

Lincolnshire East Clinical Commissioning Group

Annual Public Meeting 22 September 2016 Event Report



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Purpose

This report provides a summary of Lincolnshire East Clinical Commissioning Group's (LECCG) Annual Public Meeting (APM), held on Thursday, 22 September 2016 at The Golf Hotel in Woodhall Spa.

The purpose of the APM was to receive the CCG's annual report and accounts for 2015/16 and provide an overview of work undertaken, reflecting on the organisation's key successes and challenges faced in the year. During the event facilitated table discussions took place to seek stakeholder views on the CCG's current and future vision, including the health and care challenges ahead.

Background

Lincolnshire East CCG is a group of GPs from the Boston, East Lindsey and Skegness and Coast localities who work together to commission the majority of healthcare services, including, elective care, emergency care, maternity services, community and mental health services, and the majority of GP medical services for the 244,907 people living in Boston, East Lindsey and Skegness and Coast.

Section 242 of the Health and Social Care Act 2006 places a statutory duty on NHS organisations to involve patients and members of the public in the planning and provision of services; proposals for changes in the way services are provided and decisions affecting the operation of those services. In addition to this, NHS England's assurance framework for CCGs has a strong focus on evidence that patients and members of the public have been properly engaged throughout the commissioning cycle.

AGM Attendance

The event was attended by 65 people in total; 20 members of staff representing the CCG and the CCG's Governing Body; 9 members of the public, 7 Patient Participation Group Representatives from LECCG's member practices; in addition to 29 stakeholders representing the organisations listed in [Appendix 1](#).

Event Feedback

Feedback from the Stakeholders and staff attending the event was very positive with the CCG receiving “Excellent” or “Good” ratings for most questions. Some of the comments of feedback are included below:

The full results of feedback are available to view in [Appendix 2](#).

“I went to the AGM at Woodhall Spa last week. Excellent meeting”

“Excellent questions/structure enabling public to discuss key areas. The executive team seemed to answer questions honestly as well as possible.”

Format of the event

Dr Stephen Baird, Clinical Leader for Lincolnshire East CCG, welcomed all members and the public to Lincolnshire East CCGs third Annual Public Meeting. Introductions were made by the CCG’s panel and Dr Baird provided an outline of the agenda for the afternoon which can be reviewed below. Dr Baird advised that there would be an opportunity towards the end of the afternoon for attendees to ask questions, either by writing them down or asking them verbally. These are documented in [Appendix 3](#).

Lincolnshire East Clinical Commissioning Group Annual Public Meeting Agenda		
14:00	Welcome Formal receipt of Annual Report and Accounts 2015-16	Dr Stephen Baird
14:05	2015/16 review including accounts and key achievements 2016/17 looking forwards	Gary James
14:30	Round table discussions	All
15:30	Question and Answer session	All
16:30	Close	

2015/16 review including accounts and key achievements

Gary James, Accountable Officer for the CCG presented a review of 2015/16 and what had been achieved. The following key areas were highlighted:

- Co-ordinated urgent and emergency care;
- Increased capacity to maintain access standards;
- Focus on cancer;
- Focus on improving access to Psychological therapies;
- Invested in case management for patients aged over 75;
- Neighbourhood teams taking shape;
- Addressed isolation in rural areas through Talk, Eat, Drink (TED);
- Developed a Diabetes Service Specification;
- Delivered care home schemes in Boston and Skegness;
- Work on dementia support services;
- Addressed antimicrobial resistance;
- Worked on reducing health inequalities

Gary advised that during 2015/16:

- There had been 802,000 GP appointments in 2015/16, and in comparison to 55,500 A&E attendances.
- Lincolnshire East CCG had achieved all of its financial targets for 2015/16 and remained within its running costs, which were £5m.
- The surplus for the CCG 2015/16 was £3.35m which Gary advised the CCG were not allowed to spend.

Gary advised that the main areas of CCG spending during 2015/16 was:

- £162m on NHS Trusts (ULHT & LCHS)
- Approximately £50m on Mental Health Services
- £36m on General Practice
and
- £50m on prescribing.

2016/17 Looking Forward

Gary identified the areas for 'looking forward for 2016/17' as:-

- A need to make the NHS sustainable – life expectancy has gone up significantly.
- Lincolnshire Health and Care/ Sustainability and Transformation Plan (STP)
- NHS Five Year Forward View

Our Vision for 2021

Gary explained 'Our Vision for 2021' and the challenges that would be faced as demands are increasing with individuals living longer, and not necessarily staying well.

