

Questions and answers from the Annual General Meeting held on Thursday 5th September 2019

Q. I understand your budget is set for next year and you're on target to meet all those needs. If, as is expected, the chancellor gives you a truck full of gold next week, will you be using that money to accelerate your existing programmes or, because it's bonus money will you be using it for voluntary groups that are not getting any funding because you've already made the allocation to achieve your budget for this year?

A. Any of us who work in the NHS are going to welcome more funding coming in. Extra funding is always a good thing and if some of that materialises on the back of some of the things happening nationally, that's got to be welcomed. Our budgets are allocated and set for this year, and into next year but they are under real strain. As many of the members of our Governing Bodies are only too sighted, we have a real challenge this year to be able to live within the means that are allocated to us. My priority as the Accountable Officer for the two Clinical Commissioning Groups is always to make the best use of new money coming in and wherever possible to put that into developing new things, like the social prescribing work we've talked about today, which will ultimately lead to more resource going into the voluntary and community sector. But I'm equally conscious that there are areas where we are already off track in terms of our financial positions and elements of that will inevitably need to help to support and bridge some of those positions.

Our budget is taken through the finance committee into the Governing Body to set out the priority areas of what we think are the necessary clinical things that we need to do for the next few years. Any additional funding we received – and we don't know what that looks like – would go through the same process unless it has been funded for a specific purpose, such as ambulance services.

Q. I'm concerned about the risk of patient safety within A&E at Kettering General Hospital (KGH). This department was originally designed for 100,000 patients per annum but now currently has to cope with 300,000 and growing demand. KGH is some £29million in the red and for the last 5 years has been asking for £50 million to build an urgent care hub. I don't see how you can continue to build all these homes, increase the population for these sorts of services because eventually the CQC is going to look at A&E at KGH and say it is not fit for purpose. So what is the clinical commissioning group going to do about that?

A. At the heart of your question is population growth. Other areas don't have the same level of population growth that you see within Northamptonshire, and when you go into areas like Kettering or Corby that level of growth is even more significant. The Clinical Commissioning Group is working very closely with KGH to support to develop the business case to be re-submitted to the national body seeking funding in order to be able to improve the A&E facilities at Kettering. You might be aware that a business case was submitted last year and wasn't successful in securing funding. We have done a lot of further work with the acute trust in order to re-make that case and we will be re-submitting an estates strategy for the Northamptonshire Health and Care Partnership. Improving the A&E facilities at KGH has been identified as the top priority from an estates point of view - in terms of investment, if we can be successful in securing funding. We are also working very closely with others who may be able to influence those national prioritisation processes, and in particular with

the local MPs, who have taken a very keen interest in the capital case for Kettering. I know having spoken to the MPs in that part of the country, that they are actively supporting the county to make the case for that investment.

In addition at any given moment we are able to see the activity at Kettering via a dashboard so we know how many people are approaching the A&E department and the flow through the hospital, which is really, really important in terms of quality and safety. We're trying to put systems in place so the community can do more to support the people who don't need to be in hospital, to be treated elsewhere. This will not address the capacity issues right now but the CCGs are continuously sighted on safety and quality for those patients that are in hospital and we take it very seriously.

Q. The homeless in Wellingborough (and across the county) often struggle to access the mental & physical healthcare that they desperately need. Please could the CCGs engage with agencies such as Wellingborough Homeless Forum, Teen Challenge, Daylight Centre and winter Night shelters and attempt to redress this to avoid the most vulnerable people being sent to hospital in ambulances and rebounding back to the streets.

A. At the moment the system in Wellingborough is slightly fragmented and I would suggest in other areas of the county it is the same. Under the Northamptonshire Health and Care Partnership there is a long-term aim to for health and social care to be working more closely together, and this is probably more of a social care issue, which means the individuals obtain medical care and this is probably inappropriately. All councils also have homelessness strategies. I think there is also something we can do to follow this up with the person who asked the question to see what we can do from a practical point of view to do more and link people up. *Post meeting note: The person who submitted the question was contacted following the meeting and has provided additional thoughts and comments, which have been passed onto the mental health commissioning and clinical leads.*

Q. I belong to a very active PPG and it seems to me the PPGs are potentially a very useful vehicle for you to communicate your messages to local communities. We have many people who are very fixed in their views of what the NHS is so we have to help people understand the excellent work that you are doing to bring about that change so I would make that plea for some support to take communication through the PPGs to get into the local population.

A. It is extremely important that we work with our local population and we can certainly learn from some of the partners that we work with within the county. The mental health community trust in particular, which has always worked very closely with the population and I think there is a lot more that we can do. Certainly, our aspiration is to work together. One of the reasons for putting the clinical items on the agenda tonight is to actually understand what people think, and not just the typical groups that come to meetings. We are focussed on making sure we get to all the groups within the population as well. I think you are absolutely right about using the PPGs, as well as looking at how we work with groups like the health and wellbeing forum and there are lots of community organisations with a whole wealth of information across the county as well. Using our community connectors to work together is very much the way forward to enable us to listen to our local population, so I would absolutely support what you have suggested and that is something we will take forward from a communications perspective.

Primary Care Networks (PCNs) will also create a ground swell, which will see more people coming together over more practices. Enabling PPGs to have a conversation with some of the people working within primary care like the social prescribing workers who can act as a conduit and speak about the work they are doing is also one of the practical ways I have heard about how PPGs are being engaged with.

Q. What is your picture of Patient and Public Involvement (PPI) in the Health and Care Partnership in the future? The partnership is going to be much broader so will we lose our representational structure? Is PPI going to be reduced to survey monkeys or will we still have an opportunity to talk through our representatives to those that are leading the partnership?

A. The Health and Care Partnership is about doing things at different levels of place where it makes sense across Northamptonshire. What we are not going to be do is lift everything up and just do it once in a common way across the whole of the county. There are three levels in place where we're very much shaping the work we're doing for the partnership. There is the very local neighbourhood and primary care network level. Engagement absolutely needs to be embedded and woven through that. The locality level or the unitary authority footprint level which we are already gearing up for how we will work differently across those new geographies. Then the Northamptonshire wide level in terms of the overall partnership. We have got to find a way to do the sensible thing once at all those different levels of place without losing the thread of public involvement throughout them. If we end up moving to a world that is just about survey monkey, useful though that is and there is a place for that, we have lost something.

The CCGs recently approved a communications and engagement strategy. The strategy can only work through very good links with patients and public in a whole variety of ways. With the support of Healthwatch we began to evaluate how we can work in a better way with patients and public, and we actively engaged with local people. This has been pulled together into a report, which outlines the things we are doing well but also the things we need to do better. One of the things we are currently looking at is the establishment of a citizens panel. The local population are going to see a lot more public engagement events, which are across boundaries and delivered by multiple organisations but will embrace place in particular.

Q. PPG are still very patchy across the county and I think there needs to be a coordination role. I've attended a number of these types of events and I have asked how we can strengthen patient participation involvement and listen to voices and I am sorry to say it but I don't think there's a lot of it going on. I have been trying to get into a PPG for the last year but I don't feel we're being listened to or involved.

A. I'm sorry to hear that. I would say if you are in a practice where you're struggling to engage with your PPG, let us know because we can help with that. We can, and should be trying to bridge that and support more. Patient Participation Groups should be open to all within a practice. They are there to respect and listen to the diversities of views that exist within it. I know that isn't always easy and I know that for all sorts of reasons there may have been a challenge in the past in some of that but we've got to find a way through that. So if there are those of you within the room who are experiencing frustration with your PPG please pick that up with us and we can take that back to the practices.