

Harrogate and Rural District Clinical Commissioning Group (HaRD CCG)

Annual General Meeting
2 August 2018 14:00 – 15:00

**The Nidderdale Suite,
Best Western Dower House Hotel,
Bond End, Knaresborough, HG5 9AL**

Present

Dr Alistair Ingram	Clinical Chair, HaRD CCG
Sheenagh Powell	Vice-Chair / Lay Member, HaRD CCG
Amanda Bloor	Chief Officer, HaRD CCG
Wendy Balmain	Director of Transformation & Delivery, HaRD CCG
Joanne Crewe	Director of Quality & Governance/Executive Nurse, HaRD CCG
Kate Kennady	Lay Member for Patient and Public Involvement, HaRD CCG
Dr Ian Woods	Secondary Care Consultant, HaRD CCG
Dr Rick Sweeney	GP Member, HaRD CCG
Dr Sarah Hay	GP Member, HaRD CCG
Dr Bruce Willoughby	GP Member, HaRD CCG

Apologies

Dilani Gamble	Chief Finance Officer
Dr Angela O'Donoghue	GP Member, HaRD CCG

In Attendance

Sasha Sencier	Board Secretary / Corporate Governance Manager
Alec Cowell	Head of Finance, HaRD CCG
Christian Turner	Head of Business Change, HaRD CCG
Rachael Durrett	Communications and Engagement Officer, HaRD CCG

1.0 Welcome

Dr Alistair Ingram welcomed members of the public to the 2017/18 Annual General Meeting (AGM) and set out the agenda for the meeting.

Dr Alistair Ingram thanked the Governing Body and the team at the CCG offices for their exemplary work throughout 2017/18.

2.0 Governing Body Introductions

Dr Alistair Ingram introduced members of the Governing Body and noted apologies from Dilani Gamble, Chief Finance Officer and Dr Angela O'Donoghue, GP Member. It was noted that Alec Cowell was in attendance on behalf of the Chief Finance Officer.

3.0 AGM Summary Report 2016/17

Dr Alistair Ingram noted the minutes from last year's AGM and informed these minutes had been approved at the Governing Body in October 2017.

4.0 Annual General Meeting Presentation (including Annual Report and Accounts)

Dr Alistair Ingram provided an overview of the meeting, which included:

- Annual Accounts 2017-18
- Our Role
- Achievements from 2017-18
- Priorities for 2018-19
- Questions

Dr Alistair Ingram introduced Alec Cowell, Head of Finance who is presenting the CCGs Annual Accounts 2017-18.

Alec Cowell informed members of the public that the annual report, which includes the annual accounts, is available to view on our website and there are physical copies to view today.

Alec gave an overview of the CCG's position in relation to the key financial duties, which can be demonstrated below:

Target	Outcome	Achieved?
Manage expenditure within Allocated Programme Budget	Actual 2017/18 expenditure performance was £12.8m over the income received.	X
Manage expenditure within Running Costs Allocation.	Surplus of £0.3M against Running Costs Allocation of £3.4M	✓
Ensure cash spending is within available cash resources	Managed cash spending within cash limit allocated to the CCG.	✓

Alec noted that it had been a challenging year and the CCG was unable to live within its allocated programme budget and overspent by £12.8m. The CCG was within the running costs and the small surplus supported other programme areas. The CCG also lived within the cash limit allocated by NHS England.

External Audit issues a final report which focussed on three main areas and their opinion as detailed below:

Audit Opinion		Opinion Issued
Financial Statements	Unqualified	Give a true and fair view of the financial position of Harrogate and Rural District CCG as at 31 March 2018 and of its net expenditure and income for the year then ended. Have been properly prepared in accordance with the Health and Social Care Act 2012 and the Accounts Directions issued thereunder.
Regularity of the Financial Statements	Qualified	Income and expenditure has, in all material respects, been applied for the purposes intended by Parliament except for the failure to meet the statutory duty for expenditure not to exceed income in the year.
Value for Money	Qualified	We are not satisfied that, in all significant respects, NHS Harrogate and Rural District CCG put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018. The CCG has not yet succeeded in addressing the underlying deficit in its budget.

