

Meeting of the CCG Governing Body

The Annual Public Meeting of NHS North Tyneside Clinical Commissioning Group Governing Body is to be held on Tuesday 26 June 2018, 10:00am - 10:30am, at 12 Hedley Court, Orion Business Park, Tyne Tunnel Trading Estate, North Shields NE29 7ST

Members of the public are invited to meet members of the Governing Body informally prior to the meeting, from 9.50am

Programme

Time	Item	Lead
9:50am	Members of the Public arrive for Tea/Coffee and informal discussion	
10:00am	North Tyneside Clinical Commissioning Group Annual Public Meeting	
	Welcome and Introductions	Dr Richard Scott, Clinical Chair
	Declarations of Interest	Dr Richard Scott, Clinical Chair
	Minutes of the Previous Meeting held on 25 July 2017	Dr Richard Scott, Clinical Chair
	Matters Arising from the Previous Meeting held on 25 July 2017	Dr Richard Scott, Clinical Chair
10:05am	Key Features of North Tyneside CCG 2017/18 Annual Report:	
	Review of 2017/18	Mr Mark Adams Chief Officer
	Presentation of North Tyneside CCG 2017/18 Annual Accounts	Mr Jon Connolly, Chief Finance Officer
	Key Priorities 2018/19	Mr Mark Adams Chief Officer
10:20am	Presentation of Annual Audit Letter	Mazars
	Members of the public invited to ask questions	Dr Richard Scott, Clinical Chair
10:30am	Concluding remarks Annual Public Meeting closes	Dr Richard Scott, Clinical Chair
10:30am	NTCCG Governing Body meeting in Public commences	

Welcome to the North Tyneside Clinical Commissioning Group Annual Public Meeting

26 June 2018

2017/18 annual report and annual accounts – published 15/06/18



10.00am	Annual Public Meeting	
	Welcome & Introductions	Dr Richard Scott, Clinical Chair
	Overview	Mr Mark Adams, Chief Officer
	Key features of North Tyneside CCG 2017/18 annual report	
	Presentation of North Tyneside CCG 2017/18 annual accounts	Jon Connolly, Chief Finance Officer
	Quality of care	Dr Ruth Evans, Medical Director
	Operational Plan Delivery 17/18 & Commissioning priorities 18/19	Anya Paradis Director of Contracts & Commissioning
	Looking ahead	Dr Richard Scott, Clinical Chair
	Members of the public invited to ask questions	Mr Mark Adams, Chief Officer
10.30am	Concluding remarks Annual public meeting closes	Dr Richard Scott, Clinical Chair



Vision

‘To work together to maximise the health and well being of North Tyneside Communities by making the best use of resources’



