

Approved by email

Minutes

South Eastern Hampshire Community Engagement Committee (CEC) held on 10th September 2014
at 9.30 – 11.30am at The Public Services Plaza, Havant

Attendees	
Tracey Faraday Drake	Chair
Jon Piper	Community Outreach & Engagement Officer (Young People) Healthwatch
Sarah Malcolm	Senior Commissioning Officer
Dr Andrew Holden	CCG Clinical Lead
Caroline Footman	Deputy Chair of the South of Butser LPG
Norman Proudfoot	Chair of the South of Butser LPG
Tim Houghton	Chief Executive, Community First HEH/Voluntary Sector rep
Louise Spencer	Deputy Chief Quality Officer
Elizabeth Kerwood	Head of Communications & Engagement
Brenda Woon	Engagement & Partnership Manager, CCG
1	Introduction
1.1	<p>Welcome and Apologies</p> <p>Tracey welcomed everyone to the meeting and apologies were received from: Nick Wilson, Alex Berry, Dr Jenny Allinson, Claire Hughes, Marge Harvey (who has stepped down from the Committee), Dr Keith Barnard, Jo Hockley, Jim Harrison</p> <p>Tracey announced that she was stepping down from her role as Chair of this Committee and said it would be a great opportunity for someone else to take on this role. The Terms of Reference are embedded herewith. Tracey said that a County/Borough Council representative is needed on the Committee. Brenda to contact Claire on this matter.</p> <p>Action: BW</p> <div style="text-align: right;">  FINAL - SEH CCG CEC Terms of Refere </div>
2.2	<p>Requests for Any other Business</p> <p>None</p>
2	Minutes from previous meeting on 4th June 2014
	Agreed as an accurate record
2.1	<p>Matters arising</p> <p>3.4 – Healthwatch to carry out checks on the quality of GP answerphone telephone messages; Elizabeth said that this has now been completed. Elizabeth met with the Manager from Healthwatch and from October there will be quarterly meetings held between Healthwatch, the Quality Team and the CCG Communications Team to share information. Information received from Healthwatch will assist with the Quality Surveillance Hub. Sally Ann Wakeford, Research Officer, is currently producing a surveillance report.</p> <p>8. Alex to share the Out of Hospital model – not yet received, Brenda to chase Action: BW</p>

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Focus items

3.1

Commissioning Priorities in 2014/15

Sarah produced a hand out with updates in the following areas:

- Elective
- Long Term Conditions
- End of Life
- Cancer
- Unscheduled Care
- Out of hospital care

The report is embedded into this document.



Commissioning
presentation.pptx

Tracey asked Sarah what the CEC can do to help with the commissioning and re-tendering of services. Sarah replied that she is aware that this process of communication has happened too late in the past and this will be rectified in the future. Elizabeth said that the Communications Team are working more closely with the Commissioning Team to plan future engagement.

Dr Andrew Holden

Andrew spoke about GP referral differential and said that generally the standard was high in the South East of Hampshire but there are still some outliers which has resulted in performance managing practices in some cases.

Independent Sector Treatment Centres (ISTCs) still exist and have been made to work.

End of Life - Andrew said it was good to know that improved high quality of care and equitable services are to be spread across the whole CCG area.

Andrew commented that the cancer 2 week wait is an excellent initiative. As there are a lot of patients who do not fit easily into this criteria and where there is uncertainty, a 4-week wait initiative has been developed.

The urgent care centre has been a success.

Tim Houghton asked why cancer services cannot be improved for everyone. Andrew replied that unfortunately there are not enough resources for this.

Action on Elective – everyone should be seen within six weeks. Sarah said that the monthly waiting lists for QAH are looked at every week with the CCG and there are detailed discussions about the areas under pressure e.g. urology, where staff shortages exist.

Andrew said patient signposting is very important and that the 'Choose Well' promotion helped with this. Elizabeth replied that this initiative has now been scrapped because everyone is now directed through the 111 service. The Hampshire 111 service works well but it is not so good in other parts of the country. Tracey said information needs to be in simple format and easy to understand when promoting local services.

Norman said that he felt there needs to be more communication in regards to changes to services to keep the public aware. Elizabeth said that it doesn't help with consistency of message when all minor injury units have different opening times etc.

Tracey asked for an update of the actual engagement that has taken place around commissioning activities.

Action: AB/EK

3.2

CAMHS re-tendering specification (hosted by North East Hampshire & Farnham CCG)

Tracey asked if the SEH community was involved in the engagement and development of this service. Louise and Andrew have had some involvement in the SEH autism services. Andrew said the problems had been around waiting times and that this has dramatically improved

