ANNUAL GENERAL MEETING
11.30am on Wednesday 10 July 2019
in The Sovereign Suite,
Shrewsbury Town Football Club,
Oteley Road, Shrewsbury,
Shropshire, SY2 6ST

PROGRAMME

11.30am Start
(Refreshments available from 11.00am)

- Welcome & Introduction                 Julian Povey
- Apologies for Absence                  Julian Povey
- Minutes of Previous AGM (11 July 2018) Julian Povey
- Presentation by Chief Finance Officer  Claire Skidmore
- Presentation by Accountable Officer    David Stout
- Open Session - Questions from the Public
- Thanks and Close of AGM                Julian Povey

The CCG’s Annual Report 2018/19 is available to view and download from the
Shropshire CCG website
or can be obtained
by contacting the Communications Team, Shropshire CCG,
Somerby Suite, Mytton Oak Road, Shrewsbury, SY3 8XL
tel: 01743 277500 or SHRCCG.communicationsteam@nhs.net
Shropshire Clinical Commissioning Group

MINUTES OF THE ANNUAL GENERAL MEETING
HELD IN THE SOVEREIGN SUITE, SHREWSBURY TOWN FOOTBALL CLUB,
OTELEY ROAD, SHREWSBURY, SY2 6ST

AT 11.00AM ON WEDNESDAY 11 JULY 2018

Present

Dr Jessica Sokolov  (Deputy Clinical Chair)
Dr Simon Freeman  (Accountable Officer)
Mrs Claire Skidmore  (Chief Finance Officer)
Dr Finola Lynch  (GP Governing Body Member & Clinical Director)
Dr John Pepper  (GP Governing Body Member & Clinical Director)
Dr Steve James  (GP Governing Body Member & Clinical Director)
Dr Shailendra Allen  (Locality Chair, South Locality)
Dr Deborah Shepherd  (Locality Chair, Shrewsbury & Atcham Locality)
Ms Dawn Clarke  (Director of Nursing, Quality and Patient Experience)
Mrs Gail Fortes-Mayer  (Director of Contracting & Planning)
Mr Keith Timmis  (Lay Member – Performance)
Mr William Hutton  (Lay Member – Governance & Audit)
Mr Meredith Vivian  (Lay Member – Patient & Public Involvement)
Mrs Sarah Porter  (Lay Member – Transformation)
Mrs Tracy Eggby-Jones  (Corporate Services Manager - Minute Taker)

In Attendance

Mr Jonathan Bletcher  (Head of Assurance & Delivery, NHS England)
Mr Graham Shepherd  (Shropshire Patient Group – Observer)

AGM-2018-07.001 - Welcome & Introduction by the Chair

1.1 Dr Sokolov welcomed members, public, stakeholders and staff to the Annual General Meeting (AGM) of Shropshire Clinical Commissioning Group (CCG), and advised that she would be chairing the meeting in the absence of Dr Povey.

1.2 Dr Sokolov reported that the CCG’s Annual Report 2017/18 was available to download from the CCG’s website:


There were also a limited number of hard copies available at the meeting for members of the public. A copy was also available upon request from the CCG’s headquarters.

1.3 It was noted that a copy of the full presentation from the AGM was available to download from the CCG’s website at:

http://www.shropshireccg.nhs.uk/get-involved/meetings-and-events/agm/

AGM-2018-07.002 - Apologies

2.1 Apologies were noted from:

- Dr Julian Povey (CCG Chair)
- Dr Tim Lyttle (Locality Chair, North Locality)
- Mr Kevin Morris (GP Practice Governing Body Member)
- Dr Ed Rysdale (Secondary Care Clinician)
- Mrs Sam Tilley (Director of Corporate Affairs)
- Mrs Jane Randall-Smith (Healthwatch Shropshire)

AGM-2018-07.003 - Minutes of the Previous AGM : 12 July 2017

RESOLVE: The minutes of the previous Annual General Meeting (AGM) held on 12 July 2017 were presented for approval. These were proposed by Dr Freeman, seconded by Dr James and ACCEPTED as a true and accurate record by Members.

AGM-2018-07.004 – Staff Hero Awards

3.1 Dr Sokolov, on behalf of the CCG, acknowledged the hard work and dedication of the staff working in the organisation to deliver high quality, safe healthcare for the population of Shropshire. As a result Staff Hero Awards had been developed to recognise those individuals who had gone that extra mile for the organisation, both frontline and back office staff.

