



**Clinical Commissioning Groups
Task Group**

- Draft Report -

Chairman:

Councillor Julie Robinson

Task Group Members:

Councillor Marge Anderton
Councillor Lady Dulcie Atkins
Councillor Lorraine Beavers
Councillor Ruth Duffy
Councillor Patsy Ormrod
Councillor Sue Pimbley
Councillor Ted Taylor
Councillor Val Wilson

Overview & Scrutiny Committee

Chairman: Councillor Michael Vincent

Contents

| | |
|---|---------|
| • Introduction | Page 3 |
| • Aims of Review | Page 4 |
| • The Review Process | Page 4 |
| • Summary of evidence provided by the Health and Community Engagement Portfolio Holder, Councillor Vivien Taylor, and Mark Broadhurst, Head of Housing Services | Page 5 |
| • Summary of Evidence provided by Garry Payne, Chief Executive | Page 8 |
| • Summary of Evidence from Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool CCG and Jacqui Thompson, Senior Manager, Planning and Partnerships, Lancashire North CCG | Page 9 |
| • Summary of Evidence from Erin Portsmouth, Head of Communications and Engagement, Greater Preston CCG and Greg Stringer, Interim Head of Communications and Engagement, Fylde and Wyre CCG | Page 11 |
| • Conclusion and Recommendation | Page 13 |
| • Councillors' Attendances | Page 15 |
| • List of Appendices | Page 16 |

Introduction

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

CCGs are:

- Membership bodies, with local GP practices as the members;
- Led by an elected Governing Body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members;
- Responsible for about 60% of the NHS budget; or £60 billion per year;
- Responsible for healthcare commissioning such as mental health services, urgent and emergency care, elective hospital services, and community care;
- Independent, and accountable to the Secretary of State for Health through NHS England;
- Responsible for the health of populations ranging from under 100,000 to 900,000, although the average population covered by a CCG is about a quarter of a million people.

GPs practices made a choice about which CCG they joined, which resulted in Wyre Council's area being served by four different Clinical Commissioning Groups. The majority of Wyre is covered by the Fylde and Wyre CCG but some areas are covered by others. The breakdown of GP practices in Wyre is as follows:

| | |
|----------------------|---------------------------------|
| Fylde and Wyre CCG | 11 GP practices |
| North Lancashire CCG | 2 GP practices (Garstang) |
| Blackpool CCG | 1 GP practice (Cleveleys) |
| Greater Preston CCG | 1 GP practice (Great Eccleston) |

Aims of Review

The aims of the review, as specified in the scoping document, were as follows:

1. To understand how each of the four Clinical Commissioning Groups sets its priorities.
2. To understand the role of the council and local residents in determining the priorities of each of the four Clinical Commissioning Groups.
3. To assess the effectiveness of the current arrangements between Wyre Council and each of the four Clinical Commissioning Groups and see where the council can assist the four Clinical Commissioning Groups to work together for the benefit of local residents.
4. To assess whether the council needs to adopt a universal or individual approach when dealing with the four Clinical Commissioning Groups.

The Review Process

The review has been limited to the way in which Wyre Council works with the four CCGs that operate within the borough's boundaries. This remit has been strictly enforced as members of the task group were very aware that it would be easy to begin to ask questions about the way in which the CCGs themselves work and set their priorities, which was not the purpose of the review. By limiting its remit in this way the scope of the review remained manageable throughout.

The task group interviewed Wyre's Chief Executive, Garry Payne, and Health and Community Engagement Portfolio Holder, Councillor Vivien Taylor, who was accompanied at the meeting by Mark Broadhurst, Head of Housing Service. They also met with communications and engagement representatives of the four CCGs.

Summary of evidence provided by the Health and Community Engagement Portfolio Holder, Councillor Vivien Taylor, supported by Mark Broadhurst, Head of Housing Services

Councillor Vivien Taylor and Mark Broadhurst provided a wealth of background information in order to detail the context within which the review was taking place.

The key themes in the five-year strategies of the four CCGs are all very similar, in line with the NHS Five Year Forward View that has set out a plan for the coordination of the longer term transformation of the NHS.