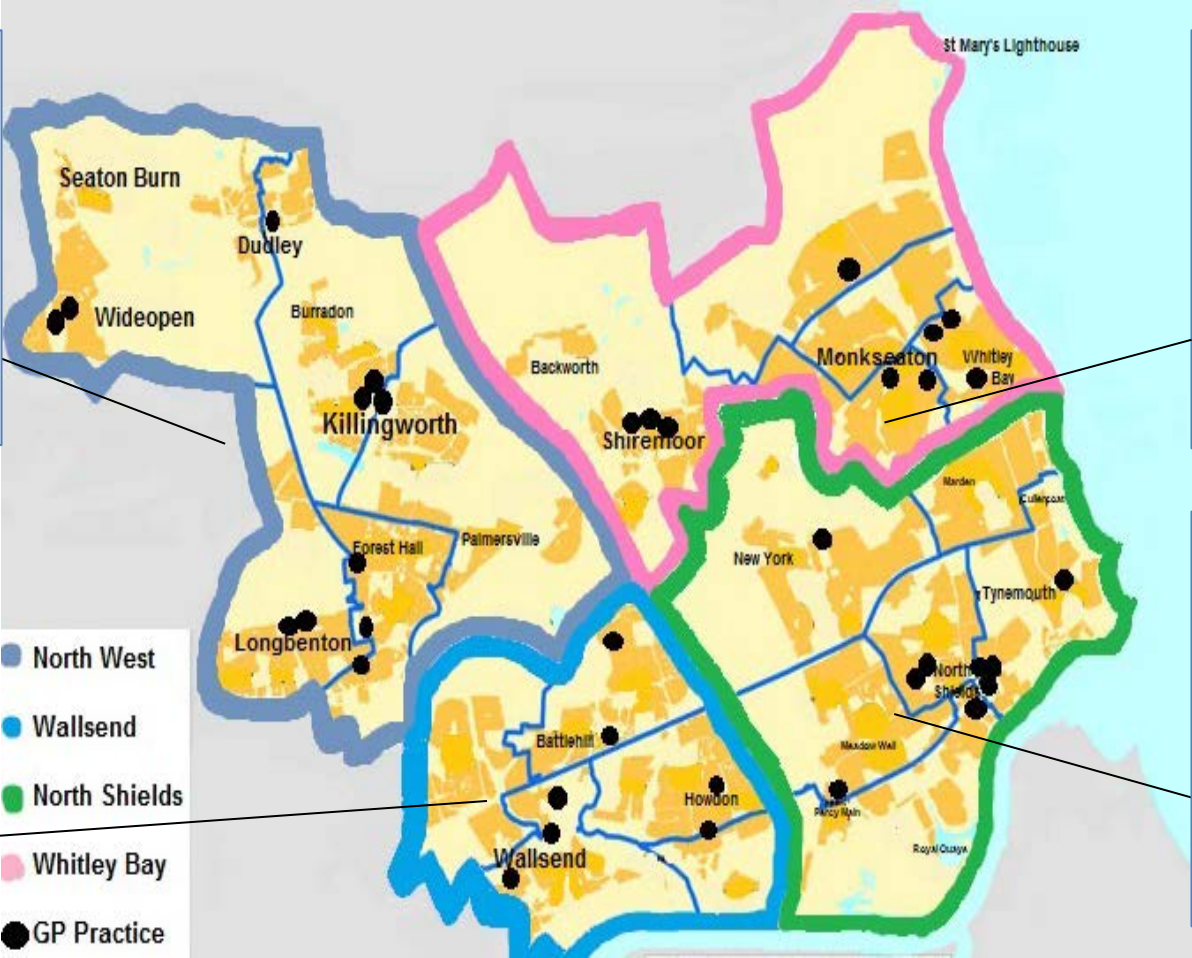
North Tyneside Population ~~215,602~~ 218,844 with 29 GP Practices
 High quality care and services and strong performance but overuse
 of hospital care **Have asked Wally to update**

North West

- 24% of population
- 64% access NUTH
- Less deprived (IMD 20.1)
- Higher life expectancy

Wallsend

- 22% of population
- 63% access NHCFT
- More deprived (IMD 27.4)
- Lower life expectancy



