

Annual General Meeting

Tuesday 18th August 2015, 5.00 – 7.00pm

Boardroom, Francis Crick House

Welcome and Introductory Remarks

Dr Darin Seiger (DS) welcomed those convened and thanked all for attending the second Annual General Meeting of NHS Nene CCG.

DS explained that he was a GP at Moulton Surgery and GP Chair of NHS Nene CCG. The CCG is the sixth largest CCG in the country and covers eight localities comprising of approximately 640,000 patients looked after by 69 Practices and 400 GPs.

DS went on to explain the Vision, Mission, Values and Priorities of the CCG; the successes of the previous year; and planned engagement events going forward.

Chief Financial Officer's Report

The Chief Financial Officer, James Murray (JM) reviewed the past year, confirming that the CCG had met its financial duties. Going forward the CCG would need to meet a 1% surplus target despite an allocation lower (by £30m) than should be received by the CCG from NHS England.

Accountable Officer's Review

The Interim Accountable Officer, Stuart Rees (SR) introduced the Executives and Clinical Executives on the Board of Directors and emphasised the team work from the Board, Locality Chairs, CCG staff and Member Practices which was needed to achieve the CCG's aims and objectives.

Many of the challenges the CCG faces going into 2016/17 are similar to those in 2014/15 and focus will be on the Better Care Fund; the implementation of the 5 Year Forward View; Primary Care Co-Commissioning; and the Localities and Federations. Partnership working will be integral to success and the CCG is working hard with its Partners to close the financial gap in the local health and social care economy.

Planned Care

The Clinical Executive Director for Acute Trusts (North), Dr Az Ali (AA) reviewed and highlighted the areas in Planned Care which had been progressed and focus areas for the coming year included Cardiovascular; Cancer; and Weight Management.

Primary Care

The Clinical Executive Director for Strategy, Dr Matthew Davies (MD) set out the challenging situation in which GPs are working with increasing demand and activity; increasing population; and a difficulty in recruiting and retaining GPs. MD explained the changes made in the last year, including the eight new Locality Chairs; the Co-Commissioning responsibilities; and the focus on the care of the Frail Elderly in Care Homes. A new model is needed for General Practice with the emergence of Federations; Super Practices; and GP Provider Organisations and a Quality Contract for Primary Care is currently in development.

Joint Commissioning

MD went on to explain the principles of the Integrated Care Closer to Home (ICtH) work which focusses on providing the right care, by the right person, in the right place. It aims to reduce non elective admissions by 40 per week through such projects as the Collaborative Care Teams; Care Homes Scheme; Acute Liaison Psychiatry; and Discharge to Assess.

The Joint Commissioning Team will also be developing a Wellbeing Community Interest Company with Northamptonshire County Council and working with Partners on the work incorporated by the Better Care Fund.

In light of the Winterbourne Review the Joint Quality Committee have been focussing on patients with Learning Disabilities who do not need to be in hospital and have worked hard to discharge these vulnerable patients into suitable accommodation, some of which is being purpose built.

Urgent Care

The Meeting were shown a video of the Clinical Executive Director for Acute Trusts (South) & Urgent Care Clinical Lead, Dr Tom Evans explaining the work undertaken in the previous year in relation to Urgent Care and the challenges and work to be done system wide going forward.

Focus on Wellbeing – GREAT DREAM

DS highlighted the importance of wellbeing for all patients & citizens, including all health and social care workers and those attending the AGM that evening! There are 10 key steps for happiness and wellbeing and these are listed on the Action for Happiness website, the first letters of each spelling GREAT DREAM.

Questions & Answers

- Q** Wendy Steele voiced concerns in relation to the Mental Health Crisis Response Service and the level of attention that is given to the service.
- A** MD confirmed that the CCG is absolutely committed to Parity of Esteem and explained that crisis intervention is monitored through contract quality meetings between the CCG and Northamptonshire Healthcare Foundation

Trust (NHFT). The Acute Liaison Service has had a considerable impact and the Primary Care Liaison workers attached to Practices are helping to bridge the gap between primary and secondary care. The teams will continue to be closely monitored. Dr David Smart is currently reviewing all Mental Health Services and this report will be provided to the Board of Directors and Governing Body.

Q Jane (Patient Relationship Group Chair) asked for clarity around the reduction in money into Primary Care from NHS England.

A MD explained that this related to the change to the core funding of Practices as a result of a change in contracts from April 2016. The funding being taken out of Practices by NHS England will be re-invested back into Primary Care and the CCG will decide how and what to invest in. Part of the investment will be through the new Quality Contract. MD noted that a further £1.3m is being invested in Primary Care this year.

Q Wendy (Chair of Cruise Bereavement Care) expressed frustration with the inconsistency of contacts within the CCG over the last three years.

A The Interim Deputy CEO & Director of Strategy & Primary Care, Janet Soo-Chung (JSC) thanked Wendy for raising the issue and requested that Wendy leave contact details so that the right member of the team can make contact and ensure continuity going forward. DS commented he has referred many bereaved patients to CRUSE and they have found the service very beneficial.

Q Jane (Patient Relationship Group Chair) asked if there was any pressure that could be put on NHFT in order to reduce the numbers of patients being sent out of area for services and sometimes to inadequate facilities.

A JSC responded by confirming that a large proportion of the CCG budget (over £100m per year) is spent on Mental Health services but that there were some services that were provided out of county. JSC welcomed the feedback and requested that Jane leave contact details so that her feedback could be recorded and fed into the strategic contract review meetings.

Q Tony Griffiths asked what the Wellbeing Community Interest Company referred to in the Joint Commissioning section of the presentation would be doing.

A MD noted that the original slides were to have been presented by Dr Raf Poggi, Clinical Executive Director for Joint Commissioning and Community Providers (who was unable to attend the AGM) but that his understanding was that it would be looking to provide services in a more efficient and effective way in the community.

Q Wendy Steele expressed concerns in relation to the effectiveness of the Personal Health Budgets.

- A** JSC requested that Wendy provide feedback outside of the meeting so that this can be considered.
- Q** Joanna (CEO Deaf Connect) queried what services would be included for Deaf people going forward.
- A** JSC confirmed that the CCG's Commissioning Intentions were currently being worked up and a number of engagement events had taken place to obtain the views of the patients and public. Whilst it would not be possible, working within the constraints of the finances, to promise all proposals be included, JSC confirmed that all inputs would be thoroughly considered.

There being no further questions DS thanked the CCG Teams, Partner Organisations and all those convened for attending the AGM. The meeting closed at 7.00pm.