

MINUTES

North East Essex Health Forum Committee (HFC)

Wednesday 1st March 2017

1.30 pm to 3.30 pm

Sams Hall, CVST, Rosemary Road, Clacton on Sea, CO15 1NZ

Present:

Ray Hardisty (Chair)	RH	Chair, Colchester Representative (Elected)
Marjorie Appleyard	MEA	End of Life Representative
Bonnie Jarman	BJ	Community Voluntary Services Tendring (CVST) Representative
Myrna Liles	ML	Tendring (exc. Harwich) Representative (Elected), Transformation & Delivery Committee (TDC) Representative, North East Essex Clinical Commissioning Group (NEE CCG) Board Representative (Deputy)
Don Manhire	DM	Vice-Chair, Colchester Representative (Elected), Ambulance & System Resilience Operational Group (SROG) Representative
Brian Mckeown	JBM	Tendring (exc. Harwich) Representative (Elected)
Kim Simmons	KS	Colchester Community Voluntary Service (CCVS) Representative
Ann Watson	AW	Harwich Representative (Elected), North East Essex Clinical Commissioning Group (NEE CCG) Board Representative

In Attendance:

Paul Kitson	PK	Complaints Manager, North East Essex Clinical Commissioning Group (NEE CCG)
Paula Martin	PM	Patient Engagement Officer, North East Essex Clinical Commissioning Group (NEE CCG) (Minutes)

Item		Action
814.0	<p>Welcome & Apologies: The Chair welcomed everyone to the meeting and noted that it was quorate. He then introduced Bonnie Jarman who is the new CVST representative on the Committee.</p> <p>Apologies were received from Maura Broad, (Colchester Rep. (Elected), Deputy TDC and F&P Rep.), Julie Hocken (Carers Rep.), Hannah Madsen (Young Persons Rep.), Robin Rennie (RCPB Rep. & CHUFT Governor), Su Rhys-Jones (Colchester Rep. (Elected) & Quality Rep.) Jo Roosenbeek (Maternity Voices Joint Rep.), Emma Sarson (Tendring (exc. Harwich) (Elected) & Maternity Voices Joint Rep.), and Mark Tatham (RCPB Rep.).</p>	
815.0	<p>Declarations of Interest: PM to send form to BJ for completion.</p>	PM
816.0	<p>Minutes of Meeting held on Wednesday 1st February 2017: The minutes were agreed as a true and accurate record of the meeting.</p>	
817.0	<p>Actions from Previous Meetings: It was noted that the action for Kim Simmons in regard to submission of a report on the Home from Hospital scheme was on-going as the scheme had not yet gone live. All other actions have been closed.</p>	
818.0	<p>Matters Arising: There were no matters raised.</p>	
819.0	<p>Special Item – Urgent Care Task & Finish Group – Feedback: The Chair referred the Committee to the report previously circulated and stated that the Urgent Care Review closed today therefore approval was needed in order that it could be submitted to the Urgent Care team straightaway. The Committee approved the report and PM emailed it to the Urgent Care team. However, AW voiced concern about GPs being required to provide additional services. She stated that there was already a shortage of GPs who faced an increasing workload. The Chair replied that there were other NEE CCG work streams planned that were looking at the situation regarding GPs. He reported that he had recently had a meeting with Sam Hepplewhite (SH), Chief Officer at the NEE CCG who had asked that the HFC become involved in these. He felt that it would be beneficial to raise this at the next PPG Liaison meetings in April 2017 in order to involve the PPGs more fully with</p>	