Dr Alistair Ingram thanked Alec for presenting the Annual Accounts 2017-18 and introduced Amanda Bloor, Chief Officer.

Amanda Bloor thanked members of the public for coming and said that she was privileged to be the Accountable Officer for the CCG.

Having been in post from the start in 2013, Amanda feels this year has been most challenging and busiest to date.

The CCG is focussed on improving outcomes for the local population, and as a mix of rural and urban population the CCG embraces the challenges across the geographical area.

The CCG is expected to set the tone and leadership in the place it serves. Increasingly we are doing much more work in partnership, working together increasingly on wellbeing. There is a focus on working to promote a lifestyle change and the wider determinants of good health, including exercise and health education.

The CCG has 5 strategic objectives and we strive to ensure all are met. The CCG wants to ensure our local population are safe in the community, at GP Practices and in hospital. We strive to improve quality. Value for money is even more important now and the CCG needs to ensure tax payer's money gets the maximum return possible. If services can be joined then there is a much better return on investment.

The CCG underwent a review, commissioned by NHS England and led by Price Waterhouse Coopers. The review found that there were no issues with governance or financial governance which we are very proud of. They also recognised the scale of the challenge and that what we need to do cannot be done on such a small scale. There was recognition that the CCG would need to work more closely with others in North Yorkshire in order to maximise potential. At the end of year annual appraisal with NHS England, they were very complimentary of the CCG and said that if there is a problem we always endeavour to solve it.

The CCG is working hard to support people to live healthier lives which will reduce the impact on health services. We have a number of campaigns focussing on health and wellbeing.

A snapshot has been developed of an average day in Harrogate. 3500 people visit GP practices on a daily basis and over 8000 prescriptions are dispensed. There is more going on in the community than in hospital with 90% of activity happening in GP Practices. There are just under 1000 outpatient appointments and nearly 10% do not show up. Imagine how efficient it would be if everything we paid for was utilised. That possibly says that some people do not need appointments in the first place and there is not always value added to follow-ups.

The CCG has a £220m budget and a £3m running cost allowance. Half of this is spent within the hospital. We currently only spend £26m on GP services and £115m in the acute sector. If we can redirect services we can put some of this money back into the community.

The CCG would never have achieved what we have achieved working in alone. The CCG works closely with the leadership team across Health and Wellbeing Board, Harrogate Leadership Board, Education, Department for Work and Pensions, Blue Light Services, North Yorkshire County Council and Harrogate Borough Council. The nature of these relationships

has changed over past few years, working as a New Care Model. We moved a step further working with providers and talking with providers about how we commission differently and do a more integrated approach to give better access and outcomes and value for money. We do much more engagement and have advocates; we meet in public and several social media forums.

Over the last year we have had patient stories covering a range of areas. This morning the Governing Body had young people from the Youth Forum at Harrogate and District NHS Foundation Trust (HDFT) telling us the great work they do promoting health services to people their own age. Wellbeing rather than accessing services was important to them too. All those things are informed by what we are told and we need to know what works well to keep improving quality of services and efficiencies within the system.

It would be easy for the CCG to be overshadowed due to us not meeting our statutory financial duty; however we have had some great achievement to be proud of in terms of service improvement. With engagement from our public, 'Your community, your care', was developed which is a strategy for the future for integrated primary and community care in Harrogate and Rural District. The CCG led on a targeted approach to reduce waste in prescribing. There was a significant amount of drugs unused and a saving of £1m in 2017/18. There was the successful work around the New Care Model and the publication of 'Sharing the biscuits: lessons from Harrogate's new care model vanguard experience'. At the CCG we also encourage health and wellbeing with our staff and have a weekly running and walking club. Many staff also have personal targets linked to their health and wellbeing.

In partnership with the Harrogate Trust, there is a structured approach to diabetes education. A significant proportion of people have pre-diabetes but with good access to education this can be managed in a more positive way and in some cases can even be reversed.

Harrogate now offers extended access services in Primary Care. Often people need to see a GP later in the day / early evening or at weekends and now there is access for this. There will be an evaluation and further developments will be made depending on patient need.

