

Minutes

South Eastern Hampshire Community Engagement Committee (CEC) held on 14th January 2015 from 9.30 to 11.30am at The Plaza, Havant

	Attendees
	Nick Wilson Lay Member of the SEH CCG Governing Body and Chair of the Community Engagement Committee
	Caroline Footman Deputy Chair of South of Butser LPG
	Tim Houghton Chief Executive, Community First HEH/Voluntary Sector representative
	Jonathan Piper Community Outreach and Engagement Officer (Young People), Healthwatch
	Sara Tiller Chief Development Officer, CCG
	Louise Spencer Deputy Chief Quality Officer/RGN
	Tracy Davies Lead Contract Manager
	Jo Hockley Practice Manager, Queenswood Surgery
	Claire Hughes Service Manager (Community), East Hants District & Havant Borough Councils
	Brenda Woon Engagement & Partnership Manager, CCG
1	Introduction
1.1	Welcome and Apologies Nick Wilson introduced himself to the Committee as the new lay member of the Governing Body. Tracy Faraday Drake stepped down from this role and is now Non-Executive Director of Southern Health Foundation Trust. Apologies were received from Claire Pond, Jim Harrison, Dr Jenny Allison, Alex Berry, Elizabeth Kerwood, Claire Hughes and Richard Samuel.
1.2	Conflict of Interest The new guidance has been issued by NHS England. Members of meetings will now be required to declare any conflict of interest they may have, at the start of the meeting and a conflict of interest register will need to be set up. This will need to be a standing item on the agenda. The declaration form and policy are embedded in this document.
	 Declaration of Interest Form.docx  COR 007 v2.0 FG Standards Of Business
2	Minutes from previous meeting on 10th September 2014 These were read and approved.
2.1	Matters arising All actions had been dealt with.

3	Context for the Committee's future work
3.1	<p>Overview of future NHS five year developments – Sara Tiller</p> <p>The key focus is on the 5-year forward plan which came out in October and was clear about the future direction of health services. This includes greater integration with community and adult services care and how the voluntary sector can work with this model. The CCG is working towards integrated commissioning. Public Health will be a key component. The CCG need to draw-in the key work going on in the district and voluntary sector. The Better Care Fund pooled budget will be a key lever for this. A further focus is prevention and early intervention. This would involve close working with Hampshire County Council, Public Health England and District and Borough Councils but we need to be clear on statutory responsibilities for the CCG and this needs to be part of integrated work going forward. Strong links need to be made with GP services to see what model will work best as part of this integration. This is a matter for the Committee to discuss, going forward.</p> <p>Note: the new Lay Member of the CCG Governing Body with responsibility for integrated commissioning has accepted an invitation to attend the Committee on 20th May. Access to the Emergency Department will be the main focus up to the elections. Integrated Care is about working better together and learning to collaborate both within and outside the NHS. In the next two years the CCG needs to translate what it has proposed into real actions.</p> <p>The CCG Communications and Engagement Team has five people working across three CCGs. The Team has been good at joining up all the work but can do better still.</p>
3.2	<p>Update on engagement activities</p> <p>IVF</p> <p>Work has been carried out across the SHIP area with the aim of considering recent clinical recommendations around the criteria for people having IVF treatment. A survey has been carried out focused on those people who could be affected by this procedure. The CCG received over 1,000 responses and at the same time a Equality and Impact Assessment took place which was considered by the Governing Body with the clinical recommendations and feedback from the engagement. The outcome was that the SEH Governing Body accepted the recommendations of the SHIP Eight Priorities Committee. The result is that eligible women can now be funded to have a maximum of two embryo transfers rather than one, as was previously the case. The criterion regarding age remains the same which is an age maximum of 35 years.</p>
3.3	<p>Falls Service</p> <p>The CCG is looking at commissioning this service in a different way. Focus groups have been involved and their views have been fed into the service specification to support co-production with patients.</p>
3.4	<p>Urgent Care</p> <p>Work is taking place on the problems with managing demand and capacity and patient expectation. The CCG has worked with the Portsmouth News to send out appropriate messages to the public and also carried out a survey.</p> <p>Caroline said that she had read about there being a high demand from people under 25 and asked if the CCG is managing to engage with these groups. Sara replied that locally the biggest group of attenders at the Emergency Department are aged between the ages of 30 – 65 and there are lots of patients with respiratory problems at the moment. The Urgent Care Strategy has been approved and covers all groups of people.</p> <p>Louise said that they are keen to include Child & Adolescent Mental Health Services (CAMHS) and asked how we can get engagement with these service users and how can</p>

