

Forum Focus

Monitoring team on the Operational Plan

IT'S full steam ahead on checking progress being made with the Operational Plan across Colchester and Tendring.

With the Health Forum Committee task and finish groups on the Urgent Care Review and the Sustainability and Transformation Plan reports completed, attention can be focussed on what the Clinical Commissioning Group is achieving to improve health care across North East Essex.

The Operational Plan was submitted to the regulators just before Christmas. And covers this year and 2018

The document sets out what the CCG plans to do over the next two years to put the Sustainability Transformation ideals into practice.

In other words, we have a pathway, as patients to support the CCG's efforts in providing the best service possible and, where appropriate, to hold the board to account.

We can do that informally by feeding information into the Health Forum Committee as we do now.

However, members decided to add some structure to comments and feedback by forming an Operational Plan Monitoring Group of main CCG representatives together with the chair and deputy chair.

The membership list will be: Chair, Deputy Chair, Quality rep, TDC rep, Systems Resilience (Urgent Care) rep, Resilient Communities Programme Board Rep and Finance rep.



The Health Forum Committee also gave the group the power to co-opt any other Health Forum Committee members to assist with research or feedback as necessary on various topics.

Its first meeting at Aspen House in April divided up the responsibilities for keeping an eye on the various sections of the plan.

Further meetings will be held monthly and reports on progress will be submitted to the full Health Forum Committee, also monthly, in the usual report format.

It is intended most of those will be spread to the general membership through the pages of Forum Focus.

Meanwhile, with another monitoring group also now looking at the progress of the Sustainability and Transformation Plan for the extended area of South Suffolk and North East Essex, it will be the responsibility of the Chair to avoid duplication of effort.

Any member wishing to comment on progress of health service changes across Colchester and Tendring should contact Paula Martin.

Focus aims to keep Health Forum members informed and in touch with the Health Forum Committee

Members step up to give patients a say

WE are grateful to the members who have put their names forward to assist the Health Forum Committee is ensuring full representation of patients on Clinical Commissioning Group work streams.

Firstly, a member has stepped forward to be the main representative on Finance and General Purposes.

It has been a long and difficult search and members hope that the planned interview for the position goes well.

Secondly, the April Health Forum Committee appointed Yaa Dankwra to be the deputy representative for both the Quality Committee and Transformation and Development.

She adds the roles to her existing commitment as an Outreach Representative for the Health Forum.

Thirdly, Patricia Paxon was appointed to be the deputy representative on End of Life work streams.

Patricia, already a member of the Sustainability and Transformation monitoring group, is looking forward to being further involved.

Deputy representatives are entitled to attend meetings of the Health Forum Committee where they can table reports, take part in debates and raise questions but are not entitled to vote if decisions on matters go to shows of hands.

Further vacancies

We thought we had a member in the frame for the deputy representative roles covering the ambulance service and Systems Resilience Operational Group (urgent care), but the positions are still open at the time of writing.

If any member feels able to take them on, please contact the Health Forum Engagement Officer Paula Martin. Her details are on the back page.

We would also like to hear from those with hearing problems willing to join a new network group for audiology which gets going in the next couple of months.

Ideally, three or four patient members would be in the frame with a range of differing ear problems as we know that there is rarely a comprehensive service that will deal with all types of conditions well.



Commitment is only expected to be half a day a month with the additional requirement of writing short feedback reports to the Health Forum Committee.

CHUFT Patient User Group

Health Forum Committee members were disappointed that hospital managers have withdrawn the current patient involvement manager after her two year secondment from the admin team.

It means a number of initiatives started after a lot of hard work ... including a fledgling Patient User Group ... are now all on hold awaiting a new appointment.

If something is not done very quickly, the fears are that everything will stagnate.

The Health Forum Committee are asking hospital Chief Executive Nick Hulme to ensure that patient engagement is not left floundering.

ACE patient feedback

Patients receiving community treatment across Colchester and Tendring are being sought to become members of the Anglian Community Enterprise (ACE) patient user panel which is being extended.

Feedback can be given informally and, under current plans, will not involve participants in having to attend formal meetings but could be done by email or, maybe, phone message.

This opens opportunities to those with a range of disabilities or individuals faced with transport difficulties.

Again, you can volunteer through the Health Forum, so please contact Engagement Officer Paula Martin.

First regional look at patient experiences

HEALTH Forum members and CCG staff attended the first East of England Patient Experience Seminar.

Patient experience in the context of this day long event should be seen as patient involvement.

