

**Castle Point & Rochford CCG Governing Body  
Annual General Meeting (AGM)  
Thursday 8<sup>th</sup> September 2016, 2pm**

**Date:** Thursday 8<sup>th</sup> September 2016  
**Time:** 14:00 hrs  
**Venue:** The Freight House, Bradley Way, Rochford SS4 1BU

**List of Attendees**

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|--------------------|--|
| Steve Doherty      | Practice Manager Representative                |
| Dr Roger Gardiner  | GP Member (Castle Point)                       |
| Dr Sunil Gupta     | GP Member (Castle Point)                       |
| Margaret Hathaway  | Chief Finance Officer                          |
| Dr Riswan Khan     | GP Member (Castle Point)                       |
| Ashley King        | Interim Transformation Programme Director      |
| Dr Biju Kuriakose  | GP Member (Rayleigh, Rochford)                 |
| Dr Mark Metcalfe   | GP Member (Rayleigh, Rochford)                 |
| Mr Peter Murphy    | Lay Member (Governance)                        |
| Dr Sami Ozturk     | GP Member (Rayleigh, Rochford)                 |
| Dr Mike Saad       | GP Member (Rayleigh, Rochford)                 |
| Robert Shaw        | Jt. Director Acute Commissioning & Contracting |
| Dr Kashif Siddiqui | GP Member (Rayleigh, Rochford) -Chair          |
| Ian Stidston       | Accountable Officer                            |
| Pauline Stratford  | Lay Member (Patient & Public Engagement)       |
| Sarah Jane Ward    | Deputy Chief Nurse                             |
| <br>               |  |
| Claire Routh       | Communications Lead                            |
| Pauline Goddard    | Corporate Services Team Coordinator (Minutes)  |

| Item | Subject  | Action |
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| 1    | <b>Apologies for Absence</b>   |        |
|      | Apologies were received and noted from Dr Rachael Liebmann, Kevin McKenny, Dr Mark Metcalfe, Dr Danny Showell, Tricia D’Orsi, Dr Marcus Lester, Rob Gerlis and Mark Francois MP. |        |

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| 2 | <b>Welcome</b>   |  |
|   | <p>Dr Kashif Siddiqui (Chair) opened the Annual General Meeting and extended a warm welcome to everyone in attendance.</p> <p>Dr Siddiqui said that the ever increasing challenge of improving patient care with less resources was ongoing but the CCG was proud of its achievements during the preceding 12 month period and he hoped the short film to be presented to the meeting would reflect its successes. Questions would be invited at the end of the film and accompanying presentations.</p> <p>Dr Siddiqui extended his thanks to everyone at the CCG and the member practices for all their hard work and commitment throughout the year focussing on patient care at all times.</p>   |  |
| 3 | <b>Our Year 2015/16</b>  |  |
|   | <p>Ian Stidston welcomed everybody to the AGM noting that the CCG wanted to make the event accessible to the public and was pleased that this years event was taking place at the Freighthouse, Rochford.</p> <p>Ian emphasised that, given the continued pressure on NHS resources, it was as important as ever to continuing to implement our vision of transformation in our locality. Part of our vision is to intervene earlier and support those who are ill in the community keeping them as healthy as possible for as long as possible.</p> <p>It was reported that CPR CCG is the only CCG in Essex which had received a 'good' assured status from NHS England. All other CCGs in Essex 'required improvement'. CPR CCG is a clinically led organisation with a fantastic group of clinicians leading the CCG.</p> <p>Ian took the opportunity to thank Dr Mike Saad who had stepped down as Chair which he had held since the formation of the CCG and Dr Mahesh Kamdar who had stepped down as GP Governing Body member again since its inception.</p> <p>Ian added that the CCG's staff are valued and do an exceptional job in what are at times very difficult circumstances. He noted that last year's staff survey demonstrated that 100% of staff would recommend the organisation as a good place to work. Good progress has also been seen in staff development with the CCGs first apprentice securing a full time role in the organisation.</p> <p>He outlined the challenges the CCG face in increased patient demand in hospital, mental health and primary care and noted the difficulty that existed in attracting and retaining clinical staff. He explained that the CCG was planning how to make the Castle Point and Rochford locality somewhere healthcare professionals want to work.</p> <p>Ian proceeded to introduce a video presentation demonstrating the CCGs work during the last year, covering a number of services.</p> |  |
| 3 | <b>Year end review plus presentation of Annual Report &amp; Accounts</b>   |  |
|   | <p>Chief Finance Officer Margaret Hathaway confirmed that the Annual Report and Accounts providing information as to how the CCG is governed and spends its finances had been approved by the</p>  |  |