	<p>we manage their expectations. Jo said that the Emergency Department ring the surgery following a patient episode and patients are coming back to see the GP following this.</p> <p>3.5 Chase Community Hospital The CCG went to a number of community events in the local area over the summer to talk to local people about Chase Community Hospital. Nick Wilson and Tim Houghton are members of the stakeholder group.</p> <p>3.6 Locality Patient Groups A lot of work has taken place to set up the Locality Patient Groups in North and South of Butser. Nick met with one member of the North of Butser LPG and said that the group needs to appoint a Chair and that it would not be Nick himself. Nick has also met up with the Chair of the South of Butser LPG and will be attending their next meeting.</p> <p>3.7 Focus for the CEC's future work – Nick Wilson Nick referred to a PPI proposal paper which he has entitled 'Patient and public involvement: proposed way forward'. This confirmed the decision reached under the committee's previous Chair that the Committee should focus on advising the CCG on the best ways of ensuring effective patient and public involvement in relation to key developments and the agenda for this meeting had been designed to reflect this. The latest version of the paper is embedded here.</p> <div style="text-align: right;">  Patient and public involvement - way fo </div> <p>Nick had had a useful discussion with Alex Berry who will be coming to the next meeting with two service re-specifications on which the CCG would welcome the Committee's advice as regards patient and public involvement.</p> <p>Louise said we can learn from co-production and mentioned the service redesign for diabetes for example. Nick asked if this can be circulated to the Committee.</p> <p>Action: LS</p>
<p>4</p> <p>4.1</p>	<p>Focus items</p> <p>Budget prioritisation – Sara Tiller The CCG is keen to have engagement with communities about how we spend our money. IVF was a good example of this as the community at large does not see this as a high priority. Tim said that everyone would have different views on prioritisation. How do we balance this with equality and diversity as well? Jo said there is concern that we are missing an enormous amount of people e.g. the young, homeless, under-educated etc. The Living Well in Later Life event was very successful but was still missing all the people who did not attend as they were unaware of the event. Different communication methods have been tried such as working with small focus groups and giving them vouchers to attend, plus working with community groups and schools. We are still not getting true representation from the population. Nick referred to the former Chief Constable's approach of offering community representatives a choice between 'bobbies on the beat' and keeping police stations open and said that offering clear sets of choices should be part of the approach to engagement, as it had been at the CCG's AGM.</p> <p>Louise stated that the Quality, Safety and Reporting Hub can help this this. It is being used already. Soft intelligence is fed into the hub. Nick asked if it was part of the budget</p>

process to analyse what we know from the Hub. Sara said we should be using this information in our budget prioritisation. More work is needed around the data and what it is telling us which should inform our priority setting going forward.

Jon Piper said that most of the data is about the consequences. Reports will indicate where opinion is at the moment. The general concern is around CAMHS and youth workers and the budget allocated to this. Tim said there is not enough resource. The voluntary sector engages with mental health issues and this is increasing in volume and intensity. Safeguarding referrals are continually increasing. There are now more people who the voluntary sector is unable to help. There is not enough capacity in the system to deal with the increase. Jon said he is getting the same reaction Hampshire wide. Sara said that The Moving On/No Limits project in Fareham and Gosport which offers free confidential support for young people, had given the same feedback.

Tim said there is going to be a commissioned/grant funded service in relation to budgets. Could we collectively find external funding? Tim attended a Meon Valley Green meeting to discuss funding for a 0.7 post. Caroline would like to be more involved. Tim said he will be happy to have further discussions on this.

Louise mentioned the impact of health registers and how we work together with Hampshire County Council and where the gaps are in the existing provision. CAMHS is out to tender at the moment. Caroline said clear options are needed on what areas LPGs would welcome being consulted on.

Tim asked what the time scale is for budgets. Sara replied that it would probably be started in the spring. Nick said that PPG groups are a good way of having dialogue through LPGs and CAMHS may be a particular area of focus. We should work more closely with the voluntary sector for co-designing services. Sara will consider the committee's advice on patient and public involvement in budget prioritisation.

Action: ST

4.2

Primary Care Co-commissioning – Sara Tiller

Sara gave a brief explanation of the background to primary care co-commissioning. In November NHS England formally published a set of guidelines for co-commissioning in primary care. A delegated commissioning submission was submitted last Friday. The Regional Moderation Panel meets on 16th January. If the submission is accepted the CCG will need to work with practices and groups of practices to discuss how they can work closely together on issues such as patient access, longer appointments for patients with long-term conditions etc. and early intervention around mental health issues. Jo said discussions are also taking place on how practices can work better with PPGs/LPGs. Claire said that she thought this is really exciting. Sara and Claire are to meet up to discuss the matter further with a view to planning for population growth and what a different GP model might look like.

Jo said that funding has been applied for and the practices are working up a case so that they will be ready for the new model. The plan is to provide 24/7 care for people in the community. It does not have to be each individual surgery but for them all to work together on this. They are also looking at community teams being based in the community during the out of hours period.

Caroline said that if GPs are saying this is the way to move forward, she would hope that the LPGs would see this as a positive move. Brenda to invite Sara and Dr Andrew Holden to the next two LPG meetings to discuss this further.

Action: BW

Jon said this was a very positive move forward.