In fact, how to ensure patients are as fully involved as possible in all aspects of health service decision making.

This report is largely contributed by Claire Trpp of Communications and will be backed up in April by a meeting between all six attendees going over the day and suggesting ways patients could become more fully involved in Clinical Commissioning Group decision making.

Claire's report has been slightly tweaked because some aspects were very communications orientated.

The main theme of the event was 'Working Together', looking at co-production between patient experience leads and how we can work together to ensure genuine patient experience.

It was predominately based on the patient experience groups based at the following acute settings where key speakers set the scene for each of their group, sharing their best practice.

Harlow Patient Panel at Alexandra Hospital – Anne Nutt, Chair:

This panel was set up in 2015 at the Trust to provide a transparent, welcoming and active group to look at problems, find solutions and take action

Their aim is to improve the environment at the Trust which covers the surroundings, conditions, person experiences while as a patient or a visitor

It endeavours to provide better communication with patients and partnership working and makes many links with voluntary health groups

The panel have made some key achievements around the discharge process, pharmacy problems, food issues, website development

Ipswich Hospital User Group (IHUG) – Gill Orves, Chair:

The remit of IHUG is to look at and become involved in anything which is related to patient experience to improve patient experi-



experience, whether they are outpatients, inpatients, children or adults, including carers.

IHUG have 14 user groups such as Cancer Services User Group, Endoscopy Patient User Group, Older People's User Group, Pain Management User Group, etc. They take feedback from these groups and deal with a wide range of issues

In 2015 they created the 'Adopt a Ward' (AAW) idea where volunteers from the group go into wards to gather soft intelligence and encourage feedback to improve patient experience and point of care delivery.

They also have volunteers in A&E (ex-paramedics, etc.) who go in when the Trust is under severe pressure. These volunteers aim is to assist, guide, console, help, etc.

Meetings are held every six weeks to discuss a wide variety of issues with members of the Trust Board. Issues are raised quickly and changes implemented where needed.

They also strengthen engagement with local communities visiting other community hospitals to find out more about community care

Additional information about IHUG can be found at www.ipswichhospital.nhs.uk/getinvolved/join-a-user-group.htm

Social Care Institute of Excellent (SCIE) – Pete Fleischmann:

This leading improvement support agency co-products their work to improves the lives of people who use care services by sharing knowledge about what works

They are an independent charity working with adults, families, children's care and support services across the UK who also work closely with related services such as health care and housing

They influence future policy and practices to increase their reach and impact

Additional information about SCIE can be found at www.scie.org.uk

Forum response to the vision of the STP



Words used in Sustainability and Transformation Plans with those used most often being the largest.

Introduction:

Members of the North East Essex Health Forum set up a task and finish group to study the Suffolk and North East Essex Sustainability and Transformation Plan from a patient perspective.

Apart from the representational involvement of relevant Healthwatch bodies, they were aware there had been no direct patient contribution to the document.

They also understood none of the boards of the various Clinical Commissioning Groups had input, but that the plan had been created by representatives, working alongside county council officers, to produce a forward thinking document based on existing surveys and patient analysis.

It was also understood that the fusing of North East Essex with South Suffolk had been a creation of the national NHS to fit within the direction of the NHS Five Year Forward View

Membership:

The task and finish group members, selected from a number of applicants, covered a wide range of involvements outside the Health Forum including; Essex County Council, North East Essex Partnership Foundation Trust, Healthwatch Essex, Colchester Hospital, the national transplant delivery service, disability groups, a range of voluntary organisations and several Patient and Participation Groups.

Procedure:

Members analysed the document.



They expressed concerns over optimistic language, unrepresentative maps and graphics, and lack of definition for phrases such as 'good quality GP practice' and 'multi speciality community providers'.

They noted areas for further research.

Members fed back on that research

They agreed suggestions for further action.

Key Messages:

1 That the public must be educated to understand the so-called 'plan' is not a definite scheme of action but a 'vision' of what could possibly happen in the future.

2 That co-production of all service development must have public, patient and clinical input from the very start of any process.

3 Acceptance that the document is only an outline that is already being reshaped and tweaked by Government announcements over GP Hubs and community care delivery.

21 important points

4 That all proposed changes in commissioning need to be thoroughly tested against public opinion from birth of amendments to their implementation.

5 That such amendments also affect existing contracts like Care Closer to Home which is only at the end of the first year of a seven year contract.

6 An acceptance that there will not be one service pattern for all, so community care in a Suffolk village might be different to that received in Essex.