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|   | <p>Governing Body at its meeting in May 2016. All Governing Body members take ownership of the CCG's finances.</p> <p>Margaret took the meeting through a powerpoint presentation highlighting the financial headlines which had resulted in a 1% saving without affecting patient care. This was a result of establishing different services which are less expensive and out of hospital. The presentation demonstrated the breakdown of how money is spent, predominantly within acute services at SUHFT which the CCG is working hard to change by moving services into GP practices.</p> <p>Looking to 2016/17, the financial difficulties within provider Trusts will be a major challenge and Margaret reported that the CCG plans to deliver services by making £8m of efficiency savings. Currently the CCG has a target to deliver 90% this year with a focus on continuing healthcare and prescriptions.</p> <p>Margaret confirmed that CPR CCG's finances are in better health than other CCGs in Essex and as part of the Mid and South Essex Success Regime, we need to maintain sustainability by working more collaboratively.</p>  |  |
| 4 | <p><b>Clinical commissioning highlights:</b></p>  |  |
|   | <ul style="list-style-type: none"> <li>• <b>Children, young people and maternity – Dr Mike Saad</b></li> </ul> <p>Prior to providing a verbal commentary to the powerpoint presentation, Mike Saad thanked Ian and the CCG in general for the support he had been given during his period of office as Chair of the CCG and wished Dr Siddiqui well in the role.</p> <p>Dr Saad said that previously the CCG had complained about children's services which had been commissioned by Essex County Council and subsequently, Essex County Council, the 7 CCGs and local authorities agreed to commission one service covering well being and mental health for young people. Following initial teething problems no complaints had been received during the last 8 months with patients being caught early without having to go to their GPs.</p> <p>The Governing Body had approved doubling the Autism Spectrum Disorder Services funding and negotiations are presently taking place with service providers to increase services.</p> <p>In respect of paediatrics dysphagia, patients currently go to London and the CCG is in the process of agreeing a business case for the provision of this.</p> <ul style="list-style-type: none"> <li>• <b>Mental Health – Dr Sunil Gupta</b></li> </ul> <p>Dr Gupta supplemented the presentation reporting on the introduction of a mental health suite providing a designated area with psychiatrists and psychiatric nurses which allows for an earlier discharge to home. Patients previously had to wait for long periods of time for assessment before receiving treatment.</p> <p>There is closer working between psychiatric and medical teams with better communication and coordination providing further learning and support. The pilot had been extended to the end of 2016 as a result of its success.</p> |  |

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|   | <p>Early intervention for psychosis provides a referral within two weeks and the early diagnosis of dementia and there is a 5 year forward plan for mental health to include long term conditions and suicide prevention etc.</p>   |   |
| 5 | <p><b>Looking forwards – Transformation – Ashley King</b><br/> Ashley told the meeting that he had been appointed as Interim Project Director to deliver transformation which would provide a more sustainable future for the people of Castle Point and Rlochford.</p> <p>Referring to the presentaiton, he said a range of strategies are in place in relation to primary care and the creation of integrated models of care covering 40,000-50,000 people registered with GPs for both physical and mental health needs.</p> <p>A Care Coordination service had been introduced 12 months ago along with a community provider programme resource investing in GP leadership roles and programme resources to inform the public of the vision and strategy. There had been positive feedback from conversations with the public and pressure now is to ensure the system works effectively.</p> <p>Ashley outlined the details of operational change with better use of data and income to achieve better outcomes. The public should expect to see new ways of services and staff working together, resulting in patients seeing thje most appropriate professional.</p> <p>We will be building on multi disciplinary approaches, i.e. diabetes, end of life and care coordination. Care Coordination has been up and running for 12 months but had changed since its introduction and discussions are under way regarding the introduction of operating room on Canvey which will shape future provision.</p> |   |
| 6 | <p><b>Closing remarks and Q&amp;A</b></p> <p>The Chair thanked speakers for their presentations.</p> <p>Dr Siddiqui pointed out the importance of the CCG being a clinically led organisation to implement real change on the ground and the importance of the relationship between clinicians and the CCG staff. He highlighted the Importance of working together across boundaries and to continue to consider how the system can be improved. He added the CCG will need to be innovative and bold and continue to ask if we can do things better, embracing change as a key component of that.</p> <p>Changes to Governing Body membership were confirmed as Mr Peter Murphy, Lay member monitoring governance and audit, and Dr Rizwan Khan replacing Dr Kamdar.</p> <p>Dr Siddiqui emphasized the need to continually improve care for patients which should always be at the forefront of all meetings and extended his personal thanks to Dr. Saad for his contribution during his tenure of Chair.</p> <p><b>Minutes of Annual General Meeting held 24<sup>th</sup> September 2015</b></p>  | - |

