



MINUTES

North East Essex Health Forum Committee (HFC)

Wednesday 6th December 2017

1.30 pm to 3.30 pm

Ash Meeting Room, Aspen House, Stephenson Road, Severalls Business Park,
Colchester, CO4 9QR

Present:

Ray Hardisty (Chair)	RH	Chair, Colchester Representative (Elected), Ambrose Avenue Patient Participation Group (Secretary)
Cari Hook	CH	Carers 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)
Su Rhys Jones	SRJ	Colchester Representative (Elected) & Quality Committee Representative, West Mersea Patient Participation Group (Secretary)
Kim Simmons	KS	Community 360 Representative
Ann Watson	AW	Harwich Representative (Elected), North East Essex Clinical Commissioning Group (NEE CCG) Board Representative, Riverside Patient Participation Group (Chair)

In Attendance:

Paula Martin	PM	Patient Engagement Officer, North East Essex Clinical Commissioning Group (NEECCG) (Minutes)
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Item		Action
1009.0	<p>Welcome & Apologies: The Chair welcomed those present to the meeting and noted that it was quorate.</p> <p>Apologies were received from: Marjorie Appleyard (End of Life Representative), Celia Crossley (F&P Representative), Yaa Dankwa Ampadu-Sackey (Outreach Rep. & Primary Care Operational Group Rep.), Maura Broad (Colchester Rep. (Elected), F&P Rep. (Deputy) & Winstree Road PPG), Julie Hocken (Carers Rep.), John Hunt (Outreach Representative), Bonnie Jarman (CVST Representative), Brian Mckeown (Tendring exc. Harwich Representative (Elected)), Jo Roosenbeek (Maternity Voices Joint Representative), and Emma Sarson (Tendring exc. Harwich Representative (Elected) & Maternity Voices Joint Representative).</p>	
1010.0	<p>Declarations of Interest: All Declarations were noted as correct and no further declarations of interest received.</p>	
1011.0	<p>Minutes of Meeting held on Wednesday 1st November 2017: The minutes were agreed as a true and accurate record of the meeting.</p>	
1012.0	<p>Matters Arising: There were no matters raised.</p>	
1013.0	<p>Actions from Previous Meetings: 995.0, (977.1 (1 Nov 17), 923.0 (6 Sep 17) & 911.1 (2 Aug 17)) RH advised this matter is still on-going and he hoped to complete it during the Christmas break.</p> <p>Celia Crossley – Action 995.0 (982.1 (4 Oct 17)): PM advised that she had emailed CC on numerous occasions but had still been unable to ascertain the status of this action. The Committee asked that she forward to CC again.</p> <p>All other actions were noted as complete.</p>	PM
1014.0	<p>Issues Raised by Patients, Public, Carers & PPGs:</p>	

