedback about implementing the Charter. MP confirmed that 92% (37/40) of organisations, who had been accredited, reached a higher level against the standards of the Charter, than at the initial benchmark. At individual level, over 90% of employees surveyed reported they had noticed recent changes in health and wellbeing provision in their workplace. Approximately 79% of employees surveyed reported they already had or would be likely to make future lifestyle changes, as a result of the support they had received through the workplace.  The team from JD Norman spoke about the positive benefits of implementing the Wellbeing Charter. They had a workforce or 190 staff predominantly male with only 9 female staff members including the Plant Manager. The organisation had an ageing workforce with many team members with long service. It was a traditional workforce with the main health issues being musculoskeletal and mental health.  As a result of implementing the Charter they had introduced the following improvements and made the following changes:   * Occupational Health monthly newsletter * TV Digital Communication * Monthly health topic * Robust absence management policies and procedures * Monthly lunches * Visibility and approachability of senior managers * Supportive leadership and improvement culture   As a result of introducing wellbeing initiatives and changes absence had been reduced and staff reported positively about the changes being made to their working environment. They found the accreditation process fair, robust and worthwhile and would recommend it.  AS thanked the team from JD Norman and Matt Pearce. |
| 7. | **Focus On: Primary Care: GP Forward View - progress so far** |
| 7.1  7.2  7.3  7.4  7.5  7.6  7.7  7.8  7.9 | Helen Goodey, Director of Locality Development and Primary Care and Stephen Rudd, Head of Locality and Primary Care Development presented with Dr Sophia Sandford.  Stephen Rudd (SR) provided an overview of the General Practice Forward View (GPFV) which was published in April 2016 with the explicit aim of addressing the pressures felt by GPs and their teams, such as reduced funding, increased workload and insufficient workforce.  It was noted that the CCG in collaboration with local GPs had produced the Primary Care Strategy which focused on key themes around:   * Access * Primary care at scale * Integration * Greater use of technology * Estates * Delivering the workforce * New ways of working.   The catalyst for promoting change and innovation across the county derived from the GPFV Event held on 24 January 2017 with key note speaker Dr Robert Varnam. Over 200 staff from practices across the county attended the event and shared their ideas on changes that could be made to improve the sustainability and resilience of general practice. Since that time progress with implementing the Primary Care Strategy has developed at a pace.  There were now over 60 projects across the county, often led by Provider Lead GPs, supported by the CCG’s primary care team, including a senior manager that focused on:   * Practice Transformation * Practice Resilience * Care Navigation and Clinical Correspondence * Improved Access * Time for Care.   Dr Sophia Sandford gave her view of working in the Forest of Dean cluster and how working collaboratively with other GPs within the cluster had brought about more innovative and inventive ways of working.  The Forest of Dean (FoD) cluster comprised 11 practices with approximately 64,000 patients. The area was essentially rural with significant areas of deprivation. Previously practices had worked in isolation from one another. As a cluster general practices across the FoD had worked collaboratively on a bid for £120,000 of recurrent funding. Following on from this they had been able to recruit and share three clinical pharmacists working across the cluster which had reduced the GP workload and delivered the following benefits:   * + - Polypharmacy reviews     - Protocol alignment     - Medication queries     - Hospital discharges     - Frail patients     - Home Visits     - Repeat Prescribing.   As part of the Improved Access programme the cluster had:   * developed expression of interest across all practices within the cluster * achieved ‘preferred bidder’ status * 7-day access for all patients and * were working on a phased delivery involving paramedics and then home visiting nurses.   SR commented that practices working together in clusters allowed general practice to work at scale and provide a range of services in a more streamlined way including improved access. It meant the practices were less isolated and better placed to meet future challenges.  SR summed up with overview of the next steps which were:   * Productive General Practice in 35 practices (Sept – Dec) * General Practice Improvement Leaders scheduled for October 2017 * Improved Access pilots to commence in October/November 2017 * ‘Celebration Event’: January 2018, which would showcase successes * all aspects of Primary Care Strategy continuing at pace, including comprehensive workforce and estates plans * evaluation measures across all work streams; metrics and measurement supported by Public Health.   AS thanked the Helen Goodey, Stephen Rudd and Dr Sophia Sandford. |
| **8.** | **Focus On: Mental Health Crisis Support – a comprehensive partnership offer** |
