

## Council of Governors

**Date:**

5<sup>th</sup> December 2018

**Agenda item:**

22

**Title:**

Feedback from BaNES  
CCG AGM

**Items:**

- Paper

**Agenda:**

1. Introduction from Ian Orpen – Chairman
2. Financial Position - Sarah James - (CFO)
3. Review of the year- Tracey Cox (CEO)
4. The Wigan Deal - Cllr Keith Cunliffe - Deputy Leader Wigan Council
5. BANES Panel - reflections on Wigan model

**Attendees:** 120 attendees including BANES Council Members, CCG employees, Community Champions, Representatives from a number of community providers and the general public

**Presentations:**

**1. Financial**

The CFO highlighted the increasingly difficult financial environment for the CCG. For 2017/18 she highlighted the following:

– Total Funding	£260m
– Reported Surplus	£1.471m
– Actual Surplus (before adjustments)	£99K
– Savings Achieved	£10.4m

Savings were achieved by reducing services and increasing scrutiny of methods of delivery and contracts.

For the year ahead, 2018/19 the position is even more difficult.

– Increase in Funding	2.8%
– Equivalent to	£1.9m
– Funding gap (ie savings required)	£6.2m
– Budgeted surplus	£4K

**2. Review of 2017/18 and future plans**

The CEO listed the challenges facing the NHS: Brexit, demographics, financial, workforce and a new health secretary. She suggested that the solutions include

much better integration of services and providers and digital developments. As an example, she described the recent mergers of GP practices in Bath to form “Heart of Bath” where being a bigger provider enabled the new practice to invest in new services eg an in-house Pharmacist and GP paramedic service, which could prevent some ED attendance,

Currently, in the BANES area, 91% of patients believe their GP to be ‘good’ and all GPs in the area have been rated Good or Outstanding by the CQC. Additionally, many of our services are rated highly, with Cancer, Maternity and Mental Health all achieving Outstanding, whilst Dementia Care was rated as Good.

For the next 5 years, the funding for the CCG will increase at an average of 3.4% pa which is still slightly below historical levels. To improve efficiency, they are planning to work more closely with BANES council with shared plans and some budget pooling. They will be particularly focusing efforts on care for the elderly.

Digitally, the electronic referral system becomes mandatory in October. The CEO also highlighted the opportunity to enhance the digital summary care record kept on almost all patients, to make treatment outside of the normal pathway smoother and more efficient. Whilst 98% of Patients now have a digital summary record, the additional ‘enhanced’ info is currently only held for 3%.

### 3. The Wigan Deal

Cllr Keith Cunliffe had been invited down to share with us the ways in which Wigan Council had changed it’s relationship with the local community to both achieve savings and improve care.

The council realised back in 2013 that it would have to change radically in order to sustain services for the future. It therefore introduced “The Deal” which carried the slogan of “Believe in your Borough” and formulated a series of commitments it needed from both council and citizen. Details of some of these can be found at: <https://www.wigan.gov.uk/Council/The-Deal/The-Deal.aspx>

The deal asks the citizens to behave differently and looks to find quality solutions to problems without being bound by rules or paperwork. It also works closely with voluntary organisations to identify opportunities for enhancing life and caring for people in the community. They have achieved significant success so far, including a lower rate of death from Cancer for those under 75yrs and the fifth lowest DTOC rate in the country.

Keith identified the need for the following elements for a successful program:

- Strong narrative - it should be a movement not a project
- Strong Leadership at all levels - culture change
- Change in the relationship with users and change in the system (reserves were used to change the system not prop up existing services)
- Investment in technology

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- Change in commissioning

Some of the things they did included the co-location of care teams, focussing on re-ablement of patients, training employees at all levels to look for problems and solution - a good example was a bin man who was able to spot when an elderly person was not coping.

### Observations/comments

1. The Wigan “Deal” presentation was undeniably impressive, and should make everyone connected with health and social care think about the untapped opportunities that exist. I do recommend that all Governors look at the Wigan “Deal” website. However, I couldn’t help feeling that this was where our STP should be going, not the individual organisations/providers - a question I asked but did not receive a full response to - I do understand that the Greater Manchester area is slightly different as they are devolved - but do we not risk doubling up on work if it is not centrally co-ordinated?

2. I also felt that Wigan highlighted just how uncoordinated and random the engagement with the local population is in the BANES area. Engagement is done by the CCG, the RUH and no doubt other organisations without reference to one another or any real prospect of fully engaging the population. In my experience, those who “engage” tend often to do so on a single issue or to represent their own interests - there is no evidence that we are capturing wider groups in the area, and Wigan shows that this is possible, and that true engagement requires as much of the individual citizens as well as the provider - it goes way beyond inviting comment on proposals.

3. I felt that the RUH Organisational Development program might also benefit from looking at some of the Wigan methodology for empowerment and change with employees.

4. My overall impression was of an interesting and positive morning.

Amanda Buss, Public Governor  
September 2018

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