Whitley Bay

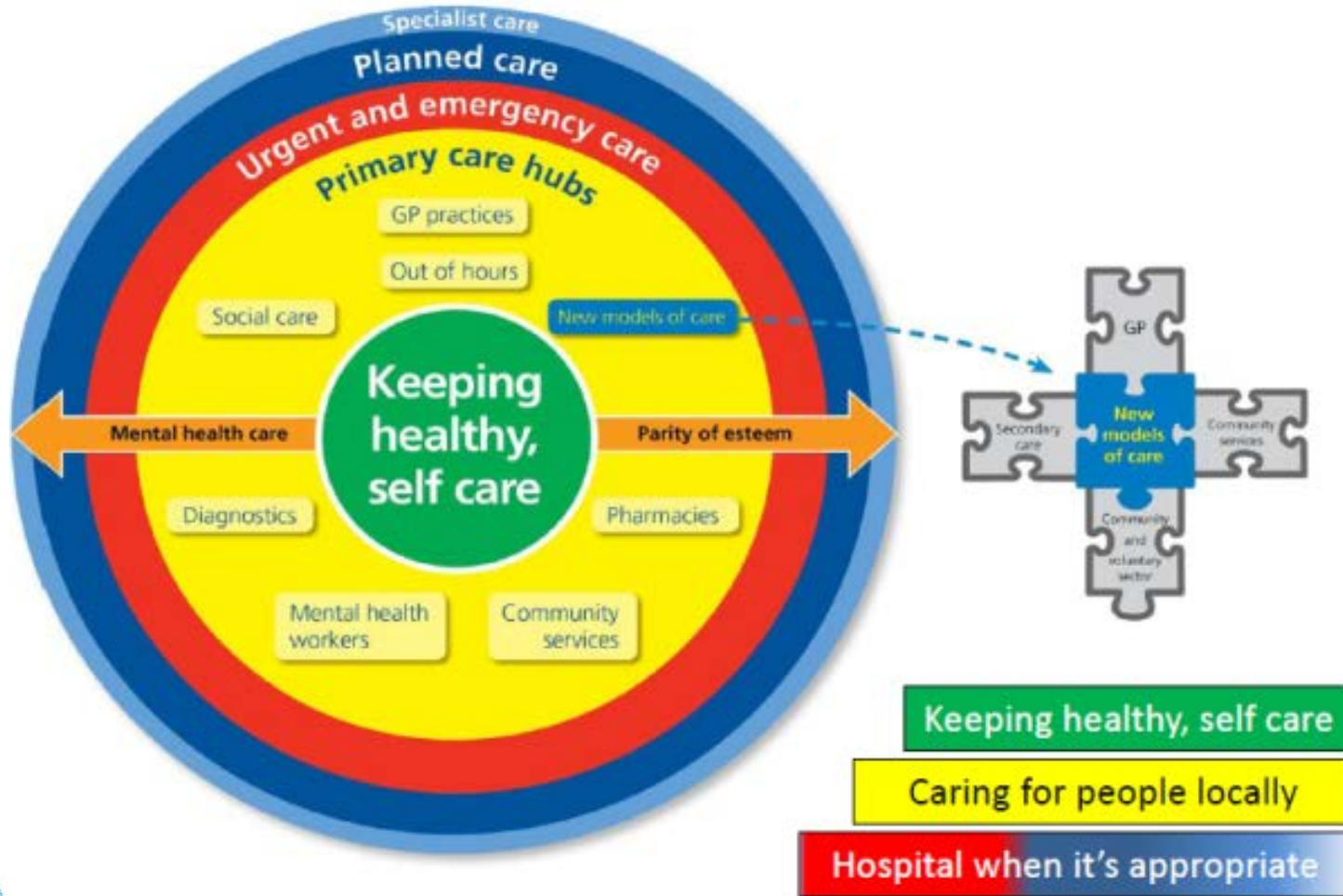
- 28% of population
- 78% access NHCFT
- Least deprived (IMD 14.4)
- Highest life expectancy

North Shields

- 26% of population
- 75% access NHCFT
- Most deprived (IMD 28.4)
- Lowest life expectancy



Health and Wellbeing System



Review of 2017/18

- CCG rated “Good” in NHS England Improvement & Assurance Framework 2016/17. Rating awaited for 17/18
- Delivered first class health care for the local population
- Good performance on NHS Constitution targets
- Significant groundwork and building blocks in place for longer term whole system change
- Good progress made to tackle long standing financial challenge with partners

But

- ‘Financial Recovery’ through an agreed FRP
- Combined focus on financial sustainability
- 360⁰ feedback

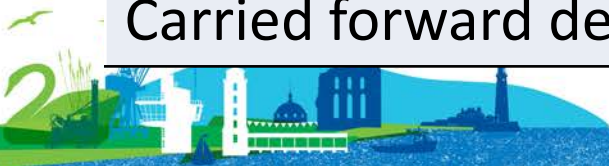


2017/18 financial performance



North Tyneside
Clinical Commissioning Group

	£m
Income (our funding allocation)	346.6
Expenditure:	
Commissioned Services (incl Co-Comm)	338.4
Operating Costs	4.3
Total Expenditure	342.6
In year-surplus	4.0
Brought forward deficit	16.2
Less in year surplus	4.0
Carried forward deficit	12.2



Spending in 2017/18	£m
- Northumbria Healthcare Acute	108.0
- Newcastle Hospitals Acute	63.4
- Ambulance (NEAS – including 111 / PTS)	8.1
- Other NHS and non-NHS acute care	6.9
“Acute” hospital care	<u>186.4</u>
- Mental Health (NTW)	19.1
- Mental Health (Council Services and other)	5.8
Mental health care	<u>24.9</u>
- Northumbria Healthcare Community Services	22.8
- Other (Newcastle Hospitals Community £0.9m)	3.0
Community care	<u>25.8</u>
- Primary Care Co-Commissioning	27.7
- GP Prescribing	36.1
- GP Out of Hours / Enhanced Services	4.9
GP care	<u>68.7</u>
- CHC / FNC (Adult & Children)	20.3
- Better Care Fund – Council Schemes	9.5
- Other Expenditure	2.9

