

The table below contains answers from questions which were formally submitted from attendees on the day of NHS Corby Clinical Commissioning Group’s Annual General Meeting. The meeting was held on Thursday 13 September 2018 At Rockingham Suite, Best Western Rockingham Forest Hotel, Rockingham Road, Corby.

1.	<p>Is there any record of ambulances not turning up or of excess delay figures?</p> <p>Ambulance response times are reported on a monthly basis by East Midlands Ambulance Service. During 2017-18, the method of reporting changed, which means there were two alternative measuring methods used during that year. There is no record of ambulances not turning up.</p>																																							
2.	<p>Could more information be provided regarding the Armed Forces Silver Award</p> <p>Corby CCG is committed to fully supporting the armed forces service personnel and the armed forces community in the workplace.</p> <p>We have signed the Armed Forces Covenant and were awarded the Silver Award because we proactively demonstrated that service personnel/the armed forces community are in no way unfairly disadvantaged in our recruiting and selection processes.</p> <p>Also, Corby CCG has an Armed Forces Covenant Lead who can signpost support services available to service personnel/the armed forces community and support them in the workplace.</p>																																							
3.	<p>How does the waiting the waiting time in the Urgent Care Centre (UCC) compare to A&E unit at Kettering General Hospital (KGH)?</p> <p>The following table shows monthly performance against the 4 hour A&E transit time for both KGH and the Corby UCC. Whilst both units report against this target, because of the difference in the types of patients seen and the opening hours of the units, it is not appropriate and would be inaccurate to compare like for like performance against this target.</p> <table border="1" data-bbox="140 1355 1544 1489"> <thead> <tr> <th>% Perf</th> <th>Apr 17</th> <th>May 17</th> <th>Jun 17</th> <th>Jul 17</th> <th>Aug 17</th> <th>Sep 17</th> <th>Oct 17</th> <th>Nov 17</th> <th>Dec 17</th> <th>Jan 17</th> <th>Feb 18</th> <th>Mar 18</th> </tr> </thead> <tbody> <tr> <td>KGH</td> <td>83.93%</td> <td>86.27%</td> <td>88.55%</td> <td>89.70%</td> <td>82.67%</td> <td>84.45%</td> <td>80.56%</td> <td>76.37%</td> <td>73.44%</td> <td>68.89%</td> <td>68.95%</td> <td>68.59%</td> </tr> <tr> <td>UCC</td> <td>99.84%</td> <td>99.87%</td> <td>99.88%</td> <td>99.91%</td> <td>99.87%</td> <td>99.84%</td> <td>99.70%</td> <td>99.95%</td> <td>99.36%</td> <td>99.82%</td> <td>99.89%</td> <td>99.61%</td> </tr> </tbody> </table>	% Perf	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17	Feb 18	Mar 18	KGH	83.93%	86.27%	88.55%	89.70%	82.67%	84.45%	80.56%	76.37%	73.44%	68.89%	68.95%	68.59%	UCC	99.84%	99.87%	99.88%	99.91%	99.87%	99.84%	99.70%	99.95%	99.36%	99.82%	99.89%	99.61%
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4.	<p>How does the budget for Mental Health breakdown?</p> <p>NHS Corby CCG - Mental Health Expenditure Plan 2018/19</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; width: 20%;">£ 000's</th> </tr> </thead> <tbody> <tr> <td>Children & Young People's Mental Health (excluding LD)</td> <td style="text-align: right;">955</td> </tr> <tr> <td>Improved access to psychological therapies (adult)</td> <td style="text-align: right;">431</td> </tr> <tr> <td>A&E and Ward Liaison Mental Health Services (adult)</td> <td style="text-align: right;">143</td> </tr> <tr> <td>Early intervention in psychosis 'EIP' team (14 - 65)</td> <td style="text-align: right;">149</td> </tr> <tr> <td>Crisis resolution home treatment team (adult)</td> <td style="text-align: right;">391</td> </tr> <tr> <td>Community Mental Health</td> <td style="text-align: right;">3,106</td> </tr> <tr> <td>Adult and older adult - inpatient mental health (excluding dementia)</td> <td style="text-align: right;">3,063</td> </tr> <tr> <td>Adult and older adult mental health - non-inpatient (excluding dementia)</td> <td style="text-align: right;">90</td> </tr> <tr> <td>Sub-total - MH Services (exc LD & Dementia)</td> <td style="text-align: right;">8,328</td> </tr> <tr> <td>Learning Disabilities & Dementia</td> <td style="text-align: right;">1,193</td> </tr> <tr> <td>Sub-total - MH services (inc LD & Dementia)</td> <td style="text-align: right;">9,521</td> </tr> <tr> <td>Total CCG Planned Expenditure 2018/19</td> <td style="text-align: right;">112,038</td> </tr> <tr> <td>MH planned expenditure as percentage of total planned expenditure</td> <td style="text-align: right;">8.50%</td> </tr> </tbody> </table>		£ 000's	Children & Young People's Mental Health (excluding LD)	955	Improved access to psychological therapies (adult)	431	A&E and Ward Liaison Mental Health Services (adult)	143	Early intervention in psychosis 'EIP' team (14 - 65)	149	Crisis resolution home treatment team (adult)	391	Community Mental Health	3,106	Adult and older adult - inpatient mental health (excluding dementia)	3,063	Adult and older adult mental health - non-inpatient (excluding dementia)	90	Sub-total - MH Services (exc LD & Dementia)	8,328	Learning Disabilities & Dementia	1,193	Sub-total - MH services (inc LD & Dementia)	9,521	Total CCG Planned Expenditure 2018/19	112,038	MH planned expenditure as percentage of total planned expenditure	8.50%
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5.	<p>What are the CCG plans around Social Prescribing provision and the Voluntary Sector?</p> <p>Corby CCG works in partnership with organisations from the wider health and care sector in Northamptonshire. Our health and care partnership has a collaborative stakeholder forum where the voluntary sector is a key partner, and both Corby CCG and this wider forum are looking to improve and extend social prescribing moving forwards. Corby CCG already works with Corby Borough Council on the Access Corby Website which provides a directory of local services including voluntary and charitable organisations.</p>																												
6.	<p>How is the CCG looking to address the issue of possibly 2 unitary council bodies?</p> <p>Corby CCG will continue to work as part of the wider Northamptonshire Health and Care Partnership, in order to understand how 2 unitary bodies will change the way that services function in Northamptonshire. We continue to focus on understanding the impact of any changes on our population, which are not yet known.</p>																												
7.	<p>What is the current structure of the CCG with all the County working together and how do patients feedback?</p> <p>As the two CCGs are now more closely aligned both CCGs continue to relate to Patient and stakeholders within their committee structure. The two CCGs now have "committees in Common," which means they have the same agendas though the debate and discussions may be different. However these discussions are shared along with any recommendations. Twice a year the committees will meet together in the same venue and work "in common". The first such meeting is in October.</p> <p>There is also a Collaborative Stakeholder Forum (CSF) in the county as part of the NHCP structure and the CCGs are members responsible for sharing the NHCP developments through regular reporting and discussion at the CCG PPPiC .</p>																												

8.	<p>Why is the focus on Corby and not the wider group e.g Geddington?</p> <p>Corby CCG is responsible for paying for services for patients who are registered with the five Corby GP practices, as well as any unregistered patients who are living in the area. This includes paying for services for people who live in the villages around Corby who are registered with a Corby GP, and this includes Geddington as well as many other villages. We are not able to mention every village in the catchment areas of our practices every time we talk about our population. We are aware that a significant part of our population lives in villages, and we made sure to include them in our recent engagement as well as those people who live in the town of Corby.</p>
9.	<p>Is it true NHS Corby and Nene haven't always worked well together?</p> <p>Corby and Nene CCGs have always had shared teams which have worked well together in the areas which are important to both CCGs. In particular the joint quality team has always worked well for both CCGs and focusses on monitoring and improving the quality of the care our patients receive. All of the partners in Northamptonshire's Health and Care Partnership are learning to work more closely together for the benefit of the population of Northamptonshire.</p>
10.	<p>Is the UCC contract going to be the same as it currently is?</p> <p>Yes</p>
