

PART 1 GOVERNING BODY 2022/23

Date of Meeting:	20 May 2022
Agenda Item:	1.7
Subject:	Chairs report
Reporting Officer:	Dr C J Duffy
Aim of Paper	Information only

Governance route prior to Governing Body	Meeting Date	Objective / Outcome
Governing Body - Statutory		
Audit Committee - Statutory		
Remuneration Committee - Statutory		
Primary Care Commissioning Committee - Statutory		
Clinical and Professional Advisory Panel		
Information Governance Management Group		
Locality Engagement Group		
Patient and Public Engagement Committee		
Quality and Safeguarding Committee / Group		
Integrated Commissioning Board (RBC/HMR CCG)		
Strategic Place Board (previous HWBB – RBC)		
Other:		

Governing Body Resolution Required:	For Information Only
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Recommendation: Information only

Link to Strategic Objectives (SO):

SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	No
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	No
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital – Urgent Care (Getting more help)	No
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	No
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	No

RISK LEVEL (To be reviewed in line with the Risk Policy)**RAG Status:** N/A**Comments:****CONTENT APPROVAL / SIGN OFF****The contents of this paper have been reviewed and approved by:**

Not Applicable

Clinical Content signed off by:

Not applicable

Financial content signed off by

Not applicable

Clinical Engagement taken place: Not Applicable**Patient and Public Involvement:** Not Applicable**Patient Data Impact Assessment:** Not Applicable**Equality Analysis / Human Rights Assessment Completed:** Not Applicable

EXECUTIVE SUMMARY

The white paper has now had Royal assent and so officially the CCG will be disestablished on the 30th June. It is a relief to know that there is now a definite date rather than the fear of a further extension. While having a definite date makes no real difference to the progress the CCG has been making towards integration with our partners it removes a degree of uncertainty for our staff. There is still a lot to do at the GM level but the vast majority of the major posts are filled and now decisions can start to be made regarding decision-making delegation, financial flows etc.

While there is constant reassurance that for Staff below Board level that initially nothing will change other than the employer will be the Greater Manchester Integrated Care System rather than the CCG until the system is actually up and running and staff can see that their roles are unchanged there will continue to be some anxiety. The GM Board members who are in post held a virtual meeting with staff across the 10 CCGs with expected attendance in the 1000's and by far the most common questions in the chatbox were related to jobs/roles/line management. As a CCG we have continued to have regular staff briefings to keep staff abreast of what we know about what is happening – even when there often has been very little new information. However, a lot of questions are raised in these meetings that we have been able to feed up to the GM to ensure all areas of concern can be addressed.

We continue to progress with our local plans regarding Integration with our partners in Health Social Care and the Local Authority. It is a journey we started before the White Paper because there are undoubted benefits with all partners working in collaboration rather than competition. The challenge is ensuring any re-organisation and new Governance supports rather than hinders the process.

Fortunately, our Covid numbers are falling and the booster programme for our most vulnerable residents is progressing successfully but the effects of the Pandemic are far from finished. The Health and Social Care systems continue to be stretched with large numbers of patients attending A+E departments, long waits for Ambulances due to demand and GPs offering more appointments than before the Pandemic and it is still not enough to meet demand. Over the pandemic people's health has deteriorated so their conditions are more complex and difficult to treat, operations that have been long delayed are more complicated for the same reason and staff are exhausted and leaving the professions. This is the same all over the Country but the impact appears to be greater in areas of high deprivation.

As we move towards the end of the CCG we will start to have more “final” meetings and this week saw the Last Local Engagement Group meeting. The LEG meetings are where the CCG and Member Practices come together for information sharing, clinical discussion – and sometimes just a whinging session. Often these latter sessions are the most useful because unless issues are raised they cannot be resolved. Also in the days of Face to Face meetings they were opportunities for Practices to meet and chat with members of other Practices – something that rarely happened outside of LEG meetings. As I said at the meeting I think the engagement and challenge we have had from the Practices is one of the reasons I believe we have been successful as a CCG member Organisation. We haven't been able to solve all the whinges but have been able to explain the reasons why when we haven't been successful. Over the years our member Practices have been fantastic at delivering what we have asked of them, in some cases making the CCG figures significantly better than the rest of the CCGs in Greater Manchester. I am confident this support and challenge will continue into the new World of Primary Care Networks and Neighbourhood Boards.

Our next meeting in June will be the final Governing Body meeting so keep an eye on the date and time as it may be slightly out of the usual cycle due to any final l's and T's that need dotting and crossing.