Gary described how will it be different for patients by 2021:-

- We take more responsibility for our own health
- We access our records via the Care Portal and participate in our care
- We make more use of phone and video consultations, and use telemedicine
- We stop having to explain our health and care issues more than once
- Most diagnostic tests and specialist consultations will be undertaken locally
- If we need specialist emergency or planned care we may have to travel to an acute hospital but can return to our own community quickly
- We can access the right service first time
- We consistently receive good quality, safe care

Round Table Discussion Workshops

Gary explained that the format for the round table discussions was to consider the following key areas set out in the future vision, facilitated by CCG staff:

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| 1. Keeping people well and healthy, able to make healthy choices and reducing deaths from preventable diseases |
| 2. Greater Responsibility by using personalised health budgets |
| 3. Move care from acute hospitals to Neighbourhood Teams in the community closer to home, joining up physical and mental health and social care |
| 4. Network of community hospital facilities including urgent care, tests, x-rays etc |
| 5. Small number of specialist mental health inpatient facilities |
| 6. Smaller but more resilient acute hospital sector incorporating specialist emergency care |
| 7. Applying consistent thresholds to refer fewer people to hospitals and making their journey's easier |
| 8. Quality Standards are met for good or outstanding services using permanent staff |

People were asked to consider the following in their discussions under each area:

As individuals/ service users - What support do you need to make using these services successful?

As an organisation - Can your organisation help us or contribute to the delivery of these changes?

Findings

Attendance covered a wide range of local stakeholders each having varying experiences with the NHS, as such, input into the workshops provided a wide-ranging account of stakeholder opinion. The notes for each session are available in [appendix 4](#) and have been summarised into the key themes below:

Support for the Vision

There was a general support for the CCG's vision amongst the stakeholders present who provided useful suggestions on how the different elements could be achieved as identified in the following key themes.

Joint working and integration of services

There were some concerns raised over the health challenges we face, including the cultural shift required, both in the NHS and with people taking more responsibility for their own health. It was considered that joint working and making the best use of shared resources was key.

Stakeholders considered that the NHS needs to get much better at working as a system and gave positive feedback to the integrated neighbourhood team approach. Many commented that the Neighbourhood teams need to involve all of health and social care, including the voluntary sector so that patients can benefit from the full range of services, and all partners can make best use of resources. Stakeholders considered that the Care Portal will be useful to avoid duplication and assist with service integration and communication.

Communication

Stakeholders raised the point that better communication is required between and within health and social care organisations, so that patients can gain from the full range of services available resulting in improved patient experience.

Sharing of Good practice and learning from others

Success stories were shared during the event and stakeholders were able to highlight some of the excellent work their organisations are doing particularly around developing communities to keep people well and supported within their own community.

Transport and travel

Care delivered in the community closer to home was very important for people as well as people want to go to the most appropriate place for their need, including specialist hospitals, not always the closest hospital. Stakeholders identified with the rurality of the county and some had concerns over visiting and child care where specialist services are delivered further away, this also included concerns for the elderly and travelling.

Focus on Prevention and education

Stakeholders considered that prevention and education in schools is key to ill health avoidance in the future and the NHS need to work with education to ensure this is on the curriculum.

Staffing

Recruitment and attraction of staff was a key theme and suggestions to do this better were given by the stakeholders who stressed concerns around the current use of agency staff. Stakeholders informed that we need to be better at celebrating success and good practice to improve staff morale and retention. The importance of creating a medical school in Lincolnshire was also stressed to attract and maintain staff.

Additional feedback from the sessions, supporting the themes above are summarised below:

- **Support for Personal Health Budgets** if governed effectively with appropriate accountability and clear communication
- **Personal Responsibility for own health** considered vital to the delivery of the vision.
- **Community Development** is needed to ensure increased resilience in communities so that they are better able to support each other.
- **Sharing and learning from best practice** including finding out what works well in other communities.

Next steps

The CCG will need to prioritise their key areas of focus based on current intelligence as well as the patient and stakeholder feedback received during the event. This feedback will be reported to the CCG's Governing Body.

Appendices

[Appendix 1](#) – AGM Attendance List

[Appendix 3](#) – Q&A Session

[Appendix 2](#) – Evaluation Form

[Appendix 4](#) – Summary of Table Notes