Financial Plan 2018/19

- The key financial objectives are to support the other objectives of the CCGG, to maintain a sustainable position and repay the deficit the CCG made in previous years;
- The planned financial performance for 2018/19 is in-year surplus of £3.5m. This surplus will be used to reduce the deficit brought forward from previous years of £12.2m down to £8.7m; and
- The CCG aims to deliver £5.7m savings to achieve its planned outturn.



Quality and Performance

NHS Constitution

Constitution Measures	NT CCG Performance	2017/18 Performance Measure
Referral to treatment	Green	94.2% of patients waited less than 18 weeks to receive initial treatment.
Diagnostic waits	Green	99.5% of patients waited less than 6 weeks for diagnostic tests
A&E waits	Amber	93.5% of patients who attended A&E were seen and treated within four hours
Cancer performance	Green	96.4% of patients referred by their GP urgently with suspected cancer were given an outpatient appointment within two weeks
	Green	98.2% of patients who were diagnosed with cancer waited less than 31 days for their treatment to commence.
	Green	98.2% of patients who were diagnosed with cancer waited less than 31 days for their treatment to commence.
Mixed-sex accommodation	Green	Zero unjustified breaches in patients of mixed sexes sharing hospital accommodation
Healthcare associated infections	Green	The CCG had no reported cases of MRSA in 2017/18.
	Green	The CCG had 40 episodes of C Diff against an annual threshold of no more than 74 cases for 2017/18.



Quality and Performance

Improvement and Assessment Framework (IAF)

Domain	NT CCG Performance	Improvements in outcomes and areas for improvement
Better Health	Amber	7.7% growth in injuries from falls in persons over 65+.
	Green	NT remains in the top 20th percentile nationally for people with diabetes attending a structured education case for diabetes and ranked 1st amongst peers
Sustainability	Green	Rated in year financial performance as 'Green', reflecting good financial forecasting and planning
Leadership	Green	Rated Quality of Leadership as 'Green', reflecting robust senior leaders in place to deliver the CCGs strategy
Better Care	Green	High quality acute and primary care delivered in NT, ranked 1st amongst peers. This measure is an indicative overall quality score as determined by CQC inspection ratings.
	Amber	Reducing quality of adult social care in NT, which reflects a number of regulation breaches and safeguarding issues over the year
	Green	2.5% increase in one year survival from all cancers bringing NT in -line with the national average
	Green	3.8% increase in the number of annual Learning Disability Health Checks conducted
	Green	NT is in the top 10th percentile nationally for 18 weeks referral to treatment
	Green	Ranked 1st amongst peers and in the top 10th percentile nationally for patients admitted, transferred or discharged from A&E within 4 hours.



Key achievements

Operational plan 2017/18

Urgent Care

- Establishment of Local Area Delivery Board for urgent care, overseeing the Urgent care strategy
- Completion of the Integrated Urgent Care service procurement. The CCG extended existing contracts while the new service is being mobilised

Older People

- New Models of Care expansion
- Successful implementation of Phase 1 intermediate care review
- Continuing to exceeding national standard for early diagnosis of dementia
- Nursing Homes - development against national framework

High Quality Affordable Healthcare

- Continued implementation of Right Care Programme and identification of new areas for review
- Delivery of the Transforming Care Programme ahead of schedule
- Implementation of pathway improvements for MSK, intermediate care, End of Life/Palliative Care, COPD
- Reduction of variation in referrals to services by Practices
- Commissioned increased diabetes structured education provision

Other

- Development & delivery of Primary Care Strategy in partnership with LMC and Tynehealth Federation.
- Commissioned an A&E based 24/7 liaison psychiatry service in line with the national model
- Expanded IAPT services for people with Long term Conditions
- Continued improvements in Medicines Optimisation
- Delivery of the Pharmaceutical Needs Assessment
- Completion of Commitment to Carers Self Assessment, appointment of Executive Carers Champions and funding Young Carers Project
- Jointly work with LA to commission on-line counselling service for children & young people and improving involvement

