North East Essex
Clinical Commissioning Group

MINUTES

NHS North East Essex Clinical Commissioning Group

Annual General Meeting
Tuesday 28th June 2016
15.00
Rooms Elm and Ash, Aspen House
Stephenson Road, Colchester CO4 9QR

Present:

Dr Gary Sweeney	GS	Chairman, NHS NEECCG
Sam Hepplewhite	SH	Interim Chief Operating Officer
Kirsty Denwood	KD	Chief Financial Officer, NHS NEECCG
Lisa Llewelyn	LL	Director of Nursing and Clinical Quality NHS NEECCG
Kate Vaughton	KV	Interim Chief Operating Officer
Pam Green	PG	Director of Sustainability and Transformation
Dr Hasan Chowhan	HC	Interim Clinical Director NHS NEECCG
Dr Max Hickman	MH	Colchester Elected GP Member and Clinical Deputy Chair NHS NEECCG
Dr Prashant Arora	PA	Tendring Elected GP Member NHS NEECCG
Dr Mark Roberts	MR	Colchester Elected GP Member
Jerry Wedge	JW	Lay Member NHS NEECCG
Lizzy Firmin	LF	Lay Member NHS NEECCG
Martyn Hanlon	MH	Lay Member NHS NEECCG
Pam Donnelly	PD	Lay Member NHS NEECCG
Graham Seeley	GS	HFC Representative
Cllr Anne Brown	AB	ECC Representative

In attendance:

Angie Roberts	AR	Corporate Business Manager, Minute taker
Nicky Young	NY	Colchester Practice Manager, Elected Member
Richard Miller	RM	Tendring Practice Manager, Elected Member
Simon Morgan	SM	Head of Communications
Sheila Baldwin	SB	Head of Medicines Management

		Action
17.	**Welcome & Apologies** GS welcomed everyone to the third NHS North East Essex Clinical Commissioning Group (NEE CCG) Annual General Meeting. Apologies were received from:, Dr Paul Molyneux and Dr Freda Bhatti	
18.	**Declarations of Interest** GS reminded members that they were required to keep the register updated and to notify AR of any amendments. GS also reminded members to declare any interest that may arise within the agenda items.	

19.	**Big Care Debate 2 Reflection and Identified Themes**	
19.1	**Big Care Debate 2: Overview & Engagement** SM provided this overview of the second Big Care Debate which had run from 27th January to the 30th April 2016. During this time the CCG had spoken to 671 people, attended 21 different support groups, received 74 completed questionnaires and held 2 main events, in Tendring and Colchester. The resulting feedback from groups ranging across all ages and ethnic backgrounds is reported below. The main themes to arise during the consultation were as follows: • Waste and Duplication • Accessing GP Services • Community Support	
19.2	**Waste & Duplication** SB outlined the key areas of concern that had been flagged by the public during the Big Care 2 Debate. These included: • Patients being discharged from hospital with incorrect prescriptions. • Cessation of automatic prescriptions (managed repeats) • Re-cycling of medicine containers • Challenging drugs companies for best value products. SB confirmed that a large amount of work was underway to address these issues in a number of ways; • Working with the hospital regarding the discharge process • A system-wide medicines formulary is in place • Asthma Inhalers – educating patients to use these correctly and only one inhaler being issued per prescription. • Stopping of automatic repeats with the onus on the patient to take ownership. Highlighting the costs and patient safety issues for better patient awareness. • Care Homes being encouraged to order medicines more efficiently • Self-Care guidance being given to encourage people to seek advice from Pharmacists for minor illness, and for Hayfever and Holiday Medication. • Restrictions introduced for gluten-free products as these are now easily available to purchase. **Sharon Alexander – CVS Tendring** – enquired if this information was being disseminated. SB confirmed that this information was being sent out to Pharmacies but she would also ensure it was issued to the CVS and Voluntary Services.	
19.3	**Accessing GP Services** HMC highlighted the key issues raised regarding accessing GP services: • Shortfall of GPs in Tendring and Colchester • Difficulty in booking appointments • Inability to see the same GP • The wait for GP appointments • Inconsistency between GP and Consultants • Large numbers of leaflets in Waiting Areas HMC assured attendees that the CCG is working on GP Recruitment by promoting Essex as a place to live. There is currently a shortfall of 143 GPs in Essex with 109 vacancies being advertised. This is accompanied	

