

Approved by email

Minutes

South Eastern Hampshire Community Engagement Committee (CEC) held on 18th March 2015
at 9.30 – 11.30am at Penns Place, Petersfield

	Attendees
	Nick Wilson Lay Member of the SEH CCG Governing Body and Chair of the Community Engagement Committee
	Kate Atkinson Business Development Manager & Clinician
	Yvonne Atkinson Complaints & patient Experience Quality Officer
	Alex Berry Chief Commissioning Officer, CCG
	Caroline Footman Deputy Chair of South of Butser Locality Patient Group
	Jim Harrison Patient representative
	Jo Hockley Practice Managers' representative
	Tim Houghton Chief Executive, Community First HEH/Voluntary Sector representative
	Elizabeth Kerwood Head of Communication & Engagement, CCG
	Jonathan Piper Community Outreach and Engagement Officer (young People), Healthwatch
	Claire Hughes Service Manager (Community) East Hampshire District & Havant Borough Councils
	David Lee North of Butser Locality Patient Group
	Norman Proudfoot Chair of South of Butser Locality Patient Group
	Brenda Woon Engagement & Partnership Manager, CCG
1	Introduction
1.1	Welcome and Apologies Apologies were received from Dr Jenny Allinson, Louise Spencer. Nick welcomed Alex Berry, Yvonne Atkinson, David Lee and Kate Atkinson to the meeting and members introduced themselves.
1.2	Requests for Any other Business Patient complaints/Falls Service – Jim Harrison
1.3	Conflict of Interest The forms were attached to the minutes of the previous meeting. Can all members please fill in the forms and return them to Brenda. Action: all
2	Minutes from previous meeting on 14th January Date of future meetings: should read 20 th January 2016, The Plaza , Havant
2.1	Matters arising Action Log attached

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Focus items

3.1

The local authorities' approaches to public engagement – Claire Hughes

The feedback which has been received from local communities is 'stop asking us too many questions'. 'Just talk to each other and do something'. 'We don't want to hear about quick wins, just make some sustained change.' A lot of work has been carried out on profiling communities. Newsletters are produced in Havant called 'Serving You' and 'Partners Magazine' in East Hampshire.

The week after 'Serving You' was distributed; 'Hampshire Now' was also distributed. The plan is to amalgamate the two magazines. The District and Borough Councils have set up web pages to obtain people's opinions on services. They are also on Facebook and have had far more hits with this than with any other form of communication. They also have a page for the Butserfest which is for 14-19 year olds. There is also a Twitter site for Havant and East Hampshire, this is not so well used. The Butserfest last year featured Chlamydia testing and there were lots of other stands and information services. A motor cross event was held last year for 10-17 year olds and their parents. There was a good turnout and this year there will be two events. The events are held in Penns Place car park. Havant also holds windsurfing and kite surfing events. There is a Havant Youth Conference on Friday 27th March and 80 young people will be attending. This will be an annual event. The Community Advice Day was not very well attended but the agencies who did attend said it is good event for networking. The local authorities do not produce a calendar of events at the moment but this is in hand.

On 13th November this year the Butserfest's focus will be on the 1980's.

East Hampshire DC has regular monthly forum meetings, held three times per year in four areas: Southern Parishes, Petersfield, North East and North West of the patch. The events are topic led. Parish Councils also attend and are welcome to put items on the agenda. Havant Borough Council does not now hold these forums. They were costly and did not attract many members of the public. The Waterlooville Forum, however, has gone from strength to strength. Claire said the Borough Council will work closely with community services but will not run the events for them. There is a community team in both councils. They have service-specific events e.g. what extra housing will be coming to the area. These events are held at different times/days of the week. Dawn Adey is the East Hampshire Customer Services Manager, managing communication and customer service redesign or for service feedback the contacts are Nicki Conyard and Bob Coleman, who are both Communities Team Leaders.

Jo Hockley asked about communication between the local authorities and West Sussex, particularly across the borders as they do not talk to each other concerning health/social issues. There is a covenant between the civilian and army population which involves working together. The funding comes from the armed forces. Tim Houghton said that the voluntary sector might be able to help with these links as they already work across the borders.

Kate Atkinson asked Claire whether the Havant forum pages which have been closed down, have been monitored. Claire said that every forum had a feedback sheet but nothing was ever done with it. Claire is now going to reinstate this feedback and make sure it is used effectively.

