COMMUNITY PARTNERSHIP FORUM

26 May 2016

Minutes

Attendance

Name	**Organisation/role**
Peter Haley (Chair)	Chief Executive, People to Places
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Nigel Foster	Director of Finance & Performance, East Berkshire CCGs
Sarah Bellars	Director of Nursing and Quality
Ally Green	East Berkshire CCGs
Sabahat Hassan	East Berkshire CCGs
Peter Squires	
Philip Cook	Bracknell Forest Involve
Andrew Battye	South Central Ambulance Service
Madeline Diver	Community and Voluntary Faith Sectors, Bracknell Forest and Patient Liaison for Bracknell Urgent Care Centre
Apologies	
Hayley Edwards	WAM CCG
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Dr Jim O'Donnell	Clinical Chair Slough CCG
Dr Adrian Hayter	Clinical Chair, WAM CCG
Sheila Holmes	Healthwatch WAM
Sylvia Trellis	
Andy Battye	South Central Ambulance Service
Cllr Dale Birch	Bracknell Forest Council
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Lily Evans	
Mike Connolly	PPI Governing Body member, Slough CCG
Robert Cooper	PPI Governing Body member, Windsor, Ascot and Maidenhead CCG
Ramesh Kukar	Slough CVS and WAM Get Involved
Niki Cartwright	East Berkshire CCGs (Interim Director of Strategy and Operations)
Cllr Sabia Hussain	Slough Borough Council

Additional members of the public and staff attended the meeting.

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 17 March 2016

The notes were agreed.

Finance

Presentation slides are available on the CCG websites.

The presentation focused on:

- Perceptions of the NHS
- How the money flows through the system
- International comparisons
- National and local picture for CCG funding
- Sustainability and transformation plan

NHS and money never far from the headlines.

In research conducted by Ipsos Mori, looking at perceptions of the NHS, they asked questions about access to NHS services as well as “How much do we spend on the NHS?” Generally respondents were happy with accessing the NHS but they had little idea about how much money is available and how it is spent compared to other areas of public sector spending For example, respondents believed more was spent on defence than the NHS, whereas health spending is four times higher.

Respondents were asked which area they thought had the higher spend: health, education or defence. Most people assumed defence, but actually, the NHS has the highest spend, followed by education and then defence.

The Commonwealth Fund publishes research comparing the United States health system with other systems in developed countries. This demonstrates how things have changed since 1980 when spending was very similar across all countries. In 2012, the spend had increased across the board, but the US spending was almost three times as much as the UK per head of population.

The analysis also assessed value for money and how well each health system performs. The NHS is assessed as being the best value.

The comparison also looks at hospital beds. Sweden and Turkey had the lowest number of hospital beds per 1,000 people. The UK had the third least number of hospital beds. This reflects the way we are working with care being organised to reduce the need to stay in hospital for lengthy periods of time. Going forward, we are not expecting to reduce the number of hospital beds but rather to use them more efficiently and not to see a growth.

How the money flows….

HM treasury provide a budget to Department of Health.

£121 billion - Total budget for health in 2016/17

£107 billion – provided to NHS England

£73 billion – distributed to CCGs

The CCG budget is divided up between the CCGs across the country using a nationally developed formula. The formula used is complex and takes many different variables into account to ensure each CCG has funding appropriate to the needs of their population.

They determine the target funding for each CCG based on the needs of the population. This includes the number of people registered with the local GP practices, and the local need. For example, the oldest and the youngest will need more health care. Also, location and deprivation are accounted for, as for example, London is more expensive than Cornwall. Once this is all taken into account, the numbers are compared to previous years' funding and any difference is then phased in over a period of time. This means that CCGs that are under their target funding receive a greater increase in their budget than CCGs that are over their target funding.

Questions and answers

Q: How are unregistered patients included in the calculation?

A: This isn't a problem for elective/planned care (because all elective patients will be registered) but it is for urgent/emergency care. The Trust will charge the CCG but then this is handled on a national basis, pooling the costs and apportioning it fairly.

Q: If we were given £20.8m growth, where did this go?

A: In 2016/17, CCGs on average received 3.4% growth in funding. East Berkshire CCGs received 4.4% growth because we were further from our target allocation and so received slightly more growth than other parts of the country. This looks good however; the additional demands outweigh that growth.

Over £3.4m was not growth but was money given to the CCG in a different way previously.