Members viewed the following three current documents from the Fylde and Wyre CCG, similar documents being available from the other three CCGs that cover different parts of the borough of Wyre:

- (a) 2030 Vision for Health and Care in Fylde and Wyre
- (b) Five Year Plan Summary
- (c) Review of the Year 2014-15

The key themes and challenges to be faced, which are common across most CCGs include:

- More support to maintain independence at home
- More support for people to make the right health choices via self-care
- Increased digitalisation and the use of technology
- More joined up health and social care to support people in the community
- Easier access to services

Each CCG is likely to have its own particular slant on how to address the key themes, depending on its own demographic profile.

The Fylde and Wyre CCG has an annual budget of about £200m, a sizeable proportion of which is spent on hospital funding. There is a desire to focus more on prevention and keeping people out of care and hospital which is a more effective and efficient way of allocating resources. The Fylde and Wyre Health and Wellbeing Partnership is driving the agenda forward.

A number of challenges have been identified by the Fylde and Wyre CCG which are also relevant to the three other CCGs. They include:

- Growing numbers of older people
- Increasing numbers of people with complex long-term medical conditions (70% of NHS budget spent on 30% people)
- Unacceptable health inequalities
- Sometimes poorly coordinated health and care systems
- Sometimes poorly managed conditions leading to unnecessary hospital admissions
- Funding gap – costs are rising more quickly than funding coming in

The NHS believes the following are crucial if the challenges identified are to be met:

- More support to help prevent people becoming ill in the first place
- More support to help people manage their conditions at home
- Better informed choices about health and healthcare
- Joined up health and social care planned around people's needs
- Access to more services seven days a week
- More community- and home-based care
- Care in hospitals for services which can only be carried out safely there
- Better use of technology

District councils have a key role to play in helping to meet these challenges. Wyre has already developed initiatives in a number of different areas.

Wyre's programmes addressing affordable warmth and winter resilience, the Care and Repair and Handyperson Services, and the investment in Leisure Centres are all examples of how the council already contributes to meeting the challenges faced.

The Better Care Fund was intended to transform local health and social care services by pooling resources to keep people out of hospital and care unless absolutely necessary.

The Fylde and Wyre CCG has been successful in bidding for funds from the new £50 million Prime Minister's Challenge Fund to improve access to health care services in Fleetwood. The successful bid was for a total £547,000 and covers a range of projects including:

- 7 days access to a full range of pre-bookable Primary Care services 8am-8pm
- 24/7 access to appointment booking and ordering of prescriptions
- Flexible access to services e.g. telephone consultations, video consultations, community pharmacy minor ailments scheme, use of NHS accredited apps
- Joining up of urgent care and out of hours care
- Telecare – use of Florence, a text messaging system
- Digital Inclusion

Wyre Council has worked with the CCG to develop the element around delivering a pilot digital inclusion / technology project. The project was to target socially isolated residents in Fleetwood, especially those at high risk of emergency hospitalization or with multiple long term conditions.

Isolated elderly or vulnerable residents were be provided with mobile technology allowing them to access health care services and support online, including video consultations with health care professionals and the wider community.

The following is a summary of innovative projects and developments that are already underway in Wyre.

- Fleetwood Extra Care Scheme
- A digital inclusion project in Fleetwood via the Prime Ministers Challenge Fund
- GP Weight Management Referral Programmes

- Affordable warmth initiatives
- Neighbourhood based models of care in Fleetwood and Garstang
- The creation of a Community Directory to aid social prescribing by GPs
- A project to target assistance for patients suffering from COPD.

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Summary of Evidence provided by Garry Payne, Chief Executive

The council's Business Plan 2015-2019 includes the objective to

“Work with our partners (including the Clinical Commissioning Groups, the County Council, YMCA and voluntary, community and faith groups) focusing on prevention to improve the health and wellbeing of our communities”.

Wyre's draft Business Plan was shared with all four of the CCGs that covered parts of the borough, and comments were received from one.