	<p>this work stream. He stated that this did not, of course, prevent HFC members putting their names forward as well.</p>	
<p>820.0 820.1 820.1.1</p>	<p>Issues Raised by Patients, Public, Carers & PPGs: Issues Raised with HFC Members: Cancer User Group: The Chair drew attention to the report previously circulated and explained that a representative from the Group would be presenting at future Local Health Matters meetings.</p>	
<p>820.2 820.2.1</p>	<p>Issues Raised by PPGs: One You Health Check Services: The Chair drew attention to the report previously circulated and explained that this had originally been raised at the PPG Liaison meetings. AW commented that information on health checks was also received through the post and the situation could be very confusing for people. Referring to the January 2017 Tendring PPG Liaison meeting, JBM asked whether anything further had been done in regard to the situation surrounding replacement of hearing aid batteries. The Chair replied that the situation had been left for Anglian Community Enterprise (ACE) to investigate and, to date; nothing had been heard back from them. PM explained that the first planned meeting of the audiology network had been cancelled.</p>	
<p>820.2.2</p>	<p>Ambulance Call Outs to the Frail and Elderly: The Chair drew attention to the report previously circulated and stated that ACE would be making their staff aware of the issues raised in it.</p>	
<p>820.2.3</p>	<p>CQC Reports: Ardleigh Surgery & Colchester Medical Practice: The Chair drew attention to the reports which are available on the HFC Document Depository.</p>	
<p>820.2.4</p>	<p>Community Pharmacies: The Chair drew attention to the report previously circulated. AW asked whether a list of Community Pharmacies could be provided. The Chair replied that there was a list available on the internet but it was national and not categorised in any way. A member of Mayflower PPG had attempted to sort it but it had proved too difficult. The Committee then approved the Chair's suggestion, given in the report, that a monitoring group be set up and members drawn from the PPG Liaison groups. This will be added to the agendas for the April 2017 PPG Liaison meetings.</p> <p>ML commented that the advice and help given by pharmacies varied widely. The Chair stated that from 28th April 2017 all community pharmacies had to list the services offered on NHS Choices website. He felt that such information should also be collated and displayed on the NEE CCG website. ML asked whether consideration would be given to the number of pharmacies in a given area, as she felt, in some areas, there were far too many. The Chair replied that this was one reason why the Government was carrying out the review and was planning to reduce subsidies. It would be left to market forces to decide which ones remained.</p> <p>JBM reported that this issue had been raised in today's Prime Minister's Question Time and it had been reported that the subsidy had been reduced by 8.5% instead of 4% as previously stated. The Prime Minister had stated that cutting of subsidies would be considered where there was more than one pharmacy within a 10 minute walk and the cut would be greater than 4%. ML voiced concern that the ones offering a better service would be forced to close.</p>	
<p>820.2.5</p>	<p>Doctors in Trouble – As Reported in “The Week”: The Chair drew attention to his report previously circulated which was noted.</p>	
<p>820.3 820.3.1</p>	<p>Word on the Street: New Issues: There were no new issues to report.</p>	
<p>821.0 821.1</p>	<p>Update from CCVS & CVST: CCVS: KS drew attention to her tabled report. She stated that the Winter Warmth campaign had now finished and had been very successful. There were still some supplies, such as hot water bottles, provided by Swan Housing available and urged the Committee to pass this information on to anyone they felt could benefit. KS reported that the first meeting of the Befrienders' Network had taken place. DM asked</p>	

