

Castle Point and Rochford Clinical Commissioning Group

Agenda Item 20.0d

Commissioning Reference Group Meeting

**Notes of meeting
held on**

**14 May 2014, 6.00pm at Tyrrells Centre, Seamore Avenue,
Benfleet, Essex SS7 4EX**

Present:

Chair: Sam Glover (SG)

CCG: Kevin McKenny (KMc)
Dr Kashif Siddiqui (KS)
Patrick John (PJ)

Castle Point patient representatives:

Kath Daly (KD)
Ann-Marie Fordham (AMF)

Rayleigh & Rochford patient representatives:

Jackie Brown (JB)
Michael Spoor (MS)
Lorraine Holdich (LH)

Healthwatch

David Sollis (DS)

NHS England

Ian Ross (IR)



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1. WELCOME AND INTRODUCTION

SG took the chair for the meeting.

2. Apologies

Apologies were received from: Paul Saunders, Vicky Pilton, Emma Jennings, Jayne Mason, Emily Hughes, Patricia D'Orsi, Kirsty O'Callaghan and Joan Hayward-Surry, Val Bromley.

Code of Conduct reminder

SG reiterated salient elements of the code of conduct for the Group including the points relating to the use of jargon and putting points through the Chair.

Action: CCG to provide LH with an ecopy of the Code of Conduct

3. Notes of last meeting reviewed for accuracy

LH requested a change to make it clear that premises at GP surgeries were for hire. JB also requested that her apologies for absence at the last meeting were recorded. The minutes were signed off by SG.

4. Commissioning Support Training

Owing to some members of the Group arriving late because of severe traffic problems the Group changed the agenda to start with discussing Commissioning Support training.

DS from Healthwatch gave a short explanation of who Healthwatch are and the work they do, including a current project capturing patient experiences with cancer services at Colchester Hospital.

DS also explained how Healthwatch and the CCG have been working together to create a bespoke training day for the Group that covered commissioning support, the role of CRGs in the commissioning process and the language and terminology used by commissioners to help them.

5. Two Year Operational Plan

KMc gave the Group a presentation on the CCGs Two Year Operational Plan. He started by explaining how it fitted with the Five Year Vision for the CCG as well as the Better Care Fund Plan and the Financial Plan.



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The Five Year Plan gives the overall direction and aims the CCG wants to work towards with the Two Year Operational Plan being the actions the CCG will take to start working towards those goals.

In summary, the main goals of the Two Year Plan are:

- a) Engage with patients and the public
- b) Support GPs to work with patients and the community services
- c) Reduce A&E attendance
- d) Plan for the introduction of the Better Care Fund

These feed into the bigger, more visionary Five Year Plan which has the aims of:

- a) Focus on transforming care for the frail elderly
- b) Home not hospital is the focus
- c) Focus on prevention
- d) Self-management of long term conditions
- e) Specialisation of hospitals
- f) Providing a better CAMHS service
- g) Primary Care

MS asked if the CCG held a list of hospital services that could be transferred into the community. KMc replied that it is something the CCG was looking into, especially for areas such as ophthalmology.

JB said that the use of premises was important, and perhaps the CCG could look at running clinics out of different buildings, adding that she hadn't seen much in local authority plans to build houses specifically for the elderly. LH said that if that was the case, people should go to their local authority and say they don't want developments to go ahead unless there's housing specifically targeted at helping elderly people live independently for longer.

DS added that he had read the five year and two year plans for Castle Point & Rochford CCG and thought they were very good.

6. Matters arising

6.1 Primary Care Strategy

The Group heard a complete presentation from Ian Ross at NHS England about the Draft Primary Care Strategy that's currently out for consultation.

LH said that although she supported a lot of the strategy she was worried about surgery closures and problems with recruiting GPs saying that GPs can't run surgeries as they used to because of red tape and contracts.

IR replied that there shouldn't be any surgery closures and regarding contracts there are some circumstances where short term contracts are necessary, for example, if there was a



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particular problem in an area, short term contracts could be put in place to improve quality in the short term.

MS said he had a number of points to make, primarily that the strategy rests on seven day a week GP access and that there is forecast to be a shortage of doctors so how would it work? As well as this MS also said that, in his view, there need to be statements about what is going to happen, there needed to be detail about how the proposals – such as GP hubs – how would these work in practice.