3.2 A process for nominating staff was introduced and the Staff Hero Winners for 2017/18 were noted as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison Durrans</td>
<td>Contract Support Officer</td>
<td>Contracting Team</td>
</tr>
<tr>
<td>Caroline Rutherford</td>
<td>Care Home &amp; Dietetic Support Pharmacy Technician</td>
<td>Medicines Optimisation Care Home Team</td>
</tr>
<tr>
<td>Elaine Dean</td>
<td>CHC Nurse Assessor</td>
<td>Complex Healthcare (CHC) Team</td>
</tr>
<tr>
<td>Jade Smallman</td>
<td>Call Handler for Prescription Ordering Direct</td>
<td>Prescription Ordering Direct (POD) Team</td>
</tr>
<tr>
<td>Khalid Hussain</td>
<td>Nurse Manager - Learning Disabilities</td>
<td>Complex Healthcare (CHC) Team</td>
</tr>
<tr>
<td>Paul Cooper</td>
<td>Head of Adult Safeguarding</td>
<td>Complex Healthcare (CHC) Team</td>
</tr>
<tr>
<td>Phil Morgan</td>
<td>Primary Care Manager</td>
<td>Primary Care Team</td>
</tr>
<tr>
<td>Rebecca Jones</td>
<td>RAS &amp; CaB Support Administrator</td>
<td>Referral and Assessment Service (RAS) Team</td>
</tr>
<tr>
<td>Sandra Downes</td>
<td>Finance Analyst</td>
<td>Finance Team</td>
</tr>
<tr>
<td>Sarah Robinson</td>
<td>Complex Discharges Commissioning Manager</td>
<td>Programmes and Service Redesign Team</td>
</tr>
</tbody>
</table>

3.3 Dr Sokolov highlighted some of the comments received to support the nominations, which she felt demonstrated the huge efforts made by staff whilst working under significant pressure.
AGM-2018-07.005 - Chief Finance Officer’s Report

4.1 Mrs Skidmore gave a brief presentation on the CCG’s financial position for 2017/18 and noted that a copy of the full financial accounts were included within the Annual Report.

4.2 Mrs Skidmore began by reporting that the CCG received an initial allocation of £436.391m to spend on the population of Shropshire. Of the allocation received in 2017/18, £8m had been earmarked for the running costs of the organisation.

4.3 Mrs Skidmore noted that the CCG received its funding from the government to commission healthcare for the population of Shropshire. The CCG then passed this on to partners through contracts, grants and other agreements. In 2017/18 the CCG had been asked to:
- Achieve its statutory financial duties
- Spend a proportion of its funding on “one off” projects

4.4 Mrs Skidmore reported that the CCG ended the year in a deficit position of £27m. Therefore, it had not met its control total of £19m deficit, not achieved its financial statutory duties during 2017/18 and had exceeded its annual income.

4.5 Mrs Skidmore highlighted the key areas of expenditure which totalled £463.437m, as follows:
- Acute
- Community Services
- Continuing Healthcare and Complex Care
- Mental Health Services
- Primary Care Services
- Co-Commissioning
- Other Healthcare Programme costs
- Running Costs

4.6 Mrs Skidmore acknowledged that the CCG would continue to face a range of financial risks and challenges attributed to both national and local social, economic and policy issues. These included:
- The challenge of achieving the required efficiencies to return to financial balance
- Growing demand for healthcare and a continuous drive to maintain and improve the quality of services that the CCG commissions
- Challenging financial position of the wider health and social care economy.

RESOLVE: MEMBERS RECEIVED AND ADOPTED Shropshire CCG’s Annual Accounts 2017/18, as presented by Mrs Skidmore.

AGM-2018-07.006 – Chair & Accountable Officer’s Presentation

5.1 Dr Freeman began his presentation by acknowledging that the CCG had faced significant challenges during 2017/18 but was making significant strides going forward to improve the quality, safety and access to services it commissioned for the population of Shropshire.

5.2 Dr Freeman reported that the CCG now had a full substantive Executive Team and full complement of Governing Body Members to drive the work forward and build a better and stronger organisation.

5.3 Dr Freeman highlighted that the CCG continued to develop and deliver a Financial Recovery Programme that would return the CCG to recurrent financial balance over a number of years.

5.4 Dr Freeman advised that following delivery of the CCG’s 2016/17 control total, it had delivered a £17m QIPP savings in 2017/18, which he emphasised was a major achievement for the organisation. Dr Freeman noted that although the CCG did overspend last year with an out-turn of £27m, due to prior year planning and accounting issues, there were many positive indicators.

