Annual General Meeting: 11 September 2014
Submitted Questions and Responses

The first 5 questions were submitted by Anthony Rae:

Question (summarised):
Should the CCG not be making greater efforts to highlight the percentage of contracts being given by the CCG to NHS and local providers, as opposed to independent healthcare providers, in order to maintain public confidence in enduring NHS principles in a time of structural change?

Answer:
The CCG will seek to ensure public confidence by continuing to commission services from the most suitable NHS and/or Non-NHS provider in order to deliver its obligations under the NHS Health and Social Care Act, NHS Constitution and other regulatory and statutory frameworks.

In terms of making our actions transparent and to promote public understanding, the CCG can confirm that it will regularly publish the relevant corporate papers as well as our Contract Register, potential contract opportunities and notification of award of contracts setting out the process followed and the rationale for the decision to award.

Question (summarised):
I am concerned that the following statement ‘All new GP contracts will be thrown open to private providers’ (Pulse, 18th Aug), means that the local GP practices which make up the core of a locally responsive CCG could in some way be destabilised by a contracting process, or be taken over by external providers. What is the position concerning these contractual proposals in Calderdale, and would more public information on the situation be reassuring?

Answer:
The CCG is not able to comment on this, as it does not commission or manage GP contracts – this is a matter for NHS England.

Question:
On looking through the 5 Year Strategy I was concerned to see the presence of Calderdale CCG in or about the top quintile for Cancer, Cardiovascular, Diabetes, Mental Health, Musculoskeletal, and Respiratory, which I did not previously know about or see a response visibly reflected in the 5 Year Strategy Objectives. Can you tell me there is not greater awareness of this and what action is being taken in response?
Answer:
The CCG would like to reassure the public that these continue to be priorities for the organisation, and the 5 year strategic plan refers to programmes of work with partner organisations over the next few years to improve outcomes in these areas. Progress will continue to be reported to our Governing Body in the normal way, with the papers being uploaded onto the website before our meetings.

Question:
On looking in the Annual Accounts I have noted on p.116 what appears to be a deficit of £14.8m for 2013/14 although it is described as such, and on the previous page as something called ‘Total Taxpayers Equity’. Can you please explain what is the actual financial position of the CCG, whether this is a deficit, and if so what is the forecast position in future years?

Answer:
Page 116 is in effect the CCG balance sheet and the bottom half of the page reflects how the CCG has been financed. The £14.8m represents the government’s initial stake in the CCG plus the difference between the CCG’s allocation and its expenditure.

In 2013/14 we have delivered a surplus of £5m. In 2014/15 we are on track to deliver our planned surplus of £5.9m.

Question (summarised):
In view of the information in the Annual Report on carbon reduction and energy efficiency, would the CCG be prepared to join in the efforts of the Calderdale’s Energy Future strategy to reduce the district’s CO2 emissions by 40% by 2020, and to encourage the Acute Trust to do the same?

Answer:
As set out in the Annual Report, we do recognise that available natural resources are limited and that we need to work strategically to minimise our operational impact – whilst at the same time establishing different ways of having a positive impact on the community around us.

The Annual Report begins to set out some early work in the area and makes a commitment that this year we will produce a sustainability development management plan. We will certainly work with our partners on implementing this and will align our management plan to Calderdale’s energy future strategy where-ever possible.
Question submitted by Simon Smith

Question (summarised):
When an adult living in Calderdale is formally sent by their GP for an assessment through a specialist NHS service (out of area), and the result of that is a clinical assessment of having lifelong co-morbid conditions which are considered to require both clinical and social care intervention, which service or services in Calderdale should that adult turn to for a community care assessment/directive support in order to meet both health and social care needs? Difficulties arise when the services are not joining up with each other effectively to address and meet the individual’s overall needs. What measures are being considered for the future to improve a joint pathway between adult social services and clinical health services in Calderdale for those assessed with co-morbid conditions?”

Answer:
The CCG is in the process of developing an integrated model for the closer to home programme. One of the key functions we have identified that will help improve joint pathways between adult social services and health services, is to build and evolve on the existing single point of access (SPA). Currently, this service only exists for a small number of health services, however, from April 2015 to 2017, the CCG’s intentions are to commission this service across a wider number of long term conditions.

The SPA will improve access to community services by providing an integrated service at the outset with joint health and social care triage. The assessor will co-ordinate and deliver the service with local community and primary care teams and refer to the appropriate professional to manage the individual’s needs.

The service opening hours will also be extended and will provide availability out of hours.

Question submitted by Berni Bertola

Question:
Will the CCG put a clause in all contracts to the effect that if a private company has failed in its contract, any remedial measures and compensation will be paid for by the company and not by the NHS (tax payer)?

Answer:
The CCG contracts for NHS funded services using the NHS Standard Contract which contains conditions requiring any provider to indemnify the commissioner against loss. In particular General Condition “GC11 – Liability and Indemnity” would be used to recover such losses from the contracted provider (irrespective of the type of provider i.e. NHS; privately-owned etc.).