

## **Marketplace event and Annual General Meeting**

**Tuesday 27 June 2017**

**Held at: Richmond Town Hall**

**2pm – 3pm (marketplace event)**

**3pm – 4.30pm (AGM)**

**Event and meeting summary**

**Q&As**

**Transforming Mental Health Services consultation update**

Attendees: **44** people attended the marketplace event and AGM.

**The objectives of the marketplace event and Annual General Meeting were to:**

- update the local population on current CCG projects including diabetes, end of life care, and community services
- invite a number of local community and voluntary organisations to share information and services and support for the local community
- share achievements and challenges for the local NHS over the last 12 months
- emphasise our commitment to engaging
- present our current finance performance and annual report 2016/17
- discuss our year ahead and the further challenges we face
- provide people with the opportunity to ask questions and raise issues
- present an update on the Transforming Mental Health Services consultation

The marketplace event took place from 2pm until 3pm. Additional information stands were provided from:

- Age UK
- Avalon Group
- Chopsticks
- Community First Yorkshire
- Mental Health Support (Hambleton and Richmondshire)
- Motor Neurone Disease Association
- Parents 4 Parents
- South Tees Hospitals NHS Foundation Trust
- St Teresa's Hospice
- Tees, Esk and Wear Valleys NHS Foundation Trust



The formal Annual General Meeting of the CCG began at 3pm.

### 1) Welcome and Introductions – Dr Charles Parker, CCG Clinical Chair

- Dr Parker introduced the new members of the governing body and their role within the CCG.
- He gave an overview on the format of the meeting ahead.
- He spoke regarding key achievements for 2016/17 which included:
  - Care closer to home
  - Transforming our Communities
  - Pilot of 24 ECG's in GP practices
  - Reducing referrals and prescribing
  - New MRI scanner at the Friarage Hospital
  - Progress on Whitby Memorial Hospital site remodelling
  - Stop before your Op and Get Fit before your Op campaigns
  - CQC SEND and safeguarding reviews
  - Piloting a new model of urgent care at The Friarage Hospital
  - Commencing "Transforming Mental Health Services" engagement
  - Launching a new end of life service in partnership
  - Developing a medicines waste campaign
  - Launching a new North Yorkshire schools mental health service
- He reflected on some of the more challenging tasks from the last 12 months:
  - Decommissioning the "Shuttle Bus"
  - Decommissioning services at the Lambert Community Hospital in Thirsk
  - Withdrawing gluten free prescriptions (except for exceptional circumstances)
  - Being challenged on our governance and the [Nolan Principles](#)
- Charles introduced Linda Lloyd, Vice Chair and Lead for Patient and Public Involvement.

### 2) Our commitment to engaging – Linda Lloyd Vice Chair and Lead for Patient and Public Involvement

- Linda explained briefly about her new role within the CCG.
- She introduced the Health Engagement Network Representatives including those newly appointed:
  - Ann MacNamara - Hambleton (newly appointed)
  - Jane Richie MBE – Richmondshire
  - Doff Pollard – Whitby and the surrounding area (newly appointed)
- Linda shared the following communications and engagement facts and figures as at 31 March 2017:
  - HEN Network – 312 members
  - Website - 27,548 visitors
  - Newsletters – 23 issues
  - Facebook – 214 page likes
  - Face-to – face 846 people (under Transforming our Communities only)
- Linda encouraged attendees to apply to become a member of the Health Engagement Network and to visit the 'HEN' stand for an application form.

### 3) Finance, performance and annual report – Bernard Chalk, Interim Chief Finance Officer

#### Finance

- Bernard began by thanking Debbie Newton and Alison Levin for their hard work over the previous 12 months.
- He explained that the CCG had not met its statutory responsibility to breakeven which resulted in the CCG receiving a qualified audit opinion on its ability to deliver its strategic

priorities and maintain its statutory function due to a small deficit of £284k for the financial year ending 31 March 2017. He provided a details of how and the CCG had reached this deficit.

- Acute Services £3.3m
- Continuing Health Care £2.3m
- Mental Health Out of Contract Placements £0.4m
- He highlighted areas of overspend within the CCG, followed by an in depth detailed breakdown of expenditure.
- He provided details on services the CCG had purchased:
  - Acute Commissioning 48.31%
  - Ambulance Services and Patient transport 4.47%
  - Community Health Services 13.32%
  - Continuing Health Care 7.82%
  - Mental Health 10.11%
  - Other Commissioning 0.19%
  - Primary Care Services 15.77%

#### **Performance targets**

- Bernard sated that the CCG were committed to securing high quality, safe and effective services for our local population.
- He spoke on areas that required improvement consisting of cancer waits, ambulance calls, mixed sex accommodation and dementia diagnosis.