	<p>which organisations had been involved. KS replied, amongst others, Age Concern and CCVS. DM then asked what the purpose of befriending was. KS replied that the population was aging and many were becoming more isolated; befriending is a way of addressing this. DM asked whether the target group for befriending was the elderly. KS confirmed it was.</p> <p>DM then asked how this project related to My Social Prescription (MSP) and wondered whether there was an overlap. KS replied, not necessarily. She explained that the Home from Hospital scheme would provide a befriender who could direct a person to MSP when appropriate. However, not everyone would need MSP but may simply need someone, for example, to do a little shopping for them. MSP would not always be suitable, particularly for the housebound. DM commented that a big pool of volunteers would be needed. KS replied that 30 volunteers would be recruited for the Home from Hospital scheme. JBM asked what type of security checks were made on volunteers. KS replied they all had enhanced DBS checks carried out.</p> <p>KS then went on to say that CHUFT volunteers had increased by 55 since November 2016 and there were now 215 volunteers at the hospital. MSP was being offered within A&E and the Emergency Assessment Unit (EAU).</p> <p>DM asked what the Colchester Borough Homes project was. KS replied that it related to befriending and included some privately run care homes where the CCVS visited to run activities. There was also a drive to encourage staff members to volunteer.</p> <p>AW reported that the Riverside PPG was trying to organise some Dementia Friends training and she would appreciate some assistance with this. The Chair replied that he will speak with her regarding this.</p> <p>821.1.1 Request for GP Hub Information: The Chair reported that he had been asked by Jackie Fairweather of MSP for the current situation regarding GP Hubs. He stated that he had sent a holding reply as nothing was happening in regard to this at present.</p> <p>821.2 CVST: As this was BJ's first meeting there was no report this month.</p>	
<p>822.0 822.1</p> <p>822.2</p> <p>822.3</p>	<p>Local Health Matters Meetings: January 2017 Colchester Meetings: The Chair drew attention to the minutes that had been circulated. These were noted. He then referred to the presentation given by Veterans First and reported that a Health Forum member had asked whether what the outcome on the future of the service had been. PM will contact Veterans First to find out.</p> <p>February 2017 Meetings: The Chair drew attention to the minutes of both Colchester and Tendring meetings which were noted.</p> <p>March 2017 Agendas: The Chair drew attention to the agendas for both meetings which were noted.</p>	<p>PM</p>
<p>823.0 823.1</p> <p>823.2</p> <p>823.3</p>	<p>Outreach and Engagement: Out and About: The Chair drew attention to his report previously circulated.</p> <p>Representative Role Description: The Chair reported that MEA and 2 other Health Forum members had agreed to become involved and the Committee agreed that PM should send the role description to them prior to a meeting being arranged to discuss their involvement in more depth.</p> <p>Forum Focus: The Chair drew attention to his report which was noted.</p>	<p>PM</p>
<p>824.0 824.1</p> <p>824.2</p>	<p>Health Forum Specific Issues: Election of Vice-Chair: AW indicated that she may be interested in taking on this role in the future if her health improved as expected. The Committee therefore agree to postpone this until the June meeting.</p> <p>Action Plan: The Chair's report was noted.</p>	