JB also asked about seven day a week GP access questioning what guarantees there were that it would shift problems away from A&E and whether it would be cheaper than A&E.

KMc said that it is cheaper and may be the answer to problems at A&E, especially as the future of hospitals is that they become specialist centres for treatment areas such as stroke.

KS added that the Group may be interested to know that the CCG is looking at the feasibility of having a GP in Southend A&E permanently to see patients before they enter the A&E system. Ideas like that are the sorts of things that could help ease pressure.

KD said she felt there was an issue of personal responsibility, teaching people how to help themselves so they didn't need to use NHS services as frequently. JB added that public services are political footballs and it's about shifting the public's psyche away from relying on the NHS to looking after themselves.

LH told the Group about a meeting she attended where GPs were very keen on exploring the use of new technology and it was important this was included in the strategy.

6.2 Financial Position

KMc gave an update on the financial position of the CCG, saying that it had overspent by just £400,000 which, although an improvement on the forecast position six months ago of a £2.7m overspend, still meant the CCG was in breach of its statutory duties. KMc also said he would keep the group informed of plans to make savings in 2014/15.

6.3 Southend Hospital A&E Update

KMc updated the Group on developments with A&E at Southend Hospital. He said that relieving pressure on A&E was still a focus and they were looking at workforce issues. He added that there were now plans to recruit consultants and looking abroad to recruit staff. He also said that, as KS had mentioned, there are other projects under way to relieve pressure on A&E, including placing a GP there.

KD asked why staff were leaving, KMc replied that there are multiple reasons, financial being one of them but added that, interestingly, it wasn't because more people were using A&E. Looking at the data, the number of people using A&E had plateaued year on year and that, in terms of increase in demand, the biggest increase was in the Spring.



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LH asked if there had been any management changes, KMc said that an intensive team had been sent into the hospital to help them and that there had been some management changes.

DS mentioned that targets are very tight for hospitals so it might not be demand, it might be the system. Patient experience is usually very positive when Healthwatch ask about hospitals.

6.4 Community Contestability Update

In Jayne Mason's absence, PJ gave an update on Community Contestability. The first point to note is our gratitude to all those individuals named in the Governing Body paper who helped us to assess the services and develop recommendations

The recommendations ranged from relatively simple short term actions such as develop a KPI, through to significant service re-design

An overarching implementation plan has been developed which allows the steering group to monitor progress across all the services

The steering group meets every six weeks

For those more significant recommendations SEPT obviously need to be involved in developing achievable action plans. The Head of Commissioning is in regular communication with key SEPT colleagues and the CCG is meeting with SEPT directors to discuss our next steps in detail

Current position is that all actions are progressing in line with the project milestones

MS asked why there was a need for a long list of KPIs and why there couldn't just be three or four key targets that had to be met. He also wanted to what has changed since the process started.

KMc said that there had been changes since the process started and it had identified areas where services needed significant redesign and, in one case, a service was decommissioned.

Action: That Jayne Mason be invited to give an update at the next CRG meeting.

7. Standing Agenda Items

7.1 Young Members Update

In the absence of the Young Members, PJ gave an update that they had attended a meeting with Dr Danny Showell the lead for Public Health at Essex County Council and had decided to pursue a slightly different course to the sexual health questionnaire.

Knowing that statistics show that Castle Point Borough always figures quite highly in childhood obesity rates, the Young Members had agreed to scope out and check the



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feasibility of creating a project to encourage young people in both Rochford and Castle Point to lead healthier lives at an earlier age.

PJ added that if there was a project that fits these criteria – where the CCG, Public Health and local authority leisure services teams intersect, it might also fit into the Two Year Operational plan in the children and young people section.

Action: Young Members to get in touch with local authority leisure services teams to discuss what already exists and potential gaps that could be filled.

7.2 Round Robin

MS asked if the CRG could work to shorter agendas to allow for more in-depth discussion on issues.

AMF announced that she was semi-retiring from work from May 29th but she would still be part of some specific CAVS projects.

KMC also updated the Group on Kirsty O'Callaghan taking up a new post at West Essex CCG with her replacement at CAVS being Janice Gibson.

DS gave members of the Group copies of the Healthwatch Strategic Plan.

Date and venue for next meeting – 10 June 2014 at 6pm, Audley Mills, Rayleigh