#### **Annual report and accounts 2016/17**

- Bernard advised that copies of the full report and a summary version were available at the CCG publications stand and our website.

#### **4) Our year ahead – Janet Probert, Chief Officer**

- Janet gave an overview of ‘what matters locally’ which included:
  - the current consultation on “Transforming Mental Health Services”
  - care in the community - step-up/down beds introduced across Hambleton & Richmondshire last year which are doing well
  - new end of life service introduced across Hambleton and Richmondshire enabling more people to die in or near their own homes
  - adult ear, nose and throat clinic, pain management clinic and a low back pain clinic introduced at Whitby Memorial Hospital
  - sustaining local primary care services (e.g. GP services)
  - keeping services at local hospitals and ensuring access to the specialist services and equipment at other locations such as James Cook University Hospital
- Janet described our financial challenge and that next year, if we were to do everything we did last year we would require another £8 million to do so. This has been influenced by people living longer therefore leading to an increase on service usage and an increase in the national tariff.
- She advised on what we are trying to do about the financial challenge which included:
  - Whitby Memorial Hospital – not currently efficient being an old building so the remodelling will help to make it more efficient.
  - Frailty – more care in the community
  - Prescribing – cheaper to purchase some medications over the counter
  - Value for money treatments
  - Savings – ensuring appointments are attended, as funds are lost due to non attendance

- Janet explained the CCG's relationship with the local Sustainability and Transformation Partnership (previously 'Plan') footprint known as 'DDTHRW STP' which stands for Darlington, Durham, Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Partnership.
- Although the CCG was in the STP footprint, it is clear that many services remain provided within North Yorkshire.
- She shared that within our CCG area, 22 GP practices relied on other services from acute hospital services at James Cook University Hospital and Darlington Memorial Hospital.
- Janet confirmed that the CCG is committed to providing community services to allow health and social care to be provided within the community working without North Yorkshire partners.
- She emphasised the importance of making good life choices whether that's eating right, exercising and taking care of our mental health.

## 5) Q&A Session with panel – open to the floor

### Panel

- **Dr Charles Parker – Clinical Chair**
- **Janet Probert – Chief Officer**
- **Dr Mark Hodgson – GP member of Governing Body (Richmondshire)**
- **Bernard Chalk – Interim Chief Finance Officer**
- **Gill Collinson – Chief Nurse**
- **Lisa Pope – Deputy Chief Operating Officer**
- **Linda Lloyd – Vice Chair, Lead for Patient and Public Involvement**

### Q1: Member of the public

#### What was an 'out of contract' payment?

**Bernard Chalk response:** This is where we pay another authority to treat a patient e.g. a patient may need to go to the Freeman Hospital in Newcastle and we agree to send them even though we don't have a contract with the Freeman.

### Q2: A female resident from Colburn

**There are 2 defibrillators at Colburn, but no-one has offered any training on how to use them.**

**Dr Charles Parker response:** Defibs are there in case of emergency. If someone is having a heart attack and 999 is called then the ambulance operator can tell you where the nearest defib is, give you the code to unlock it and talk you through using it. Because of this system 12 people are alive whereas they may not have otherwise survived. We will do what we can to give the public giving further information.

**Jane Richie response:** Resusci Anne's are available for local residents to practice on.

### Q3: Gillian Bradley does voluntary work as a support driver.

**Often when I am transporting older people it can be a long and uncomfortable journey. Also when people are admitted to hospital it can be long way to travel to visit them. Can we keep patients as close to home as possible?**

**Gill Collinson response:** We're always aware of this issue and therefore try to keep patients close to home or ensure journeys to appointments are not too long. However the CCG also wants to send patients to where they will receive the best treatment and this may involve longer travelling times. Once the Robert Ogden Cancer Centre opens at The Friarage Hospital, then around 6,000 people who are currently having chemotherapy at James Cook University Hospital will no longer need to travel there.



**Q4: Gillian Bradley**

**Whilst talking to my friends, lots of them are worried about negative stories in the press regarding The Friarage Hospital.**

**Janet Probert response:** If the Friarage shuts down then James Cook could not cope. There are lots of positive stories around the Friarage including the new cancer unit but it often seems the focus is on the negative which is a shame. If the best treatment for our patients is to be obtained at James Cook then we make no apologies for sending patients there.