Perhaps not surprisingly, the logistics of working with four different CCGs were challenging. It has been relatively easy to develop a strategic relationship with Fylde and Wyre, but it has been more difficult with the other three. This is, perhaps, understandable to a certain extent as the Fylde and Wyre CCG covers more of Wyre's residents than the other three CCGs, but it is still an unsatisfactory situation.

Engagement with all four CCGs at a more operational level has been easier to achieve.

Although the CCGs across the country meet collectively in localised groupings, evidence suggests that they still act relatively independently; although there is a stated willingness to work more closely together there appears to be insufficient commitment to do so. It is accepted that a CCG has to make clear its priorities, but it remains equally responsible for all the residents within its boundaries. If this imbalance is being mirrored across Lancashire a number of communities could be disadvantaged, particularly those that are on the periphery of major centres of population.

The Fylde and Wyre CCG has been cited as a positive example for others to follow. They engage well with residents and organisations and are not frightened to challenge the historical context within which the delivery of health services has evolved. They are also keen to consider how services might be delivered differently.

Summary of Evidence from Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool CCG and Jacqui Thompson, Senior Manager, Planning and Partnerships, Lancashire North CCG

Representatives from the Blackpool CCG and the Lancashire North CCG attended a meeting with the task group on 25 August 2015.

Blackpool CCG

Blackpool CCG covers 22 GPs practices, including the Cleveleys Group Practice and the Crescent Surgery at Cleveleys Health Centre.

Dr Mark Johnston made a presentation about Blackpool CCG's Strategic Plan 2014-19, which is in its second year. He highlighted the significant funding pressures on all CCGs and stressed the importance of focusing on new ways of thinking and looking at how CCGs could work differently. One example provided by Dr Johnston was the integration of health and social care. He went on to describe the CCG's vision and delivery models, and also gave examples of how newly structured services would be delivered.

Dr Johnson added that the CCGs across the Fylde coast work very closely together, Blackpool meeting most weeks with colleagues from Lancashire North and Fylde & Wyre.

Lancashire North CCG

Jacqui Thompson summarised the area covered by the Lancashire North CCG which comprises 12 GP practices, including two in Garstang. Like many others, the area has mixed demographic and health challenges.

Lancashire North has a five-year strategy called 'Better Care Together', which includes many of the same priorities as are covered by other CCGs. There is an emphasis on helping people to stay at home with a greater proportion of care being delivered in the community.

There has been good engagement around 'Better Care Together', including a visit to Garstang by the consultation bus and a visit to Wyre Council. The CCG consulted with patients by visiting all the neighbourhoods in their area. There is some evidence that councillors have not always received the mailings and newsletters that were sent out, a matter that would easily be resolved by a review of mailings lists and details.

It was Jacqui Thompson's opinion that the CCGs work well together, particularly around commissioning where different CCGs take responsibility for commissioning different services (for example, Blackpool is responsible for the commissioning of the Ambulance Service and East Lancashire for mental health services).

Referring to the way in which CCGs have been set up, Jacqui Thompson said that the GP Practices chose which CCG they wished to belong to. The boundaries of the CCGs are made up of the GP Practices and an important factor is patient flows, rather than

artificially imposed local authority boundaries which do not always make sense to patients. It is often the case that it is more convenient for a resident to attend a GP practice outside the borough boundary.

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Summary of Evidence from Erin Portsmouth, Head of Communications and Engagement, Greater Preston CCG and Greg Stringer, Interim Head of Communications and Engagement, Fylde and Wyre CCG

Representatives from the Greater Preston CCG and the Fylde & Wyre CCG attended a meeting with the task group on 15 September 2015.

Greater Preston CCG

Greater Preston CCG covers 34 GPs practices, including the Great Eccleston Health Centre, and a population of 212,000.

To date, Greater Preston CCG's strategy has been driven by engagement; the next stage will focus more on customer care and developing relationships with communities. External engagement has also been important, and close working relationships with Lancashire County Council and Chorley Council have been developed. The focus for 2016/17 was likely to be on stakeholders and partnerships.

Patient involvement has been a key part of the process that has helped the CCG to agree its priorities. Patient Participation Groups (PPGs) are a way for GP practices and their patients to work together to review opportunities and make comments and suggestions about the way services are provided. Different sectors of the population are represented on the PPG, which assists the CCG in maintaining contact with those residents who are often harder to reach.