- £5m needs to be held back following national rules that 1% must be held as a contingency to deal with trust overspends
- £2m held for local contingencies
- £685k increase to the three Better Care Fund (pooled budget with local authority)
- £9m for additional activity in hospitals

- £2.2m prescribing growth and inflation
- £1.2m Continuing Healthcare growth and inflation

Taking all this into account leaves a £13m funding gap to be bridged.

Q: How do we pay for hospital activity?

A: Most of the time we use a national price list that details all the different procedures and types of care provided. The price varies depending on complexity, length of stay and best practice.

Long stays cost more money. Every year we have a few patients who have very complex care needing a long stay in hospital. A longer stay in hospital may also be arise when a patient is ready for discharge because they no longer need medical care but their discharge is delayed because other care at home or in the community is not available (delayed transfers of care)

There is also something known as the Best Practice Tariff which is more expensive, rewarding hospitals for giving the best care and for getting the best outcomes.

Local prices can sometimes be negotiated. Some types of activity (such as the majority of mental health care) are paid by Block contracts. Block contracts have a fixed amount of money for the year.

New forms of contract are being explored to try and incentivise the right things. Eg. outcomes based payments.

Q: How will the Sustainability and Transformation Plan work?

A: Frimley Health, Berkshire Healthcare Foundation Trust, East Berkshire CCGs, Surrey Heath CCGs, and North East Hampshire and Farnham CCG working together under the leadership of Andrew Morris. Looking at:

- Health and wellbeing – more years of healthy, active life
- Improving quality
- Addressing the financial gap.

The financial gap is about being more efficient – doing more with the same amount of money, not a savings target. Total spend will be increasing but the demands will be more than the money available.

Relatively small percentage changes have a large impact. If hospitals become 2% more efficient each year, the gap is almost halved.

Five themes in our plan:

- Prevention and self-care
- Long term conditions pathways
- Frailty pathway

- Urgent care
- Reducing variation.

As a health and social care system, we are focussing on these five areas.

Q: It is interesting to see the different models of healthcare. The NHS seems to be very good at fixing people when they are ill and others may be better at keeping people well and avoiding needing care.

A: Agreed. Some of this starts early with prevention and good healthcare to keep well, particularly with long term conditions.

Q: Does the media help? News reports focus on beds and it can be quite negative - they don't help with the message.

A: Sometimes the media is quite helpful. Counting beds however, is an easy measure used by the media and we haven't helped them to understand different settings for care and why staying in a bed can often hold back recovery, so actually it isn't the best indicator for investment in the NHS. We have moved care into other settings, so counting beds is not accurate.

Q: How do the CCGs work with social care? Are there any statistics on what improvements have been delivered through that work?

A: There is a lot of work that the CCGs do together with social care, particularly through the Better Care Funds which are focussed on supporting joint working and integrated care. Regular reports on progress are presented to the CCGs.

Q: What is the plan for dealing with the growing gap?

A: We know we have some projects started last year that will deliver this year and will help to reduce the gap. We have had discussions with our acute hospitals about where pressures can be managed differently for example outpatient appointments and follow-up appointments. It's not about pushing pressure from one area to another, we need to work with our Trusts on areas where costs can genuinely be taken out.

Q: Provider efficiency is compounded 2% per year. What is the current trend?

A: This is not a massive ask in year one, but each year the same degree of efficiencies need to be made again, and so year on year, it gets harder. If you look at agency spend, there is a significant saving that could be made and this is where our main providers are currently focused.

Q: How much of the budget is spent on clinical staff and admin/managerial?

A: Approximately 60-65% of the budget is spent on staff. Administration costs for running the NHS is remarkably small compared to other sectors.

AOB – Madeleine Diver

NHS England Onward Care Procedure – is all about speeding up discharges and reducing the delays as much as possible. Copies were shared with the group. Madeline has already provided feedback to Rachel Wakefield.

Action: Ask Rachel to come to next meeting to explain what is being planned for putting this policy in place.

Future meetings

Next meeting: 28 July 2016
6.30pm – 8.30pm
Old Windsor Memorial Hall, Straight Rd, Old Windsor, Berkshire SL4 2RN

Suggested topics for future meetings:

- Berkshire Healthcare Foundation Trust
- Better Care Fund
- End of Life Care – engaging community groups
- Patient engagement
- HealthMakers feedback
- Car parks and transport
- Suicide prevention
- Obesity and nutrition in hospitals
- Primary care and extended access
- Wheelchair services
- Stroke Rehabilitation Services
- New Vision of Care and the Sustainability and Transformation Plan