

Community Engagement Committee Meeting
Wednesday 2 April 2014
East Hants District Council, Petersfield

MINUTES			
Present:			
Tracey Faraday-Drake	Chair	Jim Harrison	Patient representative
Mariya Hardy	Adult Services, Havant Borough Council	Marge Harvey	District Councillor, East Hants/ County Councillor
Jo Hockley	Practice Manager Representative, SEH CCG	Tim Houghton	Chief Executive, Community First HEH. Voluntary Sector representative
Jo Parkinson	Senior Development and Engagement Officer, SEH and F&G CCGs	Elizabeth Kerwood	Governance and Committee Officer, SEH and F&G CCGs
Louise Spencer	Deputy Chief Quality Officer, SEH and F&G CCGs	Sara Tiller	Chief Development Officer, SEH and F&G CCGs
Sandra Theckston	Assistant Director - Radian	Nick Wilson	Governor, Southern HealthFT
Apologies:			
Keith Barnard	Chair, Fareham and Gosport Community Engagement Committee		
Claire Hughes	Service Manager (Community), East Hampshire District and Havant Borough Councils		
Brenda Woon	Engagement & Partnerships Officer, SEH and F&G CCGs		

Item	Minute	Actions
1	Welcome and Introductions Tracey Faraday-Drake welcomed everyone to the meeting and in particular Mariya Hardy as it was her first meeting.	
2	Minutes of the last meeting No changes were made to the minutes that were previously approved by email.	
3	Matters arising (not on the agenda) Equality and Diversity It was noted that this is currently on hold as other CCG issues have taken priority, but a review will take place. It was confirmed that if Sue Williams was involved that transport would be paid for her to attend any meetings.	
	DEVELOPMENT OF THE COMMITTEE	
4	Proposed future of the committee A core group of the committee meet on 5 February to review whether the CEC was achieving its objectives and to understand the function of the CEC.	

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	<p>Those attending took into account the views of other members of the committee.</p> <p>The main issues discussed were:</p> <ul style="list-style-type: none"> • Ensuring the public understands what the CCG is doing. • Having a focus on what matters – mainly commissioning. • Purpose of the committee is to hold the CCG to account and ensure that commissioning reflects what people want. • Ensure that the right people are involved in the commissioning process. • Work collaboratively with the District and Borough councils so work is not being duplicated. • Challenge the commissioners. • It is not the role of the group to do the work, but to ensure that the work has been done. • The committee needs to understand how the CCG is measuring quality. • When the Quality Surveillance Hub is operational information from this committee will be an important part of the data. <p>Tracey Faraday-Drake explained that the proposal would be to develop two groups: the Planning Group and the Community Reference Group.</p> <p>The planning group would consist of:</p> <p>Tracey Faraday-Drake (CCG's Lay PPG Member) (Chair) Claire Hughes (East Hampshire and Havant Councils) Jim Harrison (Patient representative) Jo Hockley (Practice Managers' representative) Marge Harvey (Hampshire County Council) Nick Wilson (Southern Health Governor) Tim Houghton (Voluntary Sector) 2 Locality Patient Group chairs A GP on the CCG Governing Body Sara Tiller (Chief Development Officer) or Elizabeth Kerwood (Communications and Engagement Team) Alex Berry (Chief Development Officer) Louise Spencer (Deputy Chief Quality Officer)</p> <p>Current members of the committee will either be part of the Planning Group or part of the Community Reference Group. As it is key to the Planning Group to consider commissioning proposals and see sensitive information the Planning Group cannot include any providers.</p> <p><u>Next steps</u> The terms of reference need to be reviewed to include the roles and responsibilities of the Planning Group and the Community Reference Group. This will have to go to Governing Body when it has been approved by this</p>	<p>Tracey Faraday-Drake and Sara Tiller to draft the Terms of Reference and send to</p>