5.5 Dr Freeman reported the CCG needed to build its financial recovery plan on the following changes:
• Addressing significant rates of over intervention in surgery (when compared to national norms), notably MSK
• Stop doing procedures which have limited or no clinical value for patients, as determined by national guidance
• Commissioning community services to ensure they were fit for the future
• Addressing, and continuing to address, significant over spend in complex care and continuing healthcare
• Implementing a cost effective prescribing programme with primary care
• Alternatives to hospital admission, notably in respect of frailty

5.6 Dr Freeman reported that there had been a number of opportunities seized by the CCG during the year, these included:

• Progressing Future Fit through the NHS England assurance process, securing £312m of capital support and entering formal public consultation.
• Working with SATH to address issues within A&E
• Financial sustainability of Shropdoc (Shropshire’s Out of Hours service provider) and the successful re-procurement of the service
• In year a number of fragile services had been identified and plans developed to mitigate this (ie Mid-wif Led Units, Neurology and Ophthalmology)
• Development and roll out of the Shropshire Care Closer to Home Programme.

5.7 Dr Freeman reported that the CCG would be unable to make the necessary changes to healthcare provision without the active involvement and engagement of patients and public. Dr Freeman noted that there were a number of core areas of work that the CCG was actively engaging with and involving patients in, these included:

• Community Services Review (CSR) – Care Closer to Home
• Midwife led Maternity Unit (MLU) Review
• Primary Care Access
• Future Fit
• Sustainability & Transformation Plan (STP)

AGM-2018-07.007 – Questions from Members of the Public

Dr Sokolov opened the meeting to questions from members of the public. Questions raised at the meeting were noted as follows:

• **Ms Gill George, Shropshire Defend Our NHS**

Ms George referred to the rurality issues that she had raised at the previous AGM, in relation to the proposed changes to commissioned services (ie MLU, Out of Hospital Care), and the need to ensure they continued to be accessible to patients living in rural communities. Ms George reminded Governing Body Members that less than 25% of Shropshire’s population lived in Shrewsbury, with the older population, who were the main users of healthcare, concentrated in rural areas, particularly in South Shropshire. Ms George asked Members to consider looking at every service change or development routinely through a ‘rural lens’ in order to consider the impact on rural communities and documenting in what way these had been taken into account.

Dr Freeman advised that the CCG’s current processes did consider any impact for all patients wherever they lived and that this formed a key part of the Shropshire Out of Hospital programme.

Dr Allen provided an update on the work currently being undertaken in South Shropshire relating to the Shropshire Out of Hospital Programme and reported that all GPs in the area were working closely to develop ideas for bringing services closer to rural communities. Dr Allen reported that some initiatives were currently being piloted with the intention to roll these out across the county. Dr Allen emphasised that Patient Participation Groups (PPGs) were also involved in the process.
• **Mr John Bickerton**

Mr Bickerton stated that over the last 2 years he had enquired about the Better Care Fund (BCF) and the CCG’s relationship with Shropshire Council in this relation to this. Mr Bickerton advised that he had been assured that everything was in order, however, page 74 of the CCG’s Annual Report indicated the Council were less than compliant in their element of the BCF. Mr Bickerton felt that he had been misled and that it contravened the NHS Constitution and Code of Conduct.

Mrs Fortes-Mayer explained that the BCF had been designed to bring together and pool resources to maximise health and social care outcomes. Mrs Fortes-Mayer acknowledged that it had been difficult to articulate the outcomes and demonstrate how they were measured, but this had since improved and confirmed that all key milestones and key performance indicators (KPIs) relating to BCF had been met.

Mrs Skidmore noted that page 74 of the CCG’s Annual Report, which Mr Bickerton referred to, related to the Internal Audit report and clarified that Internal Audit had identified, as part of their review of BCF, a number of recommendations for improvement. Mrs Skidmore emphasised that this was not a reflection that the BCF was failing, but would allow the CCG to focus on key areas for improvement.

Dr Sokolov highlighted that no-one had been misled and gave assurance that the CCG continued to work with Shropshire Council to pool resources in order to implement improvements in both health and social care in the most cost effective and efficient way possible. Dr Sokolov clarified that both the CCG and Shropshire Council retained their own governance structures and processes in order to monitor the implementation of the BCF.

• **Mr David Sandbach**

1. Mr Sandbach referred to national cancer performance and highlighted that there were poor cancer outcomes for patients and asked Members for their views on cancer performance in Shropshire.