North Tyneside CCG Priorities 2018/19



North Tyneside
Clinical Commissioning Group



'FUTURE CARE' PROGRAMME - WHOLE SYSTEM SUSTAINABILITY & TRANSFORMATION

WORKFORCE

ENGAGEMENT

INFORMATION TECHNOLOGY

ESTATES

2018/19 – key priorities

- Delivering STP Priorities & long term sustainability of the health & social care system
- Ensuring the highest quality healthcare in North Tyneside & continuing implementation of the Five Year Forward View .
- Maintaining Members’ commitment

Urgent Care

- improve performance at A&E in relation to 4 hour waiting targets and ambulance handover times
- Improve accessibility to local services as an alternative to A&E
- Implement integrated urgent care service
- Revise CCG’s 5 year Urgent Care Strategy

Care for Older People

- Roll-out Care Plus service model across localities
- Finalise joint CCG & LA strategy for older peoples mental health & develop action plan.
- CHC quality and value
- Implement Phase 2 of revised Intermediate Care model
- Improvements in Falls Management

High Quality Affordable Healthcare

- Implement Future Care model of primary, community and urgent care services
- Develop further Rightcare pathways schemes
- Develop strategy/compact with 3rd sector
- Further develop “at home” based services
- Undertake diabetes pathways review

National Priorities

- Primary Care Strategy delivery
- Transforming Care Programme
- Meet/improve standards (cancer, Mental Health, NHS Constitution, A&E, ambulance)
- Better Care Fund project review and funding realignment
- System Resilience & Innovative commissioning eg. Integrated Care System

Our full annual report and accounts 2017/18

Annual report published on 15 June 2018

<http://northtynesideccg.nhs.uk/north-tyneside-ccg-annual-report/>

Any questions?

Thank you



Minutes of the North Tyneside CCG Annual Public meeting held in public on Tuesday 25 July 2017, 9.15am-9.45am, at the Village Hotel Club Newcastle, Cobalt Business Park, West Allotment, Newcastle upon Tyne, NE27 0BY

Present:

Dr John Matthews	Clinical Chair (Chair)
Mary Coyle	Deputy Lay Chair
Jon Connolly	Chief Finance Officer
Eleanor Hayward	Lay Member
Dave Willis	Lay Member
Dr Martin Wright	Medical Director
Dr Lesley Young-Murphy	Executive Nurse & Chief Operating Officer

In Attendance:

Wendy Burke	Director of Public Health
Anya Paradis	Director of Commissioning & Contracting designate
John Wicks	Interim Director of Commissioning & Contracting
Irene Walker	Head of Governance
Dianne Effard	PA (Minutes)
Cameron Waddell	Mazars LLP
Jim Dafter	Mazars LLP
Michelle Spencer	CHCF
A.Bailey	Sunovion
Adelle Blythe	Ramsay Cobalt
Barbara Scott	Northumbria Healthcare
??	Northumbria Healthcare Comms

NTGB/17/058 Welcome & Introductions

Dr Matthews welcomed members of the public to the North Tyneside CCG Annual Public Meeting, and also Wendy Burke, Director of Public Health.

NTGB/17/059 Apologies for Absence

Apologies were noted from Mr Mark Adams.

NTGB/17/060 Confirmation of Quoracy

The meeting was confirmed as quorate.

NTGB/17/061 Declarations of Interest

The declarations of interest are published on the CCG website. There were no additional declarations of interest in relation to today's agenda.

NTGB/17/062 Minutes of the Previous Meeting held on 26 July 2016

The minutes were agreed as an accurate record.

NTGB/17/063 Matters Arising from the Previous Meeting held on 26 July 2016

There were no matters arising.

NTGB/17/064 Key Features of North Tyneside CCG 2016/17 Annual Report

Dr Matthews advised that the purpose of today's meeting was to present the CCG's Annual Report and Accounts, and members of the Governing Body would go through a presentation.

Dr Young-Murphy reminded those present about the CCG's vision for the health and wellbeing system which was set out in the CCG's five year plan and has not changed. The aim is to help people to stay healthy and well, promote self-care and deliver care as near to home as possible, with hospital when appropriate or by exception.