<p>824.3</p> <p>824.4</p>	<p>Task & Finish Groups – Urgent Care & Sustainability & Transformation Plan (STP): The Chair drew attention to his report previously circulated. He stated that the Urgent Care group had now finished and the STP group would be holding its final meeting shortly.</p> <p>Patient Representatives: The Chair reported that Jane Cockram had stepped down as deputy representative to the End of Life committee. Therefore the following roles were now vacant:-</p> <p>Deputy Representatives: Ambulance End of Life Quality System Resilience Operational Group</p> <p>Main Representative: Finance & Performance Colchester Representative for Audiology Network Healthwatch</p>	
<p>825.0</p>	<p>Healthwatch: The Chair reported that he had spoken with David Solis at Healthwatch Essex who had informed him that the role of volunteers within Healthwatch was being reviewed at present. Therefore they could not, currently, assign a representative to the HFC. The Chair is a Healthwatch Ambassador so will be able to report to the HFC on Healthwatch activities.</p>	
<p>826.0</p> <p>826.1</p> <p>826.2</p> <p>826.2.1</p> <p>826.3</p> <p>826.4</p>	<p>NEE CCG Committees with Health Forum Representatives:</p> <p>Ambulance Service: The Chair drew attention to the tabled report from DM. DM explained that he had presented the HFC's suggestions to the last meeting of the Ambulance Committee and Helen Rowland's responses had been appended to his report. He felt that the points raised by the HFC already appeared to be covered by the Committee. The Chair felt that following the next update received from the Ambulance Committee, the HFC may have to look again to see if there were further suggestions they could make.</p> <p>NEE CCG Board: The Chair thanked ML for attending the January 2017 Board meeting as deputy representative, as AW had been unwell. He referred to her report and stated that more in-depth information on each topic could be found in the Board papers which were on the NEE CCG website.</p> <p>ML commented that the Board had asked for the HFC to capture patient feedback. The Chair replied that this was already being done and felt that it may relate more to the Urgent Care Review. This had been done via the Task & Finish Group and their report had, today, been submitted to the Urgent Care Team.</p> <p>There was some discussion about the Urgent Care Review engagement events; ML and JBM commented they felt they could have been managed better. ML referred to one meeting where there had been demonstrators outside asking people to sign a petition. She felt that some people may feel that they had provided feedback by doing this, when it was not the case. She also mentioned that the supply of paper questionnaires had run out and although there was an online version, many elderly people did not have access to this. AW felt that some individuals may need guidance on completing feedback forms and it would have been beneficial for someone to sit down with them to do so. JBM voiced concern that many people, at the meeting he attended, felt that decisions had already been made.</p> <p>PK felt that the meetings had been well executed but organisations with vested interests had become involved and this could not have been planned for. ML stated that she was not blaming the NEE CCG but she felt that sometimes the real matter could be overtaken by political issues.</p> <p>Topics for March 2017 Report to Board: AW confirmed that she will attend the Board meeting. The Chair will produce a report in liaison with AW. He suggested that this should focus on the current activities of the HFC. The Committee agreed with this.</p> <p>Maternity Voices: There was no report.</p> <p>End of Life: There was no report.</p>	<p>RH</p>

826.5	Finance & Performance (F&P): There was no report.	PM
826.6	Quality: PM to email Robin Rennie for confirmation of his attendance at the next Quality meeting in SRJ's absence.	
826.7	Transformation & Delivery Committee (TDC): There was no report.	
826.8	System Resilience Operational Group (SROG) (formerly Urgent Care): DM reported that he had asked whether there were any statistics on how often ambulance crews are refused assistance by community organisations and he was hoping that a suitable question will be added to the feedback forms that crews have to complete for each call. He felt it was essential to know whether there was a high failure rate as it was a key link and was surprised that this information was not already being captured.	
826.9	Resilient Communities Programme Board (RCPB): There was no report.	
826.10	Patient Advice & Liaison Service (PALS): PK reported that the team had been very busy with issues arising from the Urgent Care Review.	
826.11	Primary Care: The Chair asked whether there were any comments on the report previously circulated. DM felt that, in some ways, it did clarify the links between the different elements of care but felt that there was a lot of jargon which could confuse some individuals. AW agreed that it needed to be easier to understand. The Chair felt it was a good representation of how the system operated. PK also felt it was a good overview although some words may need further explanation. He also reminded the Committee that it was not a public document at present. Overall the HFC felt the document was a good one but needs some rewording to be suitable for the public. This should be done in conjunction with patient representatives.	
827.0	NEE CCG & CHUFT Press Releases: All press releases were noted.	
828.0	Reports from Outside Organisations: There were no reports.	
829.0	Any Other Business: JBM reported that East Lynne surgery had recently undergone a Care Quality Commission (CQC) inspection and he had been interviewed in as Chair of the PPG. The inspection appeared to have gone well. ML reported that there had been a significant increase in the number of people asking how to dispose of sharps. She stated that there were no disposal facilities in Frinton and Walton and people had to travel to Clacton. The Chair suggested that this be raised at the next PPG Liaison meetings. PM to add to the agendas. As there was no other matters to be discussed, the Chair thanked everyone for attending and closed the meeting at 3.05pm.	PM
830.0	Date of Next Meeting: Wednesday 5 th April 2017 1.30pm to 3.30pm Ash Meeting Room, Aspen House, Stephenson Road, Severalls Business Park, Colchester, CO4 9QR	