**Q5: Member of the public**

**How much money is lost each year by people not turning up for appointments? How can we stop this?**

**Bernard Chalk response:** We have not been given a total. Roughly 6% of appointments at the Friarage and James Cook are 'Did Not Attend'. The CCG are not charged if someone fails to turn up to an appointment – it is the Trust that loses money.

**Q6: Member of the public**

**A friend of mine booked a taxi to take her to James Cook for an appointment – she paid £120 for this. When she arrived at hospital she was told her appointment had been cancelled. She was very upset and wants to know how this can be prevented from happening again.**

**Dr Charles Parker response:** I am sorry to hear that and I am very concerned about this. If your friend is willing to talk to me and give further details then I or Gill Collinson would take it up with the Trust.

**Gill Collinson response:** We would need more information and I will personally speak with the Director of Nursing at the Trust. There are voluntary car schemes available and you pay for fuel only. We will get this information collated and sent to the person involved.

**Q7: Member of the public**

**Parking at both James Cook and the Friarage. I have had trouble when taking my disabled husband as found it impossible to get parked close to the entrance. What is going to be done to improve car parking?**

**Gill Collinson response:** Parking is always an issue, particularly at James Cook as the site is so big. However the CCG takes the matter seriously and I will raise the issue with the Trust.

**Q8: Gillian Bradley**

**I had raised an idea some time ago re parking – buy a field and have shuttle buses running to the hospitals. Only allow ambulances and blue badge parking on site. Surely the new cancer unit will cause more traffic problems?**

**Janet Probert response:** I understand from the Trust that once some of the old buildings are pulled down at the Friarage Hospital to make way for the cancer centre then more parking spaces will be created.

**Malcolm Bloor** said he works with the Bedale Trust and they provide community transport for appointments. He said he is happy to help people willing to work with them.

**6) Transforming Mental Health Services consultation – Lisa Pope Deputy Chief Operating Officer**

- Lisa explained that we want people who need support from mental health services to get the best possible treatment to recover and stay well.
- She explained that this consultation is about how we believe we should do this for adult and older peoples' mental health services by using the best clinical evidence and patient and carer feedback.

- She informed that the CCG held pre-consultation engagement with over 480 service users, clinicians, carers and community groups since January 2017 and that feedback highlighted some key points.
- She stated that clinical evidence from the Royal College of Psychiatry, the Care Quality Commission and our clinical colleagues at Tees, Esk and Wear Valley NHS Foundation Trust tell us that mixed sex wards, mixed condition wards and the physical estate of the two mental health wards at the Friarage Hospital is not fit for purpose.
- Lisa also said that the consultation process will continue to go through NHS England, North Yorkshire County Council Scrutiny Committee and Clinical Senate processes and for approval.
- To help emphasise the need for change, two draft videos were shown and the audience was invited to offer feedback.
- Lisa explained the consultation options available:
  - Option 1 - Do nothing. Maintain current level of community and crisis service with all the challenges we face.
  - Option 2 - Enhanced Community Model. Provide a 7 day enhanced community and crisis service. Inpatient care will be provided in the service user's nearest neighbouring assessment and treatment mental health bed.
  - Option 3 - Single site model. Provide up to 7 day enhanced community and crisis service. Inpatient care will be provided from a single site in either West Park Hospital, Darlington or Roseberry Park Hospital, Middlesbrough.
  - Lisa explained that in addition to these three options a fourth delivery model option was considered which would be a 7 day enhanced community and crisis care and access to local remodified adult functional assessment and treatment mental health beds on the Friarage Hospital site. Lisa advised that it wasn't a safe option; therefore it had to be discounted it.
- Lisa reminded the audience of the consultation timeline:
  - End of pre-consultation engagement – Friday 12 May 2017
  - Start of formal consultation – Monday 26 June 2017 until Friday 15 September 2017.

**Dr Charles Parker thanked all for attending and closed the meeting at 4.30pm. Attendees were invited to stay for refreshments and to ask questions of CCG staff on a one-to-one basis.**

#### **More information:**

Further information on the Transforming Mental Health Services consultation can be found on the CCG's website: [www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services](http://www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services)

The presentations show at the AGM can be found on the CCG's website: <https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/annual-general-meeting>