Alex Berry said that health and social services should work in parallel and asked what the opportunities for engagement are as we move to closer integration. Claire said a project is running in Havant called 'Transforming Havant Communities'. It is a multi-agency project. There is a person in post whose remit is to look at improving outcomes for people, how we work better together to do this, how we change our model of operation and work with the Citizens Advice Bureau 20:20 Vision Project. Claire said they are looking at having paid case workers who would 'own' the patient on their health journey. Natalie Webb is the Project

<p>3.2</p>	<p>Manager and is just about to start customer journey mapping. Elizabeth said that the CCG are looking to explore how to link this piece of work together with the Surgery Sign Posters project. Caroline Footman asked if education was included. Claire said that the Council will be working with troubled families, and schools are the main link. They have just set up an early health hub and this will continue when the funding ends.</p> <p>Jim Harrison said that the Havant 50+ Forum has a new chair and is now building up again. They are looking for projects to work on, covering the whole of the Havant Borough. The meetings are held monthly in the Meridian Centre.</p> <p>Nick said that the discussion illustrated the value of the SEH Community Engagement Committee in promoting joined-up approaches to engagement, in line with the 'way forward' discussed at the previous meeting. He said that Sarah Balchin, the Patient Experience Lead for PHT has been invited to join the Committee and will be coming to the meeting in May. Tim Houghton said it would be useful to have a Southern Health representative and Elizabeth is to approach the new person in post. Action: EK</p> <p>Claire said that the Vanguard initiative, which is about not only integrating health and social care but also primary care, will work well with all of the above. Christine Jackson, Deputy Director of Public Health at HCC, is due to come to the next SEH CEC meeting. Currently premises are being looked at in the Hampshire area to integrate the organisations. Nick asked Claire if she could inform the CEC when a decision is made. Action: CH</p> <p>The Committee agreed that it would be useful to develop a joint forward diary of engagement events as a basis for maximising opportunities for joint working on engagement and Claire agreed to kick this off with a forward diary of HBC/EHDC events. Action: CH</p> <p><u>Opportunities for co-production in commissioning</u> – Alex Berry</p> <p>Alex explained that commissioning is about re-designing services to meet the needs of the individual within a particular budget and resource. Health care is commissioned on an episodic basis e.g. hip operation, but the whole pathway is not commissioned at the moment. The CCG are now trying to commission the whole spectrum of care. The traditional method of commissioning has been around buying activity. The plan is to bring all the partners together to get an outcomes-based contract e.g. greater falls prevention. The Commissioning Team consists of a team of 10 covering the three CCGs.</p> <p>One of the main focuses of work at the moment is the four-hour wait target at the Emergency Department (ED) at Queen Alexandra Hospital. Lots of patients turn up in ED who do not need to be there but who don't know where else to go. There are a whole host of urgent care services but they are fragmented and complicated. Alex said she would like to work with this Committee in redesigning the ED pathway and said that the following points need to be considered:</p> <ol style="list-style-type: none"> 1. How do we promote good health at the moment? 2. Where best do you go for an urgent health care need? 3. How do we combine a system to offer a 24/7 service? 4. Once a patient arrives in ED, what should it look like? There is an Urgent Care Centre in ED at the moment. We need to manage what is in the Emergency Department and make sure we have the right resource at the right place. <p>The Communications & Engagement Team has carried out a lot of promotional work in this area and has recently worked with local radio station Wave 105 to engage with members of</p>
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the public.

The CCG wants to build on the engagement done so far.

Alex would welcome the CEC's views and comments on how we can best achieve this by using the CEC members' skills.

Caroline asked how this could work. Alex said the CCG would like to create a single triage pathway. Caroline said she is currently editing her surgery's newsletter and could start to address this in the next edition.

Norman Proudfoot said that he had attended ED a week ago and had a good experience but there were too many options for where a patient can go. David Lee said that some patients have no alternative place to go when there are no other local services available. Alex said that the Out of Hours Service needs to change. Nick said clear information is needed as it is important that patients have a place to go to that is not ED.

Kate Atkinson said that she felt the Minor Injuries Unit is under-utilised and is not promoted sufficiently enough.

Elizabeth said that lots of research has been carried out in this area and there are different reasons why people go to ED. It could be due to expensive travel elsewhere where more than one visit may be required. It is about understanding the culture and then to target householders.

