

Community involvement group

Notes of meeting held on Tuesday 24 April 2018, The Terrace Room, York House

Present:

Name	Organisation	Name	Organisation
Gavin Shand	Age UK	Mike Derry	Healthwatch
Laura Turner	Richmond MENCAP	Heather Mathew	Richmond CVS
Bruno Meekings	Richmond CVS	Melissa Wilks	Richmond Carers
Hilary Dodd	Alzheimer's Society	Cathy Maker	RUILS
Graham Collins	INS	Bonnie Green	PPG network
Ravi Arora	EMAG	Val Farmer	Richmond MIND

In attendance:

Richmond CCG: Susan Smith (SS) (*Chair*); Tonia Michaelides (TM), Managing Director; Omid Gilanshah (OG), Head of Primary Care; Caroline O'Neill (CON), Engagement Manager; Tara Ferguson-Jones (TFJ), Communications Manager; Graham Lewis (GL), Chair of Richmond CCG; Rachael Swan (RS), Engagement Coordinator (*notes*).

1.0 Welcome and apologies

Mary McNulty, Richmond users & carers Group; Paul Pegden Smith, PPG network; Kathryn Williamson, RCVS.

2.0 Developing a local health & care plan for Kingston & Richmond – a phased approach and next steps for PPE in Richmond

TM provided an update on the development of a local health & care plan for Richmond. TM emphasised that the plans focus will be prioritising health and wellbeing priorities - which resonate with the local population and stakeholders.

Questions & comments from the group:

- The need for further engagement for end of life care.
- The importance of encouraging care planning during earlier life stages.
- Members questioned the use of personal health budgets. TM commented that there is currently a low uptake of personal health budgets in Richmond and wants to look at how these can be improved.
- BM questioned where the integration of mental and physical health sits with Outcomes Based Commissioning (OBC). TM commented that OBC is an enabler.
- BM questioned whether the relationship with the voluntary sector is an enabler. TM stated that the voluntary sector is a partner.
- GC commented on the importance of sharing information between multiple partners and how information governance can be a 'red herring'. TM agreed and stated information should be shared with appropriate information governance.

- It was questioned whether Kingston and Richmond are working on different trajectories. TM confirmed this and commented on the importance of commonality between both boroughs.
- HW questioned whether children and young people was the initiative for 'start well'. TM confirmed this and commented that work completed in Richmond, such as the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, would be included in the plan.
- HW commented on the need to include children and young people with Special Educational Needs & Disabilities (SEND) in the plan.
- Members commented that there needs to be balance between population numbers and inequalities.
- MW highlighted the importance of using appropriate language in the plan.
- Members questioned how carers would be reflected in the local plan. MW asked for carers to be included under each section.
- BM highlighted that the carers strategy and mental health strategy due to be refreshed, should be reflected in the plan.
- The 'age well' section was highlighted as a 'gap' by members.

TM left the meeting.

2.0 Minutes of last meeting

2.1 CON highlighted that the 'Borough Communications and Engagement Group' referenced in the phased approach is the Local Transformation Board (LTB) Communications and Engagement Group. The role of this group is currently being developed.

2.2 Minutes agreed as accurate.

Action:

CIG members to share relevant insight reports with CON for inclusion in desktop review by Thursday 29 March 2018.

TM to review lack of Richmond medical lead for EHCPs.

TM to follow-up on CCG representation at the Learning Disability Partnership Board.

3.0 Matters arising

No matters arising.

5.0 Draft urgent treatment centre equality analysis

OG presented the draft urgent treatment centre equality analysis to CIG members for review.

Questions & Comments:

- MD asked for clarity on how many patients would be affected by the time change. OG explained that the number of patients identified are based on data from the service's clinical system. OG also highlighted that drop-in sessions will take place at the walk-in centre (WiC) to communicate the changes and hear any concerns.
- Need to include further information in the background section which details the change in service.
- Need to clarify and explain the WiC and the Hub on the east side of the borough. OG commented that appointments can be booked through a triage service i.e. via a GP practice and by calling NHS 111.
- MW emphasised the importance of a communication plan and that local organisations can help with this.
- MD highlighted the need for further emphasis on the increase of bookable appointments and fewer walk-in appointments, and whether this would cause an impact.

Action: CIG members to provide any additional feedback on the EINA for the UTC by Monday 30 April 2018.

6.0 Draft primary care strategy and implementation

OG discussed the draft primary care strategy with CIG members and clarified the following (featured on page 9, section 10):

- **Comprehensive population coverage:** Includes delivering health services at scale through the collaboration of providers.
- **Coordinated care:** How providers will be working to deliver health services.
- **Proactive care:** Includes identifying patients who have gone unnoticed and providing them with the correct pathway.
- **Accessible care:** Includes increasing resource and face to face time offered to patients.

Questions & comments:

- BM commented that the strategy should reference the community physical health outcomes (OBC). BM questioned what the role of the voluntary sector was in supporting this.
- Members commented that the top five diagnosed conditions (page 5), needs to be more inclusive of older ages and include long term conditions.
- MW highlighted that carers should be referenced more throughout the strategy (e.g. 'patients and carers') and the strategy could be set out as start well, live well and age well in line with the local plan.
- HD commented that non-medical support should be referenced under the objectives.
- BM commented that the strategy should reflect what it aims to achieve and how outcomes will be measured.
- On page 7, RA questioned what percentage of the population are Black and Minority Ethnic (BME).

- The accessibility of booking appointments online and via mobile phone applications. Members questioned the IT rates for the older population booking appointments online.
- MD commented that the geographical barrier affects booking appointments online.
- BG highlighted the need to reflect patient centred care and commented that the figures should be included as percentages.
- OG continued that the strategy will cover a minimum of three years.

7.0 Feedback from CIG members about local health services/ Any other business

7.1 *RUILS*

As a governor for Kingston Hospital, CM highlighted a survey on the parking charges for blue badge holders at Kingston Hospital and asked that CIG members help to ensure a wide-ranging response.

7.2 *Alzheimer's Society*

Dementia Action Week (21 to 27 May). There will be an event taking place at Richmond library – information to follow.

7.3 *PPG Network*

BG informed members that NHS England are beginning work on the sharing of data of primary and acute services. Engagement will commence in next couple of months.

Action: CM to send blue badge parking survey to RS for circulation.

Forward plan for 2018

- Insight report on quality in primary care and next steps
- NHS 111 local provider re: patient experience
- Cambridge House new advocacy provider
- Developing the local health and care plan – standing item.

Date of next meeting

26 June 2018, The Salon, York House

11.30 am – 1.30 pm