	by rising demand for GP services and increasing complexity of patient problems in a rising population. We are working with EPIC (a centre for primary care workforce recruitment and retention in Essex), holding recruitment events, and re-introducing a Retainer Scheme. NE Essex is also part of a national pilot exploring the role of pharmacists in GP practices. There are currently 10 of these across the area. A £250k investment has been made this year un Essex in Practice Nurse Training.	
19.4	**Supporting Primary Care** PG confirmed that the Care Closer to Home (CC2H) initiative has meant that community services are now working more closely with GPs. The CCG is also supporting primary care in working together to share back office functions such as accounting, estate management etc. The Anglian Community Enterprise (ACE) configuration of CC2H services has been based around the GP practices. **Dr Terry Rogers** referred to the fact that Colchester has a Walk in Centre whereas Harwich only has a Minor Injuries Unit (MIU). If a patient has an asthma problem, for example, the MIU are unable to assist. Why are there different services in different areas? HMC agreed that the way the service has evolved is mismatched between Clacton, Harwich and Colchester. It does lead to a complicated situation and the debate around this has been very broad. HMC explained that commissioning of Walk In Centres across East Anglia has dwindled as they tend to promote demand. The boundary between A&E and the GP will need to be redefined in future to enable patients to know where they need to go in more simplified terms. GS agreed and added that in future Clinical Hubs will navigate patients through their care. **Dr Terry Rogers** felt that when someone is ill and confused it was the CCG's responsibility to ensure they knew the right place to go for help. GS agreed that we, as Commissioners, had commissioned a confusing system, and we were working to address this as soon as possible. **Dr Terry Rogers** asked if there was agreement from the CCG to tackle the inequality between services in Clacton, Harwich and Colchester. HMC agreed, but bolting on a Walk in Centre was not the answer. The different needs in Clacton, Harwich and Colchester are being considered as a priority. **Dr Max Hickman** asked if there was any significance that there were 143 FTE GP vacancies but only 109 advertised vacancies. HMC replied that moving forward there are likely to be more Part Time GPs than full time. GS added that also a number of practices had given up on advertising as there had been no interest.	
19.5	**Supporting Communities** PG said that the Big Care Debate 2 had suggested a number of solutions: • Closer links with the community for support in the future • Establishing self-help groups • Encouraging schools to teach children how to cook health meals • Better access to free gyms • More Social Clubs • Using existing infrastructures such as church groups, WI etc.	

	She explained that this work has already started by linking people to existing groups and using the Voluntary Sector; Working with Essex County Council around troubled families; Better signposting to existing community support; and CCG involvement with town planning to ensure the building of healthier communities. **Ray Hardisty, Chair of Health Forum Committee** – referred to the teaching children to cook option, and asked if this was not being overly ambitious. Mr Hardisty said that he was aware that a number of schools were no longer teaching Home Economics and Essex County Council had removed the facilities. Mr Hardisty was also aware of the decline in funding for Youth Clubs, so he asked how difficult it would be to achieve this ambition. PG replied that it was not in the CCG's gift to insist all of these services continue, but it was important for the CCG and the Council to work together to understand the implications of decisions being made. **Dr Terry Rogers** asked how the effect on communities will be measured to ensure it has made a difference. PG replied that it is important to set out the monitoring when commissioning services. This is done by the use of local authority attainment rates and using other intelligence available. Strong community co-design is also accepted as a measure of success. There is technology available to assist with this, along with links into the Office of National Statistics to measure wellbeing. **Dr Terry Rogers** asked how we have established baselines against which to monitor progress. PG assured Dr Rogers that this was being done no through the Office of National Statistics and via local feedback. The Big Care Debate was a prime example of this as the feedback from these public consultations has been taken forward into the design of commissioning on outcomes. GS added that baselines had been established through the Joint Strategic Needs Assessment (JSNA), and we also had access to the intelligence from Public Health colleagues. There are a number of areas where the outcomes will not be known for years, but there is an established evidence base showing the expected outcomes from particular actions. There is a vast pool of data which needed to be turned into information to guide our commissioning. **Cllr Anne Brown** referred to the comment regarding reduced funding for Youth Clubs from Essex County Council. She advised that there are now more hours of supported groups than ever before. This support is being given by the Voluntary Sector, but was a prime example of where working together can improve the network. GS agreed that there is a heavy reliance upon the voluntary sector and community groups, which is a very different approach. **Graham Seeley, Board Health Forum Representative –** Referred to the Transformation Strategy being taken forward in a holistic way by defining the basics in the weighted deprivation factors for areas such as Jaywick which has an effect on health, housing and education. GS agreed that assistance will be required to undertake the detailed research and evidence to move forward. PG assured attendees that work was currently underway to produce reports and give confidence.	