The improvement and assessment framework for 2016/17 had rated NTCCG as good. Significant progress has been made in terms of ongoing safe and sustainable care for the population. The CCG still has contractual over-performance in relation to hospital care which benchmarks high nationally. The CCG is still in financial recovery, with a lot of work still to be done with partners to ensure that healthcare is high quality, value for money and sustainable. Dr Young-Murphy noted that there needed to be a culture change in North Tyneside with organisations, patients and carers working together to ensure that NHS resources were spent wisely to meet assessed need.

Mr Connolly reflected on the financial performance of the CCG for 2016/17, which showed a deficit of £16.2m. The allocation of £322m was reduced by the deficit carried forward from the previous year of £19.3m. The CCG has improved its financial position in year by £3.1m and also delivered 5% efficiency savings.

The financial plan for 2017/18 started with a deficit brought forward of £16.2m, and financial recovery continues. The key financial objectives are to achieve a sustainable position and repay the brought forward deficit. The pressures and challenges this year are the same as last year, over-performance against plans and delivering the plan.

Dr Wright focussed on key quality and performance indicators. In relation to the NHS Constitution, A&E waits and ambulance handovers are below average. The A&E targets are better than a lot of other Trusts around the country. With regard to the NHS outcomes framework, one year cancer survival rates are not good enough. There were good results on ambulatory care conditions. Reporting on ensuring people have a positive experience of care has improved. There were two MRSA notifications reported with no modifiable factors identified.

Key achievements included: completion of the urgent care procurement,

which is still to be resolved; Care Plus has been remodelled and a lot has been learned from the first phase of that; Right Care has been implemented and the CCG has been benchmarked against other areas; the Transforming Care programme is moving forward; the MSK service is working well with a single point of access for GPs to refer into; the RMS has had some criticism nationally however NTCCG has only had a handful of local queries all of which have been responded to. The CGC has succeeded in reducing clinically unnecessary referrals and this will be continued and is being rolled out in other CCGs; the Primary Care strategy is progressing, and work is being done with the LMC and GP Federation; the Patient Forum is going from strength to strength and is a good critical friend.

Mrs Paradis advised that under NHS England planning guidance, the CCG had to write a document to describe what it will do to meet the guidance, and she talked through the schematic showing areas of particular importance in keeping people healthy with self-care and caring for people locally, and going to hospital where appropriate. This is underpinned by whole system sustainability and transformation. The tiles on the schematic describe some of the individual services in five blocks: prevention, health and wellbeing; mental health which includes a huge amount of work; financial balance looking at optimising QIPP and CQUIN opportunities; care closer to home looking at alternatives to hospital care and the future care programme; in hospital care looking at seven day services and access standards. The CCG's operational plan is published on its website and gives more detail of each of these.

She outlined the key priorities for the CCG in 2017/18. On urgent care, the CCG is working closely with partners on all schemes; improving performance and cost effectiveness. Care for older people has seen a growing older population in North Tyneside which presents challenges; rolling out the Care Plus programme; completion of phase one of intermediate care and looking to implement phase 2; the importance of the falls management programme. High quality affordable healthcare includes developing further Right Care schemes and the CCG has been rated green by NHS England. National priorities include mental health as a new area in terms of standards.

The CCG is trying to ensure that the very complex health system makes sense and is easy for patients and carers to navigate, to deliver consistent high quality care. The CCG, together with the local authority, want to ensure they support residents to live well.

Attendees were offered the opportunity to ask questions or make comments, but there were none.

NTGB/17/065

Concluding Remarks

Dr Matthews thanked members of the public for their attendance, which was appreciated as it was good to be able to share the overview. Everything presented today was also available in the CCGs annual report. The CCG had come a long way in the last year which reflected the hard work of the staff and the team, and the Governing Body noted that.

Dr Matthews took the opportunity to thank Mr Wicks, who had been with the CCG on an interim basis for over a year, for the part he has played, and wished him all the best for the future.

Looking ahead, the CCG's objective is to have legal directions lifted. The Governing Body and Council of Practices are clear that they want the CCG to be self-determining to do what is in the best interests of North Tyneside patients. The CCG was aware it could not do this on its own, and needed to work with partners, particularly around future care work and out of hospital sector to ensure progress is made on reducing reliance on hospitals to meet the needs of the population.

Dr Matthews closed the meeting at 9.45am.

DRAFT