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	<p>committee. The CCG's constitution will also have to be updated as it includes the committee's terms of reference.</p> <p>Notes of the 5 February meeting are attached.</p>	<p>committee members for approval.</p>
5	<p>HealthWatch</p> <p>The committee raised a concern that no reports have been received from HealthWatch and people are unclear what they are doing. Sara Tiller noted that she is attending a meeting with them next week and will report back to the committee.</p>	<p>Committee members to let Sara Tiller know of any concerns regarding HealthWatch</p>
6	<p>ACTIONS FROM THE LAST MEETING</p>	
6.1	<p>Commissioning Update</p> <p>Sara Tiller explained that an engagement calendar is being developed. This will enable the committee to review the work coming up and develop plans. She will bring this to the next meeting. Currently the Development team is working with the commissioning team to identify dates and plans for re-commissioning.</p> <p>The main services to be re-commissioned include:</p> <ul style="list-style-type: none"> • ISTC (independent sector treatment centres), St Mary's walk in centre • RAU (rapid assessment unit) at Petersfield <p>Both of these services would benefit from good engagement, looking at the cost of services and if they offer the best value for money and provide the best support for patients.</p> <p>Tracey Faraday-Drake explained that she has been involved in the falls and fracture pathway, which is outcome based. Views of patients and the public are being sought. The committee needs to identify how it can be involved.</p> <p>Sara Tiller noted that the central plank of the commissioning strategy is to provide more services out of hospital using integrated care in the community, using multi-professional teams with GPs at the centre. It is important that the voluntary sector is included in this.</p> <p>Sara Tiller has asked Claire Hughes to suggest a patient representative from the Older People's Forum to sit on the new Integrated Care Board.</p> <p>The pathways around ophthalmology; trauma and orthopaedics; urology; rheumatology; ENT and gastroenterology will be reviewed, due to the high number of referrals to PHT.</p> <p>It was agreed that the Committee needs timeframes to be able to horizon scan and focus on the relevant work. Nick Wilson reminded the committee that it is the committee's place to challenge the CCG. Elizabeth Kerwood will circulate information to the committee on the contracts the CCG holds.</p> <p>It was agreed that the committee will have to meet in May to review the current list of services to be re-commissioned so that plans can be put in place. Alex Berry will be invited to this meeting. Committee members need</p>	<p>Sara Tiller to bring the engagement calendar to the next meeting.</p> <p>Elizabeth Kerwood to send the list of contracts to committee members and to set up May meeting to include Alex Berry.</p>

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	to see the list in advance of the meeting.	
6.2	<p>Report from Southern Health focus group on mental health.</p> <p>Nick Wilson circulated the notes of the Southern Health Governor's meeting on 11 December 2013. He drew attention to the following items:</p> <ul style="list-style-type: none"> • Big surge in referrals over past year and 'still struggling to discharge people' – sometimes in the face of resistance from GPs. • A commitment to co-production ('partnership and collaboration with people who use our services'): people as 'experts by experience'; developing 'peer mentor' role. • System as a whole (i.e. primary as well as secondary) is not good at letting people know how it can be accessed; piloting 'care navigator' role in East Hants. • Aiming to increase links with voluntary sector: important Citizens Advice Service role; piloting employment support activity in East Hants. • Effectiveness measures need to include social as well as medical outcomes and avoid over-reliance on surveys (affected by people's moods); value of user-led inspections. <p>Tracey Faraday-Drake noted that this was helpful. She said that Dr Jenny Allison, a GP on the Governing Body, is interested in being involved. She had also raised the issue of mental health at the Governing Body and Quality and Safety Committees, as well as meeting with Alex Berry to discuss mental health issue.</p>	
6.3	<p>Agree priorities for the CEC</p> <p>Nick Wilson requested that information be put onto the CCG's website about the CCG's commitment to co-production and the need to communicate as well as engage.</p>	Elizabeth Kerwood to update the website.
STANDARD REPORTS		
7	<p>Quality Report</p> <p>Louise Spencer noted that this is the last time that she would bring this report to the Committee and that in developing the Terms of Reference for the new group there should be agreement on the information the committee would like about quality.</p> <p>Louise Spencer explained that the quality strategy refresh is in draft and she would send it to the committee for their views. The aims and objectives are to bring synergy and equality to mental health and physical health. It was noted that good signposting is needed for patients in organisations dealing with physical health who have mental health needs and vice versa.</p> <p>The Quality Surveillance Hub (QSH) is in development and will provide hard information from incidents as well as soft information from other sources, including this Committee.</p>	<p>Louise Spencer to send Quality strategy to the committee for their view</p> <p>HOSC needs to be added to the sources for information for the QSH.</p>
8	<p>Locality Patient Groups (LPGs)</p> <p>Jo Parkinson reported that both of the first meetings of the LBGs (one south and the other north of Butser) have been held with a good level of attendance. She noted her thanks to Keith Barnard who has helped with these meetings by chairing them, whilst the committee members get to know one another and can elect their own chairs.</p>	Send minutes to the LPGs to the PM CAG.

