

## **Commissioning Reference Group Meeting**

**Notes of Meeting  
held on**

**11 February 2014, 6.00pm at Audley Mills Education Centre**

**Present:**

**CCG:** Kevin McKenny (KMc)  
Dr Kashif Siddiqui (KS)  
Patrick John (PJ)  
Emily Hughes (EH)  
Patricia Dorsi (PD)

**Castle Point patient representatives:**

Vicky Pilton (VP)  
Anne-Marie Fordham (AMF)  
Kirsty O'Callaghan (KO'C)  
Kath Daly (KD)

**CVS member**

Celia Clark (CC)

**Rayleigh & Rochford patient representatives:**

Lorraine Holdich (LH)

**HealthWatch:**

Sam Glover (SG)



## **1. WELCOME AND INTRODUCTION**

KS took the chair for the meeting.

## **2. Apologies**

Apologies were received from: Joan Hayward- Surry, Gill Hind and Michael Spoor.

## **3. Notes of last meeting reviewed for accuracy**

PJ explained that unfortunately the notes of the last meeting were unavailable. PJ also proposed that, rather than minutes, the CRG consider implementing an action log with outcomes listed on it. The Group preferred minutes of meetings be kept.

## **4. Matters arising**

### **4.1 Chairmanship**

KS updated the Group on the progress in appointing a new chair explaining that although there was no precedent for it within the CRG, the process has to be: Fair, transparent and democratic.

With this in mind it was suggested that a task and finish group be set up to work on a process for the Group to follow. However, the Group decided that it would be quicker to follow existing models via Healthwatch with role specifications etc

Action: SG to forward the role specification and process to KS

### **4.2 Financial Position**

KMc gave an outline of the CCG's financial position. Although the CCG did have a projected £2.7m overspend by the end of the financial year, it has been steadily coming down month-on-month. The latest figures show that the CCG has a current projected overspend of £0.8m and there is optimism that this can be reduced further to break even by the end of the financial year and even a small surplus.

The CCG needs to produce plans for the next two years and five years which would be shared with the group once they have been finalised.

### **4.3 Commissioning Planning Update**

The Group heard presentations on Ophthalmic Triage Hubs, the Bundled Cataract Pathway, the Service Restriction Policy leaflet and Intermediate Care Beds from EH.

### **4.4 Ophthalmology Referral Triage Hub**

This is a project to assemble reliable data on all aspects of ophthalmic services with a view to better plan for the future. It is the same as a model that currently operates in SW Essex.



The scheme will operate for a year with a review after six months to see whether there is a need for a Hub.

KD made the point that it was important that the services stayed in the community.

KO'C asked if it might be possible for the Group to receive Commissioning Support training to help them when they are asked to input on future commissioning cases.

KMc said that Healthwatch can provide training and the CCG will look at providing members of the Group with this as soon as possible in the new financial year.

Action – CCG to investigate Healthwatch Commissioning Support Training for CRG Members

#### **4.4.1 Bundled Cataract Pathway**

This scheme brings all elements of cataract diagnosis, treatment and after care together, commissioning the entire pathway from one provider based on clinical outcomes and quality of care. This will deliver a streamlined service, delivering efficiencies, and encouraging the provision of care closer to home.

#### **4.5 Service Restriction Policy leaflet**

The Group discussed the current draft of the Service Restriction Policy (SRP) leaflet. KO'C said the leaflet should expand on some of the points and give examples. The leaflet also needs to explain why the policy exists.

#### **4.6 Intermediate Care Beds Options**

This is an options appraisal to enable the CCG to determine capacity requirements for intermediate care bed provision. The paper reviews the access to, capacity, and utilisation of the range of models of IC beds: step up, to support acute discharge and step down, to support admission avoidance, whilst identifying any current and future deficits in provision.

#### **4.7 Better Care Funding**

This item was taken along with item 4.8 Development of Strategic and Operational Plan. KMc explained to the Group that all CCG's had to submit four plans to central NHS: A two-year plan, a four-year plan, the Better Care Fund Plan and a Finance Plan.

KMc explained that Better Care Fund (BCF) is a unique model around how health and social care services can be better aligned. CCG's are putting a portion of their budget with a portion of the social care budget to develop projects to deliver integrated plans for health and social care.

The criteria are:

- (a) They must buy integrated services
- (b) Must reduce demand on Acute Trusts
- (c) Needs to improve reablement
- (d) They must reduce demand on nursing homes.



KO'C asked how the CCG planned to factor in early intervention. KMc said a key part of the work is identifying patient issues as early as possible. KMc also said that the BCF is not just for those aged 75+, although they are a local priority, the plan includes everyone who requires health and social care.

AMF asked what the pathways would be for projects such as the CAVS Befriending scheme. KMc replied that a key part of the work is with voluntary groups to ensure there are clear pathways.

Action: KMc will feedback to the Group key points from the plans.

#### **4.9 Development of the website**

PJ explained that the CCG is looking to work on the website and are canvassing views of what should/could be on there and what its purpose is or should be.

The Group said they wanted it to be more interactive and transactional, they wanted to see more work being done with social media with links to partner websites eg besaferessex.org.uk. The Group were clear the website needed more than a simple content refresh.

Action: PJ to investigate different ways the structure of the website could be adapted to make it more interactive.

##### **4.9.1 Work Plan for 2014/15**

The Group agreed that a new work plan needs to be in place by the March meeting which includes a commitment to review the communications strategy, tie in better with Associate Members.

Action: New work plan for 2014/15 to be presented to the Group at the March meeting.

## **5. Standing agenda items**

### **5.1 Young Members – Update**

VP said they had meetings with CCG Comms about the survey but nothing had happened since.

Action: KO'C to take the survey to Schools, Children and Families meeting to discuss possible distribution. PJ to meet VP as a matter of urgency to discuss next steps with the survey.

### **5.1 Round Robin**

CC reminded the Group that the Winter Warmer project is coming to an end. Winter Warmer is a grant from ECC public health to be used to prevent cold-related illnesses and deaths amongst the frail elderly and other vulnerable people. Referrals have to be made before 21 March 2014.



PD mentioned that Patient Experience is high up on the agenda and offered to bring the Quality Team to a future Group meeting.

AMF said that the Befriending scheme has been extended to include evenings and weekends. The scheme had also been given an award of £5,000 from Santander after a service user nominated them.

**6.**

**Date and venue for next meeting** – 11 March 2014 at 6pm - Tyrells Health Centre, 39 Seamore Ave, Benfleet, Essex, SS7 4EX.