<p>3.3</p> <p>3.4</p>	<p>since the commissioning of the new contract. Louise said that the early help hubs have made improvements for children who are waiting for diagnostics.</p> <p>Tim Houghton said the problem has been one of resources and making better use of them. From a professional provider of youth services' point of view, they are dealing on a monthly basis with people aged from 10 to teenage years who are suicidal, and there is nowhere they can turn to for help – low level intervention is needed.</p> <p>Falls Service</p> <p>The F&G and SEH CCGs are working together to support a re-tendering service. Nick Brooks from the Communications Team is leading on this and is currently gathering the views of stakeholders, patients and local people. There is an on-line survey and hard copies of this are also available. The Communications Team has been working with the National Osteoporosis Society and other specific groups. This work is also being linked into nursing homes where most falls take place. Elizabeth will share the Engagement Report with the group when it is completed. Currently there are two service providers and the commissioners need to know what is being offered in the community/hospital and whether this adds value.</p> <p>Hampshire Learning Disabilities re-tendering Service (hosted by West Hampshire CCG)</p> <p>Tracey asked to what extent the CEC should be involved in this re-tendering. Andrew replied that the CEC is an important forum to discuss this. All 8 CCGs and providers now have a communications and engagement network which meets monthly. The question was asked, what the rules of engagement are in involving the other CCGs. Louise asked if there is a communications lead for the Hampshire 5. The answer was no. Michelle Stickland, Head of Learning Disabilities is to be asked if the CEC can help with the re-tendering if possible.</p> <p style="text-align: right;">Action: LS</p> <p>The CEC members would like more information about which CCG leads on what. Brenda will produce an A4 sheet showing what each CCG is leading on.</p> <p style="text-align: right;">Action: BW</p>
<p>4</p> <p>4.1</p> <p>4.2</p>	<p>Standing items</p> <p>Key Issues from members</p> <p>Norman raised the issue of consistency in delivery of services. Different approaches are used from practice to practice, particularly around wellbeing and prevention.</p> <p>Andrew replied that it is always difficult keeping in touch with what is available. The practices have a DXS support system. DXS Point-of-Care is a clinical decision support platform that is seamlessly integrated with various clinical systems. It enables Practices to embed care pathways, referral forms & guidance, local services and health initiatives, medicine formularies and patient education into the clinical system. This will aid with reducing clinical variations.</p> <p>Caroline raised the issue of confidentiality in practices. The PPG can raise any issues but how can this be of practical benefit?</p> <p>Andrew praised the PPGs for the work they do in helping to shape services.</p> <p>Tim updated the Committee on the following:</p> <p>The CCG are holding an educational TARGET event for all GPs and nurses which will focus on the voluntary sector. This event will take place on 3rd December.</p> <p>There is also an event in the Festival Hall, Petersfield on 29th September from 10.00am – 3.00pm entitled 'Living Well in Later Life'. This has been circulated to the Committee and LPGs.</p> <p>There are plans for the CCG and voluntary sector to jointly commission surgery sign posters who would be based in GP practices, directing patients to voluntary services in their area. This project is being looked at across the 3 CCGs in the South East. Alongside this, a data base will</p>

	<p>be created containing up-to-date details of all voluntary sector organisations in the area.</p> <p>Tracey will send out details of the Anger & Anxiety Service. This has funding from the police but needs to attract more funding to deliver the course.</p> <p style="text-align: right;">Action: TFD</p>
5	<p>Issues to escalate to the Governing Body</p>
5.1	<p>Patient and Public Engagement Annual Report for 2013/2014 - Elizabeth</p> <p>It would be appreciated if comments could be returned within a week. Tracey asked if the report could be shared with the Councillors.</p> <p style="text-align: right;">Action: EK/all</p> <p>The Engagement Forward Planner is embedded below</p> <div style="text-align: right;">  <p>F&G and SEH CCG Engagement forward</p> </div>
5.2	<p>Update on Emergency Department at Portsmouth – Louise</p> <p>The CCG has concerns about the four hour wait target and has work streams to address the whole health economy under the Urgent Care Plan. This is the main focus for the CCG Chief Officer.</p>
5.3	<p>Lay Members – Tracey</p> <p>The CCG will be increasing its lay members from two to three. The CCG are currently looking to recruit a new lay member to lead on Patient and Public Engagement who will chair the CEC and be a key role for the CCG. Tracey asked the Committee if they have anyone they feel might be suitable for this position. Details embedded below. The requirements would be to have someone who is local, has experience of community engagement and development, with links across the patch. Medical knowledge is not necessarily needed but there is a need to understand statistics and finance. The time required for the role will be 2 ½ days per month. Andrew said one of the most important points of the role will be to hold clinicians and managers to account. The lay members also hold the CCG to account for the development of Locality Commissioned Services (LCS).</p> <p>There will be a formal process for the recruitment of this role and representatives from the Committee will be on the interview panel. The job will be advertised on NHS Jobs website and also advertised locally.</p> <p>The job description is embedded below.</p> <div style="text-align: right;">  <p>Governing Body Lay Member.docx</p> </div>
6	<p>Any Other Business</p>
6.1	<p>None</p>
7	<p>Potential Agenda items for next meeting</p> <ul style="list-style-type: none"> • Update on Integrated Care Teams •

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Dates of Future meetings

- Wednesday 5th November 9.30am – 11.30am in the Council Chamber, Penns Place, Petersfield
- Wednesday 14th January 2015 – 9.30am – 11.30am at the Public Services Plaza, Havant Council Offices

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