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	<p>Both Committees have approved their terms of reference.</p> <p>It was noted that the Practice Managers' Commissioning Group (PM CAG) need to know about the issues coming from the LGPs.</p>	<p>Brenda Woon to send LPG minutes to Jo Hockley</p>
9	<p>Five Year Strategy</p> <p>Elizabeth Kerwood has been managing the engagement process of the CCG's five year strategy and the CCG has been including the comments and issues of people it has consulted with to date. The intention is to build the strategy from the ground up however the CCG was to abide by the strict set of requirements from NHS England. The themes running through the strategy are prevention, unnecessary hand-offs, fragmentation, integration and inclusion of the voluntary sector.</p> <p>In May there will be formal a consultation period with the final document due to be completed by mid June.</p> <p>Sara Tiller noted that there was an event with all of the main providers to agree the local vision last month. It was agreed at this event that this should be for everyone to be able to celebrate their 80th birthday at home. There has been concern about giving an age and the committee agreed with this as it puts a focus on that age. Sara Tiller is working on a new set of words and will share this with the committee.</p>	<p>Sara Tiller to share the vision with the committee.</p>
10	<p>Chase Community Hospital</p> <p>Sara Tiller reported that the development costs are over £3 million which means that it will be a lengthier process putting back the completion date. By the end of this month there should be resolution on whether the GP practices will be moving into Chase.</p> <p>It has been difficult to attract NHS providers to provide out patient clinics at Chase and there is on-going discussions with the voluntary sector. On 30 April there is an event for the voluntary sector at Chase and everyone is invited to attend.</p> <p>New people are being invited to onto the Project Board, but they are still struggling to get local council officers, particularly around the regeneration project.</p> <p>The CCG will be reporting to the HOSC in April. At HOSC Oak Park and Emsworth Hospital will also be discussed. The CCG has a project manager working on the community hospitals in the CCG locality. The aim to make all of them more vibrant and effective for their local communities.</p> <p>NHS Property Services are now required to charge commercial rates and are currently in major structural change. It will be a very different model.</p>	<p>Tim Houghton to send a flyer for the 30 April event.</p>
11	<p>Any other business</p>	
11.1	<p>Supporting People Funding</p> <p>Sandra Theckston wanted to know if the CCG had been advised of HCC's decision to remove funding from Supporting People and what effect it would have on safeguarding and discharge.</p> <p>Radian Housing provides 600 sheltered units, the cost to them to continue the service is at least £210,000 per annum, and there is a concern that they</p>	

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	<p>will have to decommission the service. The alarm cord funding has been withdrawn.</p> <p>The social excluded scheme is out to contract and the funding has been removed for the homeless families floating support service they run from April 2015.</p> <p>The Community Independence Teams are still in place to help prevent social isolation and provide low to medium support. It is up to the care management teams to inform clients of alternative services. There are very strict criteria around substantial and critical support.</p> <p>Tracey Faraday-Drake was concerned over the lack of consultation with health providers over the withdrawal of funding from Hampshire County Council, as there is likely to be an impact on the health system with withdrawal of social services.</p> <p>Sara Tiller noted that this should be discussed at the Hampshire Health and Wellbeing Board, which is attended by Dr Barbara Rushton. It will also be part of the Better Care Fund discussions. Tracey Faraday-Drake and Sara Tiller will raise this with Gill Duncan, Director of Adult Services, Hampshire County Council.</p>	<p>Tracey Faraday-Drake and Sara Tiller to speak to Gill Duncan re the changes in adult services provision.</p>
11.2	<p>Health Advice Project, Guildford</p> <p>Nick Wilson reported on the Guildford Health Advice (GHA) supported by the Big Lottery Fund. The project raises awareness of existing and potential voluntary sector advice services to the effective operation of health and related services.</p> <p>There is an opportunity for SEH to get the key players in commissioning in the health system to understand the benefits of contracting with the voluntary services. There are good examples already with the work done at Petersfield Hospital on discharges.</p> <p>See the attached notes for more detail.</p>	
11.3	<p>Falls and Fracture Service</p> <p>Elizabeth Kerwood noted that the falls and fracture service currently being commissioned will need patient/public engagement in the near future.</p>	
11.4	<p>Impact of Funding Cuts</p> <p>Tim Houghton raised the issue of the decision of Hampshire County Council to cut services, including the Havant Home Start service, which works with 60 families in Havant and may have to close because of the funding changes as there is a short fall of £20-30k. HEH is looking for other funds to help support.</p>	
12	<p>Date of next meeting</p> <p>A meeting has to be arranged for May to discuss commissioning plans with Alex Berry.</p>	<p>Elizabeth to set up meeting.</p>