| 8.1  8.2  8.3  8.4  8.5  8.6 | Karl Gluck, Commissioning Lead for Mental Health (a joint appointment between the CCG and Gloucestershire County Council) presented Mental Health Crisis Support.  KG provided an overview of the Five Year Forward for Mental Health and the Gloucestershire Mental Health Strategy. It was noted that there had been a series of Mental Health stakeholder events where recurrent themes had emerged, namely:   * support for co-production and involvement * request for increased use of voluntary and community services * need to listen to the views of the workforce * better understanding and awareness of staff mental health * more challenge to discriminatory language and behaviour * better links/support with carers groups was needed * carer health and wellbeing was a priority * easier access to advice for carers was required * there was a need to embed the Triangle of Care * person centred care was central to services and service development * care pathways needed to be clear.   KG explained about the improvements that had been made to Crisis Care including the Wellbeing Housewhich was a joint venture between 2gNHSFT and Swindon Mind to deliver a non-clinical alternative to admission for people either at risk of or in crisis. A Wellbeing café was currently being piloted for non-clinical out of hours support. Furthermore improvements were also being made to the mental health acute service with faster response times and reduced age range.  Additionally the Mental Health Crisis Services would be co-located with emergency services (police/ambulance). A pilot was currently underway for mental health professionals and the police to jointly respond to a crisis and there was dedicated investment in developing a multi-agency Crisis Care Workforce Strategy. Other improvements that have been made included agreement to fund a High Intensity Case Manager for repeat detainess of s.136; a review of the self-harm pathway and collaborative plans between the county council and NHS England specialist commissioning, to look at alternative options to the use of mental health in-patient beds, for children and young people.  Further work was being undertaken on evaluating the Well-being Café and the establishment of a Task and Finish Group to develop the second phase funding bid for psychiatric liaison.  AS thanked Karl Gluck for the presentation. |
| **9.** | **Questions and Answers** |
| 9.1  9.2  9.3  9.4  9.5  9.6  9.7  9.8  9.9  9.10  9.11  9.12 | Dr Seymour asked Mary Hutton, Accountable Officer to answer the questions raised.  **Q1**: What happens with the CCG’s financial underspend at year end?  **Answer:** the financial underspend achieved at year end would be given back to the CCG the following financial year. If the CCG failed to fulfil its financial duties and did not achieve the surplus agreed with NHS England there would be consequences for failing financial targets with associated penalties. The CCG would be required to recover any deficit in future years.  **Q2**: a question was raised with regard to the Workplace Wellbeing Charter, and how individuals could obtain services for serious health conditions, not merely about diet and lifestyle?  **Answer:** there were a range of services that deal with specific health conditions such as smoking, alcohol and drug misuse. Individuals would be sign-posted to the relevant local service. Referrals could be made by the Occupational Health Service with the employee’s consent.  **Q3**: the Chair of the Local Medical Committee commended the CCG on the range of services it offered to patients across the county and its collaborative approach working with local health and social care partners. Although, it was noted that many of the developments cited were in Gloucester and the Forest of Dean. He looked forward to working with the CCG and holding the CCG to account for delivering ambitious service developments plans and completing projects.  **Answer:** the CCG welcomes this challenge and very much values working with all health and social care partners including patients and carers.  **Q4**: a question was asked about how the CCG fed into national programmes and provided feedback in relation to national policy and initiatives?  **Answer:** the CCG was an active member of NHS Clinical Commissioners. The Accountable Officer, Mary Hutton was the South West representative on the National Board. Helen Goodey, Director of Primary Care and Locality Development and Ellen Rule, Director of Transformation and Service Re-design, also represented the CCG at national level, along with Colin Greaves, Lay Member for Governance.  Dr Hein LeRoux, Deputy Clinical Chair commented that over the past year the CCG had ensured that there was significant investment in the local primary care workforce. The recruitment of clinical pharmacists and dementia nurses embedded in clusters was vital to improving patient care and ensuring the sustainability of general practice.  Mary Hutton thanked everyone for attending the AGM and working with the CCG.  Dr Seymour thanked all the presenters and those who had attended the AGM.  The AGM closed at 6.30pm. |

Minutes Approved by Gloucestershire Clinical Commissioning Group Governing Body:

Signed (Chair):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_