	Sharon Alexander, CVS Tendring - highlighted that that when the Voluntary Sector is working to help develop communities, this does come with a price in time and money. The normal period for this to become fully effective is around 10 years. Mrs Alexander added that NEE CCG is very fortunate that CVST has been lucky in securing a lottery grant to assist with community projects, which will hopefully have a positive impact. Mrs Alexander agreed that there are areas within Clacton and Jaywick that prove to be very challenging, but people who wish to be helped will be helped through partnership working. GS agreed that all future work had to be in partnership. **Peter Bardfield, Mill Road PPG-** referred to the Care Closer to Home initiative and asked how sending patients for treatment at Great Baddow Hospital could be seen as care closer to home. GS asked if more information could be given to the CCG as he was unaware of this. This could be made available through the PALS or HFC route. PG replied that she was aware that Great Baddow Hospital had been helping CHUFT and ACE with the Pain Management Service, but welcomed further detail.	
20.	**Sustainability and Transformation Plan** PG gave the background on the planning guidance received from the Department of Health which had resulted in the Sustainable Transformation Plan (STP). This is a 5 year plan to address gaps in quality, prevention and wellbeing and finance. In order to become sustainable it is recognised that there will need to be a wider planning footprint, so NEE CCG is now working in partnership with West and East Suffolk. A substantial amount of work has taken place building relationships over the last 16 weeks, and as a result 3 priority areas have emerged as the focus for the first submission of the plan on 30th June. These are: 1. Resilient Communities 2. Managing Demand 3. Acute Transformation PG emphasised that this is not just health, but included other areas such as housing, environment and employment. Health working with partners would lead to sustainability. GS thanked PG and advised that this planning would lead to controversial decisions, we would therefore need a Big Care Debate 3 to address all of these areas of concern. GS thanked all concerned for all of their presentations.	
21.	**Annual Report and audited accounts** GS asked for a proposal and seconder to receive the CCG's annual report and audited accounts for 2015/16. Jerry Wedge proposed this; Martyn Hanlon seconded, and Board members present **AGREED** unanimously to receive them.	
22.	**Finance Review 2015 -16 – including Statement from Auditors** KD gave this presentation which showed the financial targets and the statutory duties to be met by the CCG. She highlighted the following: i. Achieving £7.1m surplus ii. Achieved £0.45m revenue for general running of the CCG.	

	iii. The Financial Plan delivered £7.1m surplus iv. Internal Audit had returned a Significant Assurance opinion v. External Audit had returned an Unqualified and Significant Assurance opinion. She reported that the highest areas of expenditure for the CCG were in Acute Services, Mental Health / Learning Disability Services and Prescribing. She added that there has been a 1% shift from Acute into community services within the last year. She reported that this had been a financially challenging year with the CCG having to go into financial recovery. We have delivered the first year of the Financial Recovery Plan. Improved processes have been developed to meet QIPP targets, with £11.5m savings delivered against the £13.9m target. Moving forward, KD reported that improved funding has been received for 2016/17. There is still a challenging savings target of £15m with a £7m surplus planned for 2016/17. She recognised that the STP will have a huge part to play in meeting financial targets over the coming 5 years. The year on year savings of around £14m can only be achieved through a focus on the STP. There were no questions and GS thanked KD for her presentation.	
23.	**Review of 2015/16 and looking forward to 2016/17 for Quality, Performance and Strategy** SH presented her report which focussed on the key objectives of the CCG. SH gave examples of where the CCG had succeeded in meeting some of these key objectives: • The Reablement Service went live • Street Triage service was extended • NEE CCG was one of the first to sign up to Nursing Revalidation • A national review of Maternity Services was conducted • Proposals made for Audiology eligibility • A new Falls leaflet provided entitled 'Tumbles' • Consultant Connect service introduced • Working with partners to achieve all aims and objectives • Health Inequality reduction • Crisis Care concordat agreed • Health & Wellbeing hub agreed • Summer is Here campaign launched • Big Care Debate II completed • Commissioning Resource used effectively has resulted in the CC2H contract awarded to ACE, restrictions of services for Gluten-Free, Vasectomy and Sterilisation and procurement of Non-Urgent Patient Transport Service Looking forward, she said that the CCG main focus for the coming year would be: • To improve the GP shortages. • Focus on the STP with closer working between NEE CCG and	

	Suffolk. • To address the current £3m QIPP gap for 2016/17. GS thanked SH for her presentation.	
24. **24.1**	**Questions from the Public** **Sharon Alexander CVS Tendring –** wished to promote the CO15 project which was a joint collaboration between TCVS, ACE and the CCG. The project was progressing well with great potential for developing good relationships and partnership working. PG thanked Sharon for the recognition as the project had not been easy but recognised the potential for working with ACE and others around the Good Lives principle to develop relationships and change behaviours.	
25.	**Closing Remarks from the Chairman Dr Gary Sweeney** GS thanked everyone for attending. He said that it had been very much a rollercoaster of a year which was unlikely to improve. He felt that it was important to establish the Big Care Debate 3 as soon as possible in order to take some of the key issues forward to the public for debate. SH wished to thank the whole organisation and its associated partners for their assistance with the Big Care Debate. The feedback from this had shaped the organisation and was helping it to develop moving forward. She recognised the input from many people who had given up their own time to help, and she thanked those involved personally, as well as on behalf of the whole organisation. GS also echoed his thanks.	

MEETING CLOSED AT 17.35