

**Voluntary and Community Stakeholder Reference Group  
Minutes 12 July 2016**

<b>Date and time:</b>	<i>Tuesday 12 July 2016 Time: 10:00am-11:30am</i>	
<b>Venue:</b>	<i>Committee Room, Enfield CCG, Holbrook House, Cockfosters Road, Barnet, Herts</i>	
<b>Organiser:</b>	<i>Zoe Hodgson, Communications and Engagement Assistant</i>	
<b>Attendees:</b>	<p>Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair)</p> <p>Fiona Jones, GP liaison manager/service manager, Enfield Carers Centre</p> <p>Ilhan Basharan, Consultation and Resident Engagement Services Team Manager, Enfield Faith Forum</p> <p>Tim Fellows, Chief Executive, Enfield Lesbian Gay Bisexual and Transgender Network</p> <p>Paula Jeffery, Chief Executive Officer, Enfield Voluntary Action</p>	<p>Patricia Mecinska, Chief Executive Officer, Healthwatch Enfield</p> <p>Lesley Walls, Chief Executive, One-to-One Enfield</p> <p>Usha Sisodiya, PA, One-to-One Enfield</p> <p>Vivien Giladi, Representative, Enfield Over 50s Forum</p> <p>Niki Nicolaou, Third Sector Development Manager, London Borough of Enfield</p> <p>Litsa Worrall, Volunteer, Elected Patient Participation Group Representative</p>
<b>Apologies:</b>	Christine Whetstone, Chair, Enfield Over 50s Forum	
<b>Attendees</b>	<p>Mike Seitz, Director of Recovery Enfield CCG</p> <p>Peppa Aubyn, Head of Mental Health Commissioning.</p>	Stephen Wells, Programme Manager Strategy and Planning, Enfield CCG

<b>1.0 Apologies and declarations of interest</b>	<p>Apologies were received from Christine Whetstone. Vivian Giladi attended on behalf of the Over 50S Forum.</p> <p>There were no conflicts of interest.</p>	
---	--	--

<p><b>2.0 Minutes of last meeting and matters arising</b></p>	<p>The minutes of the last meeting were approved.</p> <p>Action point 2 – members of the group asked for the Primary Care Urgent Access Pilot evaluation to be sent when completed. The report was currently with the Executive Committee.</p> <p><b>Action:</b> ZH to send the Primary Care Urgent Access Pilot when available.</p> <p>It was noted that the CAMHS update due to be presented by Claire Wright had been moved to the next meeting.</p>	<p><b>ZH</b></p>
<p><b>3.0 Sustainability and Transformation Plan Update</b></p>	<p>Stephen Wells provided a brief update on the Sustainability and Transformation Plan. He explained that all 5 CCGs, Barnet, Camden, Enfield, Haringey and Islington, all 5 local authorities and provider trusts in north Central London were working together on the delivery of the five year Sustainability and Transformation Plan. This plan would look at how services could be transformed. The structure was being developed. Currently it consisted of a Transformation Board on which Enfield is represented by the Chief Officer, plus 13 working groups. The board will look at how to work together to enable staff to deliver the plan across north central London. The meeting on 14 July would discuss developing an implementation structure.</p> <p>Members made the following comments:</p> <ul style="list-style-type: none"> <li>• It was hard to report back what was in store for the population the plans seem to be playing second fiddle to the need to save money; care would not be closer to home.</li> <li>• Camden and Islington CCGs were far richer than Enfield CCG and will get more money as they can demonstrate excellence.</li> <li>• The public is deeply skeptical of the plan.</li> </ul> <p>Members asked a number of questions, which included:</p> <p><b>Question:</b> Concern that Enfield will lose its identity, Enfield was already underfunded and the plan could make Enfield poorer.</p> <p><b>Answer:</b> This was raised as well by Governing Body members. Enfield CCG established an internal working group to discuss this. A Governing Body member sits on all of the 13 working groups, along with the senior management team and directors.</p> <p><b>Question:</b> This was a push for the CCG to focus more on quality. The final plan is due in September, when will the public get the opportunity to have their say?</p> <p><b>Answer:</b> There will be a page on our website with this information.</p>	<p><b>SW</b></p>

<p><b>4.0 How will views of individuals with autism be taken into account?</b></p>	<p>Lesley Walls gave a presentation entitled 'Making Enfield an Autism friendly place'. This included:</p> <ul style="list-style-type: none"> <li>• an overview of the autism strategy</li> <li>• details of the re-establishment of the Enfield Autism Steering Group</li> <li>• details of the Learning Disability and Autism Council, an elected group of people which has representatives from people with learning difficulties and autism who attend stakeholder groups such as the Voluntary and Community Stakeholder Reference Group.</li> </ul> <p>Members asked a number of questions which included:</p> <p><b>Question:</b> How do we look at the strategy for children?</p> <p><b>Answer:</b> Children's services were represented at the steering group, making sure their needs are being considered at the transitional stage.</p> <p><b>Question:</b> Given the challenges facing the NHS, there was a danger, for those with severe learning difficulties and severe autism, that they would need resources too?</p> <p><b>Answer:</b> People with mild autism were losing out which created other risks. There was a focus on money and providing peer support in the right places. PA explained that people would benefit from having a circle of friends that intervention went beyond care and support.</p> <p>A vacancy for a GP was identified on the steering group.</p> <p><b>Action: GH to speak to PA to find out how we are getting on with this.</b></p>	<p><b>GH</b></p>
<p><b>5.0 Quality, Improvement, Productivity and Prevention (QIPP)</b></p>	<p>Mike Seitz, Director of Recovery gave an overview of Enfield CCG's financial position and QIPP. This included a breakdown of where the money was spent. Members made the following comments:</p> <p>In light of the financial challenge, where should our attention be focused in order to reduce spend?</p> <p>What things should the CCG consider when making decisions around service changes to our population?</p> <p>In response to the presentation, the following issues were highlighted:</p> <ul style="list-style-type: none"> <li>• VG highlighted the problem of Enfield CCG being underfunded.</li> <li>• The presentation clearly indicated that not enough money was being spent on preventative medicine. There was a failure to</li> </ul>	