11.	<p>How does Corby CCG help influence KGH A&E?</p> <p>Corby CCG is the lead commissioner for KGH, and leads discussions with the trust regarding A&E as well as other services. In addition, the CCG, through its urgent care team (shared with Nene CCG), provides a great deal of support for the urgent care system in the county. This includes daily reporting and management of the system to ensure issues within KGH which may impact on A&E are dealt with, and that the system is working as well as possible.</p>
12.	<p>What is the CCG doing about obesity?</p> <p>The CCG is working with Public Health England to promote NHS health checks which are a great opportunity to monitor and advise on this issue.</p> <p>In addition we commission dietician services which can be referred to for more support regarding dietary and lifestyle advice.</p> <p>We are also working very closely with Northamptonshire Sport and Puplic Health England to promote activity by way of referral to eligible patients. This is a way to introduce patients to exercise through a structured and supervised programme.</p>
13.	<p>How do we ensure equal opportunity in community representatives. All PPG Chairs are men.</p> <p>The CCG has now a wide group of local patients with whom they can contact and engage with , these have volunteered to be part of that group.</p> <p>PPG s are groups relating directly to GP Paractices and so form naturally around their patient groups which the CCG has no influence over.</p>
14.	<p>Are we embracing technology to meet needs and give support?</p> <p>Corby CCG has already demonstrated our willingness to embrace new technology by our Watchpat project, which uses new technology to diagnose sleep apnoea and means that patients do not need to make additional trips to hospital clinics. We continue to work as part of the health and care partnership to use technology to improve the health of our populations.</p>
15.	<p>How far ahead are we with workers with the new structures?</p> <p>Our focus is on the care needs of our population rather than the structures of the organisations in our county. We are working with health and care partners to understand how workers can work across organisations to avoid duplication, and how this can produce more efficient care for our population.</p>

16.	<p>Succession planning for the PPG Chairs. What is the role of the CCG to support this?</p> <p>We do our best to support the PPG Chairs by meeting with them regularly . We know that the PPG CHairs worry that other PPG members do not actively seek to take over their roles and so we will be asking the Local GPs to be more proactive in seeking to recruit to these roles.</p>
18.	<p>Where do you go regarding Dementia and how does Social Care access mentoring?</p> <p>If you are worried that either you or a relative is suffering from dementia, you should visit your GP for assessment and referral if necessary.</p>
19.	<p>Will there be a joint CCG next year i.e Corby and Nene CCGs?</p> <p>Corby CCG and Nene CCG are separate statutory organisations and need to have an AGM as part of their individual responsibilities. Where it makes sense for our populations we will work together to improve health and reduce duplication, while maintaining all of our statutory duties.</p>
20.	<p>Could you please provide the waiting times for Mental Health</p> <p>Last year 99% of patients requiring Psychological Therapies had treatment completed within 18 weeks, against 95% national standard.</p>
22.	<p>How can the CCG help coordinate a more cohesive response with regard to Care in Community, Joint Care, Packages and Conitnuing Health Care?</p> <p>The Primary Community Social Care workstream is developing an overarching business case by the end of October to pull all community strands together.</p> <p>The CCG's have taken papers to their governing body about how to more effectively develop solutions for people in this area through a more strategic commissioning relationship and better use of their resources. The people who find themselves needing this support are not soley the responsibility of health or social care. Comprehensive system working and the wrapping of care around the services that people use daily will improve outcomes for people in this area- the CCG is working with all partners to support a change in this area.</p>