7 That the health landscape has changed since the NHS Five Year Forward View was written and is now much more challenging through financial and operational pressures.

8 That quality of service to patients must be maintained in any discussions about financial savings and economies.

Members consider that financial challenges cannot be met unless the current 'ownership' of various funding streams is relaxed and accountability for spending falls under a single governance structure.

9 That any reconfiguration of services must involve a full understanding of public transport and that commissioners may have to negotiate with existing and new providers to ensure infrastructure is in place to assist patients and their families and friends.

10 That there needs to be overall vision of impacts that amendments to any one part of service delivery through strategic alterations can have on any others, from communications to referrals and staff availability.

11 That partnership working across all deliverables must involve regular liaison with essential aspects of the health scene from pharmacies to care homes and private hospitals to voluntary organisations.

12 That groups of GP services could work together to do more than share back room efficiencies. For example, link with pharmacies to provide 'walk-in' services with triaged advice from GP, nurse practitioners or pharmacists and/or employ care assistants to facilitate discharge from acute hospitals.

13 That rural area villages may have needs met with services based on the town centre late weekend night SOS bus model where a staffed mobile vehicle becomes a travelling surgery.

14 All aspects of the health service, including



public health, mental health, drugs and alcohol advice, etc, are all as essential as GPs and A and E.

15 That joint management of health and social care is an essential part of the success of closer integration between acute and community treatments.

16 All proposals need to be developed into coherent plans with clarity about the most important aspects and outcome expectations.

17 That the county councils have a very large part to play as they have battled with reductions in resources to meet growing demands.

18 An understanding that a lot of what is needed is new thinking and will need time to research and implement. Expected timetables may have to be amended.

19 Overall structure, guidance and accountability of the work needs to be defined and monitoring processes established.

20 Being open to outside ideas; while being fully aware that one size does not fit all, there are excellent practices being followed in other areas of the country that should be considered locally.

21 Finally, and most importantly, there must continue to be a commitment across the health service to try and ensure that all patients receive the most appropriate and efficient health care.

Operation Florence fights for the elderly

HEALTH Forum Committee members discussed a new campaign underway calling for support to the elderly following Essex County Council cuts in services at their April meeting.

Operation Florence has been driven by Michael Siggs, clerk to most of the almshouses in Colchester.

But it has the support of a number of statutory and voluntary organisations.

Names backing the objectives are listed to the right.

The Health Forum is still waiting for a policy statement from the Clinical Commissioning Group on its formal response.

Operation Florence has 10 objectives:

1 To be part of the Sustainability Transformation Plan (STP) covering the areas of North East Essex, West Suffolk and East Suffolk - Building better health and care.

2 In the spirit of the Care Act 2014, to include peoples housing as an integral part of better health and social care.

3 To work towards a system of digital communications that will enable each of us, according to our personal circumstances, access elements of support whether health, social care or housing related.

4 To provide links to personal security, police and fire services.

5 To provide links to GP/pharmacist/paramedic support at home in health related emergencies.

6 Social support - links to shopping services delivered to the door; facilities to reduce loneliness; access to home help and advice as how to pay for it.

7 End of life care at home.

8 Development of Community Alarm systems- advice on the technical side and digital care technology to suit the needs of the potential recipients.

9 Funding - Better Care grants, charitable grants, public health grants.

10 Comprehensive ongoing linking of health, social care and housing interests to plan for improvements to the system to meet technical advances; to use technological advances to help to reduce costs in the provision of better health, social care and housing need.



Calling for action:
Michael Siggs, left, Peter Hill and Tony Friedlander.



Those listed below the 10 objectives are:
Kimberley Pash, Colchester Borough Council Helpline
Ionie Britton, Colchester Borough Council Helpline
Michael Siggs, Clerk to Almshouse Charities throughout Essex
Tony Friedlander, Friedlander Associates, Business and IT Advisers and Brokers
Graham Hill, Foxhall Solutions
Jane Carpenter, St Helena Hospice, Single Point
Les Nicoll, Community Builder, Essex Fire and Rescue Service
Claire Ellington, Tendring District Council Careline
Katie Behan, Housing for Older People Manager, Greenfields Community Housing
Debbie Turnbull, Age Concern Colchester
Anthony West, North East Essex Clinical Commissioning Group
Nadeem Iftikhar, North East Essex Clinical Commissioning Group
Caroline Nixon, Vivo Support
Jane Harvey, Service User
Peter Hill, Chair Wivenhoe Housing Trust, Chair Legacy East Almshouse Partnership

What the local press has been saying about health and health issues

Read all about it!