In response to a question from the task group about how the CCGs ensure that patients receive an equal service, Erin Portsmouth said that although clinical policies might not be perfectly aligned, CCGs should reflect local need. Some things are agreed across Lancashire and others are driven locally. For example, in Greater Preston the current priorities are elective, planned and primary care, with mental health having been identified as a priority for 2016/17. Those priorities would not necessarily be the same for all CCGs at the same time.

Regarding engagement with councils, it was perfectly possible to work in a bespoke way with different councils; Greater Preston CCG works in a particular way with Lancashire County Council for example, but that might not necessarily suit Wyre.

Fylde & Wyre CCG

Fylde & Wyre CCG covers 20 GPs practices with 152,000 registered patients.

Fylde & Wyre's Patient and Public Engagement Group (PPG) includes patients and representatives from a number of groups in the community. Each GP practice has a PPG, the Chairs of which meet together to advise and comment upon the CCG's strategy. A recent IPSOS/Mori stakeholder survey concluded that the Fylde and Wyre CCG engages very effectively with patients.

Greg Stringer, Interim Head of Communications and Engagement, identifies two key elements of effective engagement. The first is how the CCG engages formally at senior

management level, which Mr Stringer said worked well. The second relates to the lines of communication with other CCGs, which Mr Stringer suggested still had some room for improvement, and by doing so it might be possible to align priorities more effectively.

The Greater Preston and Fylde & Wyre CCGs made the point that effective communication is two-way and they do not receive a significant amount of communication from Wyre Council, an area that could be improved. It is likely that the CCGs could benefit from using local councils' machinery and systems to improve communication and engagement, if that is possible. The council's website, for example, could host information from the CCGs at their request.

It is accepted that keeping local ward councillors fully informed and involved is a very effective way for CCGs to communicate with residents across the borough.

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Conclusion and Recommendations

Conclusions

The task group was very clear about the boundaries of this review, which was limited to the way in which the council might work more closely with each of the four Clinical Commissioning Groups that cover parts of the borough. It recognised that any issues about the way in which health services are delivered was beyond the task group's remit.

The task group cites the council's relationship with the Fylde & Wyre CCG as the model to which the council should aspire. The council's relationship with the Fylde & Wyre CCG has been very positive and the flow of information from the CCG to the council and individual councillors and officers has been excellent. This is a direct reflection of the fact that the Fylde & Wyre CCG covers more of Wyre's residents than the other three of Wyre's CCGs. However, it is essential that exactly the same level and quality of communication is developed with each of the remaining CCGs (Blackpool, Lancashire North and Greater Preston) in order to ensure that all of Wyre's residents are effectively represented regarding the identification of health priorities and the delivery of services.

The task group acknowledges that the council, primarily through the Head of Housing Services, has been involved in a number of excellent, innovative projects with, primarily, the Fylde & Wyre CCG, including:

- Fleetwood Extra Care Scheme
- A digital inclusion project in Fleetwood via the Prime Ministers Challenge Fund
- GP Weight Management Referral Programmes
- Affordable warmth initiatives
- Neighbourhood based models of care in Fleetwood and Garstang
- The creation of a Community Directory to aid social prescribing by GPs
- A project to target assistance for patients suffering from COPD.

The task group is confident that this work will be developed further, and hopes that options for supporting some similar projects in partnership with the Blackpool, Lancashire North and Greater Preston CCGs can be promoted.

Effective communication is a two-way process and there is some evidence that the council can improve the way in which it provides information to the CCGs rather than assuming that it is simply a recipient. There is a shared responsibility for effective communication. The council's engagement team is the crucial contributor to this process.

Recommendations

RECOMMENDATION ONE

By actively developing positive relationships with all four CCGs and raising Wyre's profile, residents in all parts of the borough will benefit by being better informed about how health services are provided in their locality and how they can contribute to the prioritisation of the delivery of health services.

The task group recommends that the council's engagement team reviews the way in which it works with all four CCGs (and Blackpool, Lancashire North and Greater Preston in particular) and ensures that lines of communication are developed further.