Minutes of the AGM held 24<sup>th</sup> September 2015 were received and approved subject to the inclusion of Mr Robert Shaw as an attendee.

**Questions & Answers from members of the public**

Q: How are social service integrated especially in regard to dementia patients with no family members?

- Working in partnership with Essex County Council under transformation who are also involved in agreeing the changes we are putting together. There needs to be better coordination with information in relation to planning ahead.
- For many years it has been challenging how health and social care work together in an effective manner. Through Care Coordination service we are able to intervene working with the voluntary sector and the community to provide support and reduce social isolation.

Q: Since returning to this country in 2001 I have been impressed with NHS Direct and now 111 and our local surgery doing telephone appointments. I cannot understand why we have not got a system using skybe, webex which would be more helpful in providing consultations over the internet.

- We have made initial steps and skype and visual consultations as way forward. The facility does exist in some parts of the country and is part of our future plans to innovate.

Q: I have a child with diabetes and there no opportunity through SUHFT to get pumps and have recently helped to form a support group and hear of families moving their children up to London to get support.

- We are currently working to deliver that service for both children and adults.  
New adult services for diabetes go live on 1<sup>st</sup> September which we have been working with existing two providers to achieve..  
If your issues continue let me know.

Q: Err caution on the use of A but equally a number of people who repeatedly go into A&E not being correctly diagnosed.

- As physicians we are questioned if we are getting it right. Introduction of MDT meetings, i.e. doctors' meeting, local district nurses, physios etc., to discuss complicated problems.
- National them is get it right first time for Muskuloskeletal. Now looking at Ophthalmology to make improvements in those areas.

Q: Figures in relation to mental health only 8% of budget. Previously 11% - why down graded when there is a greater demand for mental health?

- Reason percentage has gone down, total allocation has increased so the actual spend has increased.
- Ian Stidston added that Co-commissioning is something that had not been referred to today but this year this CCG took on full delegation for the delivery of primary care services. That responsibility was previously held with NHS England and as a result a large amount of money has come to the CCG which

enables us to work with the community to consider how we deliver services across all aspects of care including primary care.

Q: Why do we not go into schools to tell them about opportunities within the NHS? I received a film to deliver to schools and am meeting with school commissioners on Canvey Island. Also information on what Black alert means for hospitals.

- Hospitals in black alert often result of increased numbers of illnesses and patients awaiting discharge and sitting in hospital for 4-5 days whilst arrangements are made for packages of care, home placements and short term residential placements. When we have days the level is lower the system will work but when the activity goes high it becomes difficult to manage.
- There is engagement across the patch with young people and there are difficulties for GPs to balance their surgery time.

Q: Are there facilities available along the lines of convalescent homes?

- We have intermediate beds which are not too dissimilar and we are trying to use rehabilitation therapy followed by assessment for packages of care.
- There are some pilot schemes, some of which are looking at taking out of hospital and back into the home with intensive support.

Q: SUHFT is arranging a public meeting to raise awareness

- Discharge and intermediate care packages are being driven to ensure people remain in their own homes.
- Dr Siddiqui added that the NHS was originally designed around large hospitals providing care but today we would provide care much closer to home and hospitals recognising this, particularly for patients who have critical conditions.

Q: Are there any plans for an adult neuro development pathway?

- It was confirmed work has started on that particular pathway.

The Chair thanked everyone for their attendance and the contributions made in terms of patient involvement.