Following the CCG Annual Assessment - Improvement and Assessment Framework (IAF) the CCG was rated as 'requires improvement' last due to the continued financial challenges we face as a CCG and this remains the same for this year. This is very disappointing news for the CCG; however it is important to note that quality aspects, leadership, governance and financial governance is very strong. The CCG also has an accepted financial recovery plan rated as green by NHS England.

In running the organisation effectively there is a strong process in place to manage risks which is embedded and staff are on the front foot on how we respond to risk.

The CCG consistently performs well in many of its key performance areas over winter and this was not without significant challenge as it was a very busy period.

The CCG has a significant challenge with a fixed budget. We know locally that the only way to address pressure in the system is to work together. We need to streamline pathways and remove follow-ups where there is no value added in having one. Consultations also need to be done in different ways and we are aligning our efforts to make positive changes.

The CCG will need to make difficult choices and so saving in areas such as medicines management is a good example of making savings so that other difficult decisions do not need to be made.

The CCG is aligned to the West Yorkshire and Harrogate Sustainability Transformation Partnership (STP) which allows us to work within larger geographical area in fields where it makes sense to do so to ensure a better quality of services for patients, for example screening.

The CCG is working closely with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to align budgets and ensure Mental Health services work for the locality. There is a focus on a multiagency response to stop individuals from descending into a mental health crisis and if they do how this can be prevented from happening again.

Nationally we are told we can no longer live in an age where there is constant overspending. The CCG is focussing on how we manage demand and stop doing some of the things that do not add value. The CCG has a savings programme and within that there is a focus on Continuing Healthcare packages and ensuring timely reviews take place to ensure that money is used appropriately. This is a significant challenge.

There is a joined up approach across North Yorkshire and TEWV are operating to provide support for vulnerable people, including those with eating disorders, Improving Access to Psychological Therapies (IAPT), learning disabilities and perinatal services. There is also a focus around Transforming Care Partnerships (TCPs), a group made up of CCGs, NHS England's specialised commissioners and local authorities. They work with people with a learning disability, autism or both and their families and carers to agree and deliver local plans for the programme.

As mentioned previously, the CCG has a significant challenge in 2018/19. This year we need to work harder than ever to meet our statutory requirements whilst ensuring quality is embedded within everything we do.

5.0 Questions from Members of the Public

Q: Does the current deficit need to be repaid or will it be written off?

A: It will need to be repaid.

Q: Where will the CCG find the money to repay the debt? Will it not just continue to grow?

A: The current cumulative deficit position is £18 million. We have a recovery plan in place to address this over time. The plan has been signed off by NHS England (NHSE). In addition if our deficit is £10m or less for 2018/19 NHSE will offset the deficit amount. This will help prevent the deficit from growing but the existing amount will need to be repaid.

Q: Are other CCGs in similar situations financially?

A: Yes.

Q: When is there likely to be a merger between CCGs?

A: No merger of CCGs is currently anticipated, however a single leadership team which sits across the three North Yorkshire CCGs (Harrogate and Rural District CCG, Scarborough, Ryedale CCG and Hambleton, Richmondshire and Whitby CCG) has been proposed and is expected to be in place from October 2018. The three CCGs will remain legal separate entities and the aim is to ensure we keep the benefits of working locally while reducing operating costs over time. If the CCGs were to merge it would be a decision for member GPs.

Q: Are we encouraging GP offices to merge?

A: Some GPs have been merging back office functions. However this does not result in a cost savings for the CCG. It does though mean that money received from the CCG can be used to deliver on capacity needs.

Q: When will CBD oil be available to patients in Harrogate District?

A: We appreciate there has been recent media interest in this area. At a national policy level there has been some relaxing by exception in certain instances such as children with epilepsy. It is anticipated that specialist doctors will be able to prescribe cannabis derived products by autumn. At the CCG level we are awaiting additional guidance but any cannabis derived products are likely to be available only in specialist situations.

6.0 Closing Remarks

Dr Alistair Ingram and Amanda Bloor thanked members of the public for attending and closed the Annual General Meeting 2017/18.