	<p>spend enough on public health.</p> <ul style="list-style-type: none"> <li>• There was popular support for looking at savings which could be made from repeat prescriptions but failure to provide over the counter medication for poorer people was understandable but unacceptable</li> <li>• Consideration about decisions based on clinical judgement and the prevention work that could be actioned in short term, medium and long term</li> <li>• There was a need to work more closely with public health.</li> </ul> <p>In response to this, MS explained that through the right care – commissioning for value initiative five areas were highlighted to reduce spend. These areas were Chronic Obstructive Pulmonary Disease (COPD), musculoskeletal (MSK), Neuro, respiratory, complex cases and mental health prescribing. The CCG was working with public health to make changes in these areas.</p> <p><b>Action:</b> Put the figures (millions) against the percentages on the presentation pie charts.</p> <p>Members asked the following questions:</p> <p><b>Question:</b> You refer to a decrease in prescribing spending, was there still money to be found in that area?</p> <p><b>Answer:</b> Yes there was £1.1 million savings in progress from prescribing ideas. There were hard decisions to be made. Around £30 million was spent on repeat prescriptions, so there was money to be saved. Pharmacies will need to verify the repeat prescription before dispatch.</p> <p><b>Question:</b> We need guidance with regard to hard decisions, the CCG was underfunded.</p> <p><b>Answer:</b> This year Enfield CCG received funding within the 5 % below capitation. NHS England does not classify Enfield as underfunded.</p> <p><b>Question:</b> We need to take into consideration decisions based on clinical judgement and bear in mind upstream prevention work into short term, medium and long term; working more closely with public health.</p> <p><b>Answer:</b> Through the Right Care, commissioning for value initiative five areas were highlighted to reduce spend. These areas were COPD, MSK, Neuro, respiratory and complex cases and mental</p>	<p><b>MS</b></p>
--	--	------------------

	<p>health prescribing. Enfield CCG was working with public health to make changes in these areas.</p> <p><b>Question:</b> What's going on to look at spend and the way it's being received and delivered?</p> <p><b>Answer:</b> Right care will do this. A multidisciplinary team will make sure that the patient goes to the right place first time. This will support ensuring money was spent on the right care and reduce overall costs.</p> <p><b>Comment:</b> Payment by results would not cover all aspects of commissioning. There was a very good system in place where review whether there are any outliers This was responsible for two thirds of the saving last year.</p> <p><b>Answer:</b> When looking at payment by results and moving services into the community, hospitals will still fill their waiting lists as the patient numbers have remained the same. There was a fine trade-off between community services versus putting patients in hospital which provided better control. The number of people needing services was growing which was beyond the CCG's control.</p> <p><b>Action: request to add this to the agenda of the Health and Wellbeing Board.</b></p> <p><b>Question:</b> Acute services – could the CCG justify why people were being seen at a more expensive option and not a cheaper one? Would this not be a better system when setting limits?</p> <p><b>Answer:</b> Patients have the choice where they go and we cannot deny choice. We have different tariffs in each hospital proposed to the trust which made it more difficult. This was also affected by Market Forces Factor (MFF- local inflation price) was different in different areas.</p> <p><b>Question:</b> GPs were not advertising choice.</p> <p><b>Answer:</b> Choice in Enfield was carried out by the Enfield Referral Service (ERS). Referrals were reviewed to decide if the referral should go through to the hospitals or to community services. At this point patients were offered the choice. ERS would contact the patient.</p> <p><b>Action: Have CCG staff members available to go out and speak about QIPP at events.</b></p>	<p>GH</p> <p>GH</p>
<p><b>6.0</b></p>	<p><b>Any other business</b></p> <p>GH provided the following update on the outcome of the recent meeting with NHS England (NHSE). The meeting covered how the</p>	

	<p>CCG would reduce and close the financial gap. It was noted that neighbouring CCGs may provide support. There was a list of decommissioning options currently being discussed. As Enfield was under legal directions, we were working closely with NHSE regarding this.</p> <p><b>Comment:</b> Practices not remaining open for full core hours had an effect on A&amp;E.</p> <p><b>Action: Primary care lead to be asked to look at this issue.</b></p>	<p>ZH</p>
<p><b>7.0 Date of next meeting</b></p>	<p>The next meeting will take place on Tuesday 11 October 2016 in the Committee Room, Enfield CCG, Holbrook House at 10am-11:30am.</p>	