1014.1	<p>Patient Transport – Eligibility Criteria: PM updated the committee stating that more information regarding this particular issue had been sent in by Julie Hocken (JH) which she had duly passed on to Anthony West (AnW), Head of Transformation (Planned Care) at the NEECCG. The Chair thanked JH for managing to obtain these details and the Committee asked PM to check back with AW in regard to the current situation.</p>	PM
1014.2	<p>Dermatology: The Chair drew attention to the report with special reference to the comments made by AW regarding the level of detail, about the issue, that had been provided and how helpful this was.</p>	
1014.3	<p>Thyroid Medication Withdrawal: The Chair drew attention to the report, saying that the issue had been raised originally by an attendee at the November 2017 Colchester Local Health Matters Meeting (LHM). AW asked whether there was a dramatic difference between the two medications. The Chair was unable to comment on this but mentioned that the matter was a national issue and had received widespread media coverage. He then went on to say that the NEECCG was not differing from the national directive given by NHS England.</p>	
1014.4	<p>KS asked whether this matter could be raised with the Urgent Care Committee, but after further discussion it was agreed that it would be better addressed by the Transformation & Delivery Committee (TDC). PM will provide ML with the report to take to the next TDC meeting.</p> <p>Repeat Prescriptions: ML drew attention to her report on this issue and asked whether other Committee members were experiencing the same problems at their GP surgeries. No one else seemed to be. The Chair suggested that batch prescriptions may be the solution, but accepted that not all medications could be put onto batch prescriptions. He then suggested that the matter be raised at the January 2018 PPG Liaison Group meetings. This was agreed and PM will add it to the agenda.</p>	PM/ML
1015.0 1015.1	<p>Word on the Street: New Issues: PM explained that this issue had also been discussed under item 1014.2 but would be going to the Quality Committee via WOTS. ML commented that she was very pleased with the service she had recently received in regard to dermatology. PM will add this comment to the WOTS entry prior to sending it to the Quality Committee.</p>	PM
1016.0 1016.1 1016.2	<p>PPG Matters: Self-Care Week 2017: The Chair reported that this had taken place in November and the NEECCG had attended a number of venues, such as supermarkets and libraries to promote self-care. He had attended with them at Colchester Library and Harwich Asda. Marjorie Appleyard (MEA) had supported them at Clacton Tesco. AW commented that it would have been good if they could have publicised self-care from the Co-op in Manningtree as this was a very busy supermarket and they could have reached a lot of people. PM will suggest this to the Communications Team as a good venue for the future.</p> <p>PPG Liaison Group – Matters of Interest: The Chair drew attention to his report, saying that it was also on the agenda for the January 2018 PPG Liaison Group meetings. He went on to say that most of the items listed had been mentioned at the most recent NEECCG Board meeting and he felt the one of most interest was the re-opening of patient lists at Mayflower Medical Centre. AW reported that Riverside Medical Centre had recently recruited a new full-time GP.</p>	PM
1017.0 1017.1	<p>Update from Community Voluntary Services: Community 360: The Chair drew attention to KS report thanking her for submitting this prior to the meeting as it gave everyone the opportunity to read it before attending the meeting. He then asked if anyone had any questions to ask KS. SRJ commented that the Home from Hospital scheme seemed to be going well. KS replied it was, but more referrals from hospital staff were needed. This matter would be addressed by her team as, in order for the scheme to be financially viable, more referrals were necessary. AW felt that patients' needs on their return to home, needed to be assessed when they were admitted to hospital. She went on to say that Riverside PPG was hoping to carry out a survey amongst their patients to ascertain how</p>	

