

Approved – BCCG - 2 October 2018

**NHS Blackpool Clinical Commissioning Group
NHS Fylde and Wyre Clinical Commissioning Group**

**Primary Care Commissioning Committees Meeting in Common
Tuesday 17 July 2018 at 3.30pm
CCG Boardroom, CCG Offices, Derby Road, Wesham, PR4 3AL
(Meeting held in public)**

Fylde and Wyre CCG (FWCCG)

Present: Ms M Dowling, Chair (in the Chair)
Dr I Stewart, Secondary Care Doctor
Mr P Tinson, Chief Operating Officer
Mr A Harrison, Chief Finance Officer (Fylde and Wyre and Blackpool CCG)
Ms C Lewis, Acting Executive for Governance, Patient Safety and Risk
Mr K Toole, Lay Member (Patient and Public Engagement)

Blackpool CCG (BCCG)

Present: Mr R Fisher, Chair
Mr D Bonson, Chief Operating Officer
Mrs J Barnsley, Director of Performance and Delivery
Mr C Brown, Lay Member
Mr J Gaskins, Head of Finance
Dr S Green, GP Member

In Attendance: Dr A Rajpura, Director of Public Health, Blackpool Council/BCCG
Dr A Janjua, Elected Clinical Lead, FWCCG
Ms B McKeowen, Transformation and Planning Manager, FWCCG
Ms S Bloy, NHS England
Mr P Hargreaves, Head of Estates, FWCCG
Ms M Ashton, Senior Commissioning Manager, BCCG
Simon Bone, Project Manager
Jessica Tomlinson, Lancashire Local Medical Committee
Judith Mills, BCCG
Mel Ashe, Patient and Public Representative
Ms J Harrop, BCCG
Jeff Burrows, Blackpool Teaching Hospitals NHS Foundation Trust
Dr P Bennett, Elected Clinical Member, FWCCG
Mrs P Bowling, Governing Body Secretary, FWCCG

The members agreed to the proposal that Ms Mary Dowling, Chair, Fylde and Wyre CCG Chair the meeting. The Chair opened the meeting and thanked everyone for their attendance. The Chair advised that this was a meeting held in public and not a public meeting.

No.	Item
1.	Apologies for absence Mr P Olive, Mrs L Anderson-Hadley and Mr D Edmundson.
2.	Declarations of Interest There were no declarations of interest relating to items on the agenda.

3. **Whyndyke Garden Village (WGV)**
Peter Tinson explained that an assessment of the health requirements for the Whyndyke Garden Village (WGV) and the wider housing developments of the surrounding area had been undertaken. The Team working on this project had undertaken the assessment drawing on whatever evidence was available and recognising that there was no right or wrong way to do it.

B McKeowen, P Hargreaves and M Ashton jointly presented a set of slides and provided the following information:

- Introduction
- Overview of Healthy New Towns
- Community Asset Audit
- Surrounding Housing Developments
- Assessment of Additional Capacity Required
- Options to secure
- Next Steps

The following key points were highlighted during the presentation

- Section 106 Planning Agreement finalised and signed
- 15+ years for the project to develop in its entirety.
- Most existing health provision is in Blackpool.
- Assessment was compared to the Buckshaw Village assessment and outcome.
- Weeton Barracks predicted growth of 700-800 due to becoming a Garrison in 2020 and a further 220 homes in planning (both excluded in the modelling)
- Depending upon the modelling used estimated an additional population of 11,457 to 14,261.
- Existing practices in the area currently have capacity to accept approx. 7,500 patients.
- Modelling estimates that the number of patients requiring access to primary care medical services at WGV is between 3,957 to 6,761 patients.

The following three main options were put forward in response to the assessed requirement for additional primary and community service capacity:

Option 1 - Patients register at existing practices

Option 2 - Undertake further work with existing local practices to identify deliverable plans to increase capacity to support refinement of assessment need

Option 3 - Procure a new general practice

The pros and cons of each option were provided, and Option 2 was recommended. It was proposed that the further work be completed and an update report presented to a future meeting of the Primary Care Commissioning Committees.

A lengthy debate ensued during which the following comments were recorded.

In response to a question, members were advised that information on the amount of new housing taken up by the local population and by those from outside the area was not available. However a local developer, from their experience, had estimated it at 30% local and 70% out of area which was similar to information relating to Buckshaw Village. It was noted that the landowner can decide whether the land is sold in one go or on a phased basis. The challenge of mapping the need for additional capacity against current usage of health services was recognised.

It was noted that Blackpool currently has 5% transient population. However, the aim of WGV was to create a stable community with a commitment to provide 20% affordable housing. An observation was made that due to the location of WGV and it being surrounded by large main

roads, could lead to a self-contained housing site, rather than it being part of a larger community. Also due to its location, WGV could be popular for commuters but could also attract local residents currently occupying social housing.

Members were reminded that the total amount of new housing development was almost 5,000 dwellings, 1,400 of which were WGV. There was a need to identify the health requirements of all of the new dwellings, identify what was currently available and assess the additional capacity required.

Discussion took place regarding the agreed priorities for WGV, ie to be innovative and different, and a comment was made that this may not happen if the patients were registered at existing GP practices and the traditional primary care service provided. The model aspired to, included the use of the telehealth care agenda, healthy community facilities, encouraging physical activity, creating dementia friendly homes and a health hub. There should also be a focus on empowering people and communities. The providers would need to work in a different way alongside the community, schools and community centre. However the need to maintain such things as robust chronic disease management and only use evidence based technology were noted. It was accepted that the ethos of what WGV is about must not be lost.

Reference was made to recruitment issues in primary care and a further option of a branch surgery was suggested. A comment was also made about the need to make use of out of hospital capacity to relieve pressure on acute services and the existing primary care estate could not meet this demand.

A comment was made about the difficulties of attracting professional people into Blackpool due to the lack of employment and quality of housing. The development of this site was an ideal opportunity to create employment opportunities, build family homes and create a stable community. S Bone added that WGV will provide quality housing built for the future.

In summary, the Chair commented that the options were not mutually exclusive however the debate indicated a desire for an option of somewhere between options 2 and 3 and it was clear therefore that further work was needed. In terms of demography, economic development, aspirations and future opportunities of the population, there was a need to not only take account of the existing capacity in primary care but also the context of the development and the creation of a new innovative community.

The Chair thanked everyone for their contributions and requested that further work be undertaken with a view to bringing proposals back to a future meeting of the Primary Care Commissioning Committee.