A summary of just some of the news stories carried in local papers at the start of the year. The Health Forum Committee does not have cuttings. Further details, if wanted, must be gleaned by obtaining back issues or searching on the individual paper's web sites.

March

1 Daily Gazette ... Audit reveals language problems of recruited Colchester Hospital consultants.
 1 Daily Gazette ... Harwich Town Council opposes MIU closure.
 1 Daily Gazette ... Feature on Colchester Hospital new director of nursing.
 2 Daily Gazette ... Colchester Hospital Health Care Assistant sacked for data breaches.
 2 EADT Three acute hospitals pay £51m in claims over three years.
 4 EADT ... Politically organised march in Clacton opposing MIU closure.
 4 Daily Gazette ... Feature on Colchester Hospital cancer department Time Garden appeal
 4 Daily Gazette ... Historic feature on the creation of St Helena Hospice.
 6 EADT ... East of England ambulance responses targets being missed despite spending of £58m on private ambulance support in three years.
 8 Daily Gazette ... Mosaic celebrating organ donation unveiled at Colchester Hospital.
 13 Daily Gazette ... US surgeon being trained in urology technique at Colchester Hospital.
 14 Daily Gazette ... 'Lifelike' manikin bought to help train surgeons at Colchester Hospital through £42,000 charity donations.
 15 Daily Gazette ... Two Dedham women run 'baby box' business for new born babies.
 15 Daily Gazette ... CQC report on Oaks Hospital, Colchester.
 16 Daily Gazette Feature on Cancer Centre Campaign
 16 Daily Gazette and EADT ... North East

Essex MPS raise GP shortage concerns in House of Commons debate.
 17 EADT ... Feature on east of England Ambulance report for 2015/16.
 17 EADT ... Councils and voluntary organisations to unite in new Mental Health awareness scheme.
 17 EADT ... Healthwatch Suffolk publishes report on diabetes services.
 20 EADT ... NEECCG and NHS statement on efforts to attract more GPs to North East Essex.
 22 Daily Gazette ... ECC to commission scheme to build community homes on County Hospital site.
 22 Daily Gazette ... Feature on Colchester Hospital Intensive Care Unit.
 24 Daily Gazette ... Time Garden celebrates £20,000 funding boost and former patient urges public support to appeal.
 24 Daily Gazette ... Child waits 10 days for antibiotic Colchester Hospital prescription.
 25 EADT ... Patients waiting over five hours in ambulances at Colchester Hospital for handover to A and E,
 27 Daily Gazette and 29 EADT ... protest at health service buildings closure.
 27 Daily Gazette ... Healthwatch Essex and Colchester Hospital staff win patient experience awards
 27 EADT ... Ipswich and East Suffolk CCG GP campaign estimates nearly £2m a year saved by prescribing cheaper drugs.
 30 EADT ... Digital doctors research at Essex University.
 31 EADT ... Two Essex mental health trusts to merge.
 31 Daily Gazette ... Story on number of responses to the urgent care review.
 April
 1 EADT ... Trade union raises concerns over new system of ambulance bases.
 1 EADT ... New Emergency Therapy Team at Ipswich Hospital to ease admissions and discharge of elderly patients.
 3 EADT ... Success of Suffolk medical equipment amnesty in returned items.

Free event to hear views of the mums

MATERNITY Voices is holding a free Spring Event at Hollytree Meadow, Upper Castle Park on Thursday, April 13 between 10am and 1pm, so local parents can pop along and have a chat about their maternity experiences.

The group made up of parents to be, mums and dads, carers, midwives, doctors and health-care professionals and more, is looking for views and opinions of local parents around maternity services in North East Essex to support future improvements.

Debbie Healy, Business Manager for Children and Maternity Services at North East Essex Clinical Commissioning Group said; "This is a great opportunity to come and speak to us to share your thoughts and opinions about local services.

"It is important to us at the CCG to listen to what is happening in the community and the real experiences of service users for us to be able to shape and support improvements."

Health Forum member Jo Roosenbeek, Chair adds; "We are really looking forward to meeting many parents and families at our free Spring Event.

"Along with the CCG, we are keen to listen to people's views and work together to make changes to further improve our local maternity services."



A quarterly Maternity Voices meeting takes place either in the community or at a children's centre.

The next meeting date is Thursday July 13 at Little Hands Children Centre, Fiveways Primary School, Winstree Road, Stanway, CO3 0QG.

Your contact for the North East Essex Health Forum

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