1017.2	<p>many had received assessments when admitted to hospital.</p> <p>Referring to KS report, the Chair mentioned the Clacton Leg Club and asked that KS provide PM with contact details in order that they could be invited to speak at a Tendring Local Health Matters meeting. PM will send the invite as soon as the details are received from KS.</p> <p>CVST: The Chair drew attention to the circulated report which was taken as read. CH mentioned that Essex Carers Support had changed their drop-in group's name to "Essex Carers' Wellbeing Group". Monthly meetings of the group were also held in Frinton & Colchester.</p>	PM
1018.0 1018.1 1018.2 1015.3 1015.4	<p>Local Health Matters Meetings: Colchester October 2017 Meeting: The Chair drew attention to the circulated minutes.</p> <p>Tendring & Colchester November 2017 Meetings: The Chair drew attention to both sets of minutes. SRJ thanked PM for providing such detailed minutes in such a timely fashion.</p> <p>December 2017 Meetings: The Chair drew attention to the agendas saying that there would be only one presentation on dermatology and the rest of the meeting would comprise an extended open forum at the request of some attendees.</p> <p>Agenda Items for 1st Quarter 2018: The Chair asked for suggestions for topics for next year's meetings. He commented that commissioners and providers did not always automatically think to come to LHMs with any changes to services that would affect patients and asked that Committee members notify him, or PM, of anything that would be of interest to patients. PM suggested she email NEECCG staff members reminding them of the LHMs, asking them to attend and explain about any service changes that were planned. This was agreed.</p>	PM
1016.0 1016.1	<p>Outreach and Engagement: Out and About: The Chair drew attention to his report. He stated that an outreach team meeting would be held in January 2018 to look at various matters. He went on to say that John Hunt had raised a number of suggestions for increasing outreach and these would be investigated. No further outreach events were currently planned and the Chair asked that members notify him of anything that the Health Forum could attend.</p>	PM
1017.0 1017.1 1017.2	<p>Health Forum Specific Issues: Action Plan: The Chair reported that there was no written report and the action plan would be renewed and rewritten in the new year.</p> <p>Patient Representatives: The Chair reported that, as Committee members were aware, the End of Life Committee was currently in a dormant phase awaiting input from the STP. He had therefore suggested to the patient representatives; Marjorie Appleyard (MEA) and Patricia Paxon (PP) that, in order to remain HFC attendees, they become an outreach representative and Urgent Care deputy representative respectively. Both had agreed to take on these roles.</p>	
1018.0	<p>Healthwatch: The Chair drew attention to his circulated report which was taken as read.</p>	
1019.0 1019.1 1019.2	<p>NEE CCG Committees with Health Forum Representatives: Ambulance Service: There was no report and the Chair explained that the need for a patient representative was still being explored as, Helen Rowland, Senior Contracts Manager at the NEECCG, did not feel one was necessary at present.</p> <p>NEECCG Board: The Chair drew attention to the report that had been submitted to the NEECCG Board at its recent meeting. AW commented that the Board was very supportive of the work done by the HFC.</p> <p>The Chair then mentioned that Sam Hepplewhite (SH), Chief Officer at the NEECCG had requested that the HFC become involved with the website, looking at it from the public's perspective. He went on to say that, following a review of the website by various professional</p>	

	bodies, a number of suggestions had been raised. He also mentioned that SH had thanked the HFC for raising the issue of translation which was now covered on the website. The Chair will contact the Communications Team with a view to liaison on the website as per SH's request.	RH
1019.2.1	<u>Urgent Care Review</u> : The Chair drew attention to the short circulated report which was taken as read.	
1019.2.2	<u>New Non-Executive Director – Patient & Public Involvement</u> : The Chair drew attention to his report and stated that he had been involved with the interview process. He has also worked with Mark Cory (MC), the successful candidate, on mental health in the past. PM asked when MC would come into post. The Chair replied that it would be in the new year.	
1019.3	Maternity Voices: The Chair drew attention to the circulated report. He then went on to say that Emma Sarson (ES), one of the Maternity Voices patient representatives, who was also an elected HFC member, would not be re-standing at the end of her term in 2018 due to personal commitments. She would however, continue as a patient representative, alongside Jo Roosenbeek, on Maternity Voices.	
1019.4	Finance & Performance (F&P): The Chair drew attention to the circulated report which was taken as read.	
1019.5	Quality: SRJ reported that there had been nothing of any importance to the HFC discussed at the last meeting and due to computer problems she had been unable to produce a written report for this meeting.	
1019.6	Transformation & Delivery Committee (TDC): ML drew attention to her circulated report saying she had been particularly interested in the discussion around the Psychiatric Liaison Business Case as she felt that this something that was very much needed. The Chair felt that this was the sort of thing that should be presented at LHMs. ML will send the contact details of the lead to PM to invite to present. The Chair felt that the Clinical Priorities Policy was another such issue and ML will also forward contact details for this. The Chair then asked for clarification regarding personal funding. ML replied that this related to a private organisation mainly concerned with mental health.	ML/PM
1019.7	Urgent Care (System Resilience Operational Group (SROG)): The Chair drew attention to Robert Harrington's (RHrr) first report as a patient representative. AW asked how the plan for providing GP care from 8am to 8pm was progressing. She felt that there was a high degree of reluctance on the part of many GPs to do this. The Chair referred her to his report mentioned earlier in the meeting under item 1019.2.1 and stated that more details could be found in the Urgent Care Review paper submitted to the NEECCG Board. He also mentioned that it was a legal obligation for GPs to provide cover from 8am to 8pm and this was one reason for GPs to work together in partnership. After some further discussion, the Chair felt that AW should ask the NEECCG Board what support would be given to GPs to enable this to happen. He also suggested that it be added to the PPG Liaison Group agendas for the January meetings. This was agreed and PM will make the necessary addition. The Chair then mentioned that he had received an email from the Royal College of General Practice (RCGP). He tabled a document regarding a campaign requesting support for GPs to receive funding enabling them to offer work experience placements to medical students. He stated that he did not understand why such placements needed additional funding. KS felt that paying work placement candidates could create lots of issues and problems for the voluntary sector. AW felt that work shadowing was part of a medical student's training and should therefore be built in. The Chair suggested that it be added to the PPG Liaison January 2018 agendas for additional discussion. This was agreed and PM will make the necessary addition.	PM
1019.8	Strengthening Communities Network:	PM