Jim said that the Waterlooville Forum had discussed what alternative services could be offered and applied for some funding but did not receive enough for this work.

Alex said that GP access is in a critical state and community services need to be utilised more. Part of the Vanguard bid is around how to provide same-day appointments.

Jon Piper said that Healthwatch has not had a lot of feedback around ED but sign posting is one of the key areas. A question was asked to what extent will Healthwatch respond to urgent issues via the CCG? Jon said that Healthwatch has specific areas and are there to signpost patients and get messages out to them. Nick asked if Healthwatch has received any messages about access. Jon said that from feedback received, patients do not trust the 111 service. If they have one bad experience they will not use it again.

Nick said we should be looking at what people have learnt elsewhere before committing resource to surveying our own patient groups.

Tim Houghton said the voluntary sector would welcome the opportunity for a meaningful discussion of co-design and co-production. There is currently engagement between social care and adult services e.g. the geriatrician service defined by frailty, looking at assessment, treatment, discharge, treatment at home. Should the CEC have an adult services representative on the Committee? It was suggested that Samantha Hudson, who is working on the community engagement transformation project, would be a useful member of the Committee.

Nick suggested having a sub-group of the Committee who could help with more in-depth insights and advice. Alex said she would welcome a Reference Group as there is lots of work going on at the moment on the model.

Alex will consider the Committee's advice on urgent care. Elizabeth will liaise with her about developing a Reference Group and about inviting Samantha to attend the Committee and/or Reference Group, and will report back to the Committee. **Action:AB/EK**

Alex said that another area of engagement linking to integrated care delivery is Multi-speciality Commissioning Providers (MCPs) and Long Term Condition Hubs. The CCG is currently looking at carrying out engagement with people who have long term conditions and this should include mental health. GPs, Southern Health Foundation Trust and the CCGs submitted a joint bid for the Vanguard initiative to look at how to set-up a new model. Nine

	<p>GP practices in Horndean, Clanfield and others in the North of the patch are involved, together with the Gosport 11 practices and the New Forest practices in the New Milton area. The practices involved will receive a visit from the National Team who can offer advice and support. The Five-Year Strategic Review looks at how the CCG can shape the NHS and be more responsive to adults as they get older. The health and social care connections need to be stronger. They will be judged in April by the National Team. David Lee said he is fully supportive of this initiative.</p> <p>David informed the Committee that his GP practice's focus for the last three years and been to look after all of its diabetic patients in house. There has not been one single diabetes referral to secondary care. They also have an in-house respiratory service as patients were not happy with the standard of care in the respiratory clinics. In the surgery they receive complete consistency of care and regular six monthly reviews from the team at PHT who visit the practice.</p> <p>Nick said that it will be important to involve patients in the development of MCPs and that the relevant PPGs should be thinking about how they work together on this. As there had been less time to discuss the MCP topic, he invited Alex to come back to the Committee at a later stage in MCP's development if that would be helpful.</p> <p>Alex will consider the Committee's initial thoughts on MCPs and its offer to consider this again at a later stage in their development. Action: AB</p>
4	<p>Member feedback</p>
4.1	<p>Nick said that this part of the meeting was an opportunity for members to raise key thematic points for collective discussion: more details points could be raised at any stage directly with the executive team without waiting for a CEC meeting.</p>
4.2	<p>Norman said that one of the main issues from the South of Butser Locality Patient Group is retention of GPs. This is exemplified by the Emsworth Practice which is getting a new facility and which is to be closed every Wednesday afternoon as they currently only have three full time GPs in the practice.</p> <p>Nick reported that one member of the South of Butser LPG had proposed self-management as a useful topic for further consideration.</p>
4.3	<p>David Lee said that at the North of Butser Locality Patient Group Chase Hospital was discussed and community services associated with it. There is still a lot of uncertainty about forward plans for Chase Hospital. There is no guarantee that there will be a nursing home to replace the hospital beds. There are major problems with the integrated care team in the community. There is a lack of district nurses. Care at home is a huge problem in the area. The members of the LPG get on well together but there is still no Chair of the Group. If ICTs are not working, this is a major barrier to what we are trying to achieve. Nick said he had attended the latest meeting of the Chase Steering Group and said progress has been made with NHS Property Services. There is a GP practice willing to move in the Hospital. Southern Health wants to vacate Elizabeth Dibben House and move in as soon as possible. A meeting had taken place with the development team to ensure that a 'continuum of care' (including a nursing home) features effectively within the wider Whitehill & Bordon development.</p>
4.4	<p>Jon Piper raised a concern about the Child and Adolescent Mental Health Service (CAMHS) which, in his view, would struggle to cope with a rise in demand that could be created if funding is removed by Hampshire County Council from the Youth Support Services. At Nick's request, he undertook to provide a note about this for the CCG's consideration. Action: JP</p>