RECOMMENDATION TWO

The role of the Health and Community Engagement Portfolio Holder is vital in ensuring that working relationships with the four CCGs are made more effective, especially in the way in which Wyre's profile with the CCGs can be raised. It is incumbent upon the Health and Community Engagement Portfolio Holder to ensure that this happens.

The task group recommends that the Health and Community Engagement Portfolio Holder refers in her Executive reports to Council to any actions that have been taken to enhance the working relationship between the council and the four CCGs (and Blackpool, Lancashire North and Greater Preston in particular).

RECOMMENDATION THREE

The task group recommends that consideration be given by the Health and Community Engagement Portfolio Holder to identifying an elected member in each CCG area who will be the point of contact for the CCG, through whom information can be passed.

Councillors' Attendances

There were five meetings of the task group.

| Name | Meetings attended (maximum 5) |
|------------------------|----------------------------------|
| Councillor M Anderton | 2 |
| Councillor Lady Atkins | 3 |
| Councillor Beavers | 3 |
| Councillor R Duffy | 4 |
| Councillor Ormrod | 4 |
| Councillor Pimbley | 2 |
| Councillor Robinson | 5 |
| Councillor T Taylor | 4 |
| Councillor Wilson | 5 |

In addition to the above, Councillor Catterall came to the meeting on 15 September 2015, when a representative from the Greater Preston CCG attended.

List of Appendices

APPENDIX 1 Clinical Commissioning Groups task group – Scoping Document

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27 October 2015

**Working effectively with four different
Clinical Commissioning Groups**

Task Group - Scoping Document – FINAL

| | | |
|---|--|---|
| Review Topic | Working effectively with four different Clinical Commissioning Groups | |
| Chairman | Cllr Julie Robinson | |
| Group Membership | Cllrs Marge Anderton, Lady Dulcie Atkins, Loraine Beavers, Ruth Duffy, Patsy Ormrod, Sue Pimbley, Ted Taylor and Val Wilson (Vice Chairman) | |
| Officer Support | Peter Foulsham, Scrutiny Officer | |
| Purpose of the Review | To ensure that the council has an effective relationship with each of the four Clinical Commissioning Groups that cover different parts of the borough. | |
| Role of Overview and Scrutiny in this Review (mark all that apply) | Holding Executive to account – decisions Existing budget and policy framework Contribution to policy development Holding Executive to account – performance Community champion Statutory duties / compliance with codes of practice | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Aims of Review | 5. To understand how each of the four Clinical Commissioning Groups sets its priorities. 6. To understand the role of the council and local residents in determining the priorities of each of the four Clinical Commissioning Groups. 7. To assess the effectiveness of the current arrangements between Wyre Council and each of the four Clinical Commissioning Groups and see where the council can assist the four Clinical Commissioning Groups to work together for the benefit of local residents. 8. To assess whether the council needs to adopt a universal or individual approach when dealing with the four Clinical Commissioning Groups. | |
| Methodology | <ul style="list-style-type: none"> ○ Interviewing witnesses at task group meetings or at CCG offices. ○ Internet research of councils that are also covered by more than one CCG. | |
| Scope of Review | The review will focus on how the council builds its relationships with the four Clinical Commissioning Groups and will not address the effectiveness of the services delivered by the Clinical Commissioning Groups to residents. | |
| Potential Witnesses | <ul style="list-style-type: none"> ● Corporate Director of People and Places | |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Lead Member for Health and Wellbeing • Representatives from each of the four Clinical Commissioning Groups, including: <ul style="list-style-type: none"> ○ Chief Operating Officer ○ Senior Commissioning Manager |
| Documents to be considered | |
| Risks | |
| Level of Publicity | Low |
| Indicators of a Successful Review | The roles and responsibilities of councillors, council officers and officers of the Clinical Commissioning Groups are agreed and understood, in relation to the way in which the council works with the four Clinical Commissioning Groups. |
| Intended Outcomes | Effective relationships between the council and each of the four Clinical Commissioning Groups. |
| Approximate Timeframe | 3 months |
| Projected Start Date | 1 July 2015 |

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