<p>1019.9</p> <p>1019.10</p> <p>1019.11</p>	<p>There was no report.</p> <p>Patient Advice & Liaison Service (PALS): The Chair drew attention to the Annual Report that had been circulated. He stated that he had requested this following its presentation to the Board. He then drew the Committee's attention to the aims for 2017/18 that were listed at the end of the report.</p> <p>The Chair mentioned that, although PALS had presented at LHMs in the past, he felt it would be beneficial for them to attend again and give some examples of where the team had resolved issues for patients. PM will invite them.</p> <p>SRJ referred to a recent issue where patient records had been found in a box donated to a charity shop and stated that, ultimately, the patient had been very pleased with the way the situation had been handled by the GP, Practice Manager and PALS.</p> <p>Sustainability & Transformation Partnership (STP): The Chair reported that the meeting of the monitoring group, planned for 5th December 2017 had, unfortunately, had to be cancelled due to a number of apologies being received. He had contacted the group and suggested that he considered other ways to liaise with the STP.</p> <p>End of Life: The Chair drew attention to the document circulated by MEA. He presumed that this would be submitted to the STP so was therefore only for information, at this stage. He felt it was positive that a third of palliative care patients had registered their wishes on "My Care Choices". CH commented that social care funding for supporting such patients at home was very limited. She stated that Essex Carers Support could assist a little but even so, some patients still had to transfer, against their wishes, into care homes. RH suggested that she send in a paper regarding this which could then be submitted to the End of Life team and STP. CH agreed to discuss this with JH. The Chair also suggested that this could be raised in the next report to the NEECCG Board.</p>	<p>PM</p> <p>CH</p>
<p>1020.0</p>	<p>NEE CCG & CHUFT Press Releases: The following press releases were noted:-</p> <ul style="list-style-type: none"> • Inspection Report into Colchester Hospital. • CCG pleased with recent CQC hospital report. • Clinicians launch campaign to raise diabetes awareness. • Clinicians visit communities to spread self-care advice. • Charity Film Awards. • Leg Club Award. • Join the CCG for the November 2017 public Board meeting. • Look out for vulnerable and elderly people as cold snap bites 	
<p>1021.0</p>	<p>Reports from Outside Organisations: The Chair drew attention to a report on "How to Age Well". SRJ asked if this could be shared with other groups. The Chair replied that it could.</p>	
<p>1022.0</p>	<p>Any Other Business: The Chair thanked all HFC members for giving permission to share contact details and CH requested that PM send her the necessary form to fill out.</p> <p>As there was no other business, the Chair thanked everyone for attending, wished them a happy Christmas and New Year and closed the meeting at 3.20pm.</p>	<p>PM</p>
<p>1023.0</p>	<p>Date of Next Meeting: Wednesday 3rd January 2018 1.30 pm to 3.30 pm Sams Hall, CVST, Rosemary Road, Clacton on Sea, CO15 1NZ</p>	