	<p>Jon also briefed members about Artscape, an ‘arts based charity for adults in recovery from long and enduring mental health, recovery from addictions and related disabilities’. They can take referrals from CHMT and GPs, as well as self-referrals.</p> <p>Jim Harrison had attended a meeting in London on the Care Act. If members of the Committee would like to receive the slides, please contact Brenda. The Committee congratulated Jim on receiving an award for volunteering.</p> <p>Alex referred to a Healthwatch review about out-of-date information being given to patients from some GP Practices concerning the Out of Hours Service. Elizabeth said that this had been shared with the Primary Care Team and actioned accordingly.</p> <p>Jo Hockley said that there have been problems with BT phone lines in GP practices. BT does not give priority to GP practices. Practices have not been aware of this problem at their end. EPS2 electronic prescriptions. This is a service whereby the electronic prescription is sent straight to the pharmacy. Unfortunately there are different software systems but the practices are getting there.</p> <p>Items for Noting</p> <p>5 from Elizabeth Kerwood:</p> <p><u>Primary Care Co-commissioning</u></p> <p>5.1 The CCG successfully applied for delegated commissioning from NHS England which will begin on 1st April</p> <p><u>Communications & Engagement Strategy</u></p> <p>5.2 Elizabeth thanked those members who had contributed to this document. The comments have been used to draft the final version of the document which will be presented at the Governing Body meeting in April. The priorities from the last meeting are reflected in the Strategy.</p> <p><u>Equality Diversity System 2 (EDS2)</u></p> <p>5.3 The EDS2 and CCG Equality and Diversity Annual Report for 2014/15 are available on the CCG website (address shown below). Please let Elizabeth know if you wish to be involved in the panel.</p> <p><u>Procedures of Limited Clinical Value</u></p> <p>5.4 Following engagement work with our GPs around the clarity on the criteria for these procedures, this has now been revised. This can be found on the South Commissioning Support website. An example of this is ophthalmology. If the eye problem impacts on the patient’s ability to drive, the DVLA has a scoring system on this to determine whether the procedure can be carried out on the NHS. Clarity was needed about what the criteria meant. Varicose veins are not available for cosmetic purposes but could be carried out under certain circumstances. There has to be a real clinical need. There is a caveat of exceptionality.</p> <p><u>QUASAR (Quality and Surveillance Hub)</u></p> <p>5.5 The Quality Team use this on-line system for feeding in all intelligence received from different meetings, national surveys, patient experience, incidents etc. It is like an ‘on-line blender’ which has similar themes emerging. Nick said that an important feature of the QASAR (Quality Surveillance & Reporting) Hub should be effective analysis of all the relevant sources of intelligence.</p>
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<p>6</p> <p>6.1</p> <p>6.2</p>	<p>Any other Business</p> <p>Jim shared some hand outs which will be scanned for members of the CEC.</p> <ul style="list-style-type: none"> • QAH discharge delays • Visit to A&E Department at QAH • Treatment of patients with dementia at QAH • Ward F4 Falls – April to August 2014 <p>Nick said that the meetings would remain at two hours at the moment. Any issues in between meetings to be sent to Brenda or Elizabeth via email. Members were asked not to share personal data as the CCG is not legally allowed to hold this information. Any complaints need to be directed to SEHCCG.complaints@nhs.net</p>
<p>7</p> <p>7.1</p>	<p>Future Potential Agenda items</p> <p>Social Care Act</p>
<p>8</p>	<p>Dates of Future meetings</p> <ul style="list-style-type: none"> • 20th May, Plaza, Havant • 15th July, Penns Place, Petersfield • 16th September, Plaza, Havant • 18th November, Penns Place, Petersfield • 20th January 2016, Plaza, Havant • 16th March, Penns Place, Petersfield

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