Tim welcomed the opportunity to have flexibility and good dialogue with the co-commissioning of services. Now the GP TARGET event has taken place in the South East with the voluntary sector being the key focus, we are starting to get good awareness of the voluntary sector by GPs. Since the event, Tim has had good communication with GPs

around surgery sign posting. Jo said that GPs are very positive about this. Practices are using the voluntary sector group booklet. Nick said that he would like to have discussions at future meetings around how the voluntary sector fit into integrated working and that this should be included in a future meeting agenda. **Action: BW and NW to agree date for this**

Louise commented that there is now a Practice Nurse Facilitator in post named Penny Evison who is working in Julia Barton's team. She is working with the nurses around patients with long term conditions. A nurse from the Waterside Medical Centre in Gosport is visiting people who are physically unable to leave their homes to offer them diabetic checks etc. Sue Clarke is Project Lead for South Eastern Hampshire, Fareham and Gosport, and Portsmouth CCGs for Non-Medical Community Workforce Development and is working on the Avocet Project looking at developing multi-professional roles. There is also a safety agenda for primary care and a safety culture is being developed with GPs in the near future. Louise asked if specialised commissioning is coming into co-commissioning. Sara replied, not at the moment but it will be coming to CCGs. The time frame is staggered. Nick said that engagement with LPGs on this subject needs to be held on an on-going basis. Sara will consider the Committee's advice on patient and public involvement on primary care co-commissioning.

Action: ST

5 Standing items

5.1 Key Issues from members

- See Nick's paper on Patient and public involvement above
- GPs are leaving general practice due to stress and retirement. There is enormous pressure and tension around new housing development
- Tim informed the Committee that he attended the South of Butser LPG meeting recently and discussed the role of surgery sign posters. There are plans to run a pilot service in Gosport initially and the CCG is trying to find a source of funding at the moment. The CCG has put in a bid and been shortlisted for the NHS Accelerated Fund. Interviews will take place next week. If successful the pilot will start in Gosport, Fareham and then Havant or Bordon. The plan is to have a team of volunteers working in practices to sign post patients, either before or after a GP appointment, to the appropriate voluntary sector organisation. Volunteers will be recruited and trained for these posts.
- Louise informed the group that the PICU beds at Elmleigh Mental Health Hospital have been closed and patients are now going to Leigh House in Winchester or Roehampton in London. The Quality Team is concerned about this. This is about workforce issues in Southern Health Foundation Trust. There have been exchanges of information between the Trust and the CCG. The CCG has raised issues about this following a recent visit to Elmleigh. Nick said that when areas of concern are raised, there needs to be a process for ensuring effective 'closure' of those issues and the outcomes discussed, with an issues log being kept to enable the process to be tracked. He will discuss this further with Sara and Elizabeth Kerwood.

Action: NW

- Jon said that Healthwatch are working with Chrysalis Transgender group to look at improving the patient pathway. The Group has produced a video which is 15 minutes long. The video is available on U-tube. Click the link: https://www.youtube.com/watch?v=HYwZxheW_Sg. Diane's details are: office@chrysalis-gli.org.

5.2	<p>Items which CEC members wish to share</p> <ul style="list-style-type: none"> • Voluntary Sector noticeboards in GP Practices • Tracy said that the aspiration should be to involve the voluntary sector from the start to create co-design and co-delivery. It should not be an afterthought by the commissioners.
6	<p>Any other Business</p> <p>6.1 Equality and Diversity (E&DS2) Sara said that the CCG needs a panel of representatives who would score and test them on their compliance with EDS2. The CCG needs to work with local groups. If any of the Committee members know of people who would be interested in assessing the CCG on where it is at the moment and what it needs to do in the future, could they send the names to Brenda during February and March?</p> <p style="text-align: right;">Action: all/BW</p> <p>Representatives are needed from the nine protected characteristics which are: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.</p> <p>6.2 Conflicts of Interest All members of the Committee will need to complete a Conflicts of Interest Form embedded herewith.</p> <div style="text-align: right;">  Declaration of Interest Form.docx </div> <p>6.3 Membership of the CEC Members to let Brenda know if there are any other potential members they would like to invite onto the Committee who would be particularly helpful in supporting its role in advising on effective patient and public participation. Action: all</p> <p>6.4 North of Butser LPG The Group has a good example of engagement and have progressed with the discharge summary problem. See embedded document here:</p> <div style="text-align: right;">  Progress with Discharge Summary p </div> <p>Nick gave thanks to all for their work in making the Committee a success.</p>
7	<p>Dates of Future meetings</p> <ul style="list-style-type: none"> • 18th March, Penns Place, Petersfield • 20th May, The Plaza, Havant • 15th July, Penns Place, Petersfield • 16th September, The Plaza, Havant • 18th November, Penns Place, Petersfield • 20th January 2016, The Plaza, Havant • 16th March, Penns Place, Petersfield

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