Dr Davies reported that nationally there were a number of cancer performance targets against which the CCG was measured. In terms of the 62 day referral to treatment (RTT) cancer target, Dr Davies advised that Shropshire CCG had not achieved the target overall during the year, due to access to out of county services. However, the CCG’s local provider (i.e. Shrewsbury & Telford Hospital NHS Trust) had achieved the target. Dr Davies highlighted that this was only one indicator against which the CCG was measured and Shropshire had a very good screening programme with good uptake rates compared to the national average and that it continued to work with the Regional Cancer Alliance to help improve early diagnosis.

Dr Freeman stated that unfortunately cancer performance targets were not measured by outcomes but by input measures. Professor Thomson concurred with Dr Freeman’s comments stating that early diagnosis and screening was paramount and encouraged people to attend their screening appointments.

Mr Sandbach felt that the prevention agenda was key and that improvements could be made locally and suggested that this be a high priority for the CCG for the forthcoming year.

Dr Sokolov advised that although the prevention agenda sat with Public Health and the local authority, it was recognised that the CCG needed to be more involved. Dr Sokolov reported on a pilot that had been running in Oswestry around Social Prescribing, which was due to be rolled out across the county, which aimed to help people change and maintain their health through self-care, which she also felt supported disease prevention. Dr Sokolov also referred to the work currently underway in relation to the Shropshire Care Closer to Home programme.

2. Mr Sandbach requested an update in relation to the Shropshire, Telford & Wrekin Sustainability & Transformation Plan (STP).

Dr Freeman felt that having a fully active STP was vital to support the financial recovery and sustainability of the local health economy. Dr Freeman advised that at present a recruitment process was underway, with the support of NHS England and NHS Improvement, to appoint an Independent Chair to move forward the programme of work...
3. Mr Sandbach noted that Shropshire ambulance services were provided by West Midlands Ambulance Service (WMAS) and although they were meeting their performance targets regionally, Mr Sandbach expressed concern regarding the poor performance locally. Mr Sandbach asked what action the CCG was taking to improve performance.

Mrs Fortes-Mayer reported that Shropshire CCG, along with Telford & Wrekin CCG, was in discussion with the Regional Commissioner for ambulance services, in this regard and confirmed that a meeting was planned in the near future to look at maximising the services commissioned and outcomes for the population of Shropshire, Telford and Wrekin. It was noted that the STP would also be involved in the debate.

Mr Sandbach requested that engagement with the local population should also be considered as part of the process, as he felt they were best placed to know what was required. Mr Sandbach felt that WMAS needed to be adaptive and innovative in order to be able to meet patient demand.

Mrs Fortes-Mayer advised that there was also a need to manage patients’ expectation so that there was a clear understanding of what the ambulance service should and can provide.

Mr Bickerton concurred with Mr Sandbach’s comments and felt that Shropshire CCG was not getting value for money.

Dr Sokolov advised that this would form part of the discussions and meetings with WMAS and the Regional Commissioner for ambulance services.

4. Mr Sandbach referred to the contract the CCG held with the Mental Health Trust (Midlands Partnership NHS Foundation Trust – MPFT) in which he felt the CCG was not receiving best value for money.

Mrs Skidmore advised that both Shropshire and Telford & Wrekin CCGs held contracts with MPFT and that historically there were elements of the contract that were no longer being utilized. Therefore, Mrs Skidmore advised, that a piece of work was currently underway to look at rebasing the contract in order to meet current demand. This would also help inform the contract negotiations for 2019/20.

Mrs Fortes-Mayer concurred with Mrs Skidmore’s comments and advised that part of the rebasing was looking at ensuring resources were being used as cost effectively as possible and that it met the CCG’s strategic objectives for mental health and community services.

5. Mr Sandbach noted that there was an indication that Shropshire Community Health NHS Trust (SCHT) would be amalgamated with another organisation, but that there was not a successful bidder. Mr Sandbach sought an update in this regard.

Dr Freeman advised that Shropshire CCG had limited involvement in the procurement process in terms of setting the criteria and, although it broadly supported the integration of services, the CCG had had no involvement in the evaluation of the bids. Dr Freeman reported that NHS Improvement, via the STP, had asked the CCG to engage in the process to look at what options were available going forward.

**AGM-2018-07.008 – Thanks & Closing Remarks**

Dr Sokolov thanked everyone for their attendance and noted that the CCG’s Governing Body meeting would take place immediately after the AGM, following a short break.

**SIGNED ………………………………………….. DATE ……………………………………..**