

Community involvement group

Notes of meeting held on Tuesday 23 July 2019, The Salon Room, York House

Present:

Name	Organisation	Name	Organisation
Graham Collins	Richmond INS	Val Farmer	Richmond Mind
Bruno Meekings	RCVS	Hilary Dodd	Alzheimer's Society
Kathryn Williamson	RCVS	Mary McNulty	Richmond Users & Carers group
Richard Poxton	Richmond Mencap	Rob Burton	Age UK
Marian Jennings	RUILS	Siobhan Oktay	Richmond Council
Robin Chapman	HRCH	Bonnie Green	PPG network
Lucy Byrne	Richmond AID		

Kingston & Richmond CCGs: Susan Smith (SS), PPI lay member (*chair*); Caroline O'Neill (CON), Engagement Manager; Graham Lewis, Chair of Richmond CCG; Rachael Swan (RS), Engagement Coordinator (*notes*).

1.0 Welcome and apologies

Apologies from: Heather Mathew, RCVS; Melissa Wilks, Richmond Carers Centre; Paul Pegden Smith, PPG network; Laura Turner, Richmond Mencap; Ravi Arora, EMAG (Multicultural Richmond); Mike Derry, Healthwatch.

2.0 Minutes of last meeting

2.1 Change name to Richard Poxton under attendees.

3.0 Matters arising

3.1 RS provided feedback from mental health commissioner about how previous outcomes developed for mental health are informing current work. This includes crisis café model, Interface meeting and review of crisis pathways. CON highlighted she will be meeting with commissioners to discuss patient and public engagement (PPE) in mental health work and will update on this at next meeting.

4.0 Moving forward together in south west London

GL provided an overview on the proposed move to one CCG for south west London.

Questions & comments from CIG members

- Questioned the role of the voluntary community sector (VCS) in shaping local processes at place/primary care network (PCN) level in preparation for 2021.
- Is there an opportunity for the voluntary sector to be on the Place committee? RCVS confirmed this was being proposed.
- Concern raised that patient voice will be lost in procurement and service development with the end of the commissioner/provider split.
- Healthwatch and RCVS should not be seen as default for patient voice in governance structure.
- Questioned the role for local people in developing place structures.

- Questioned the difference between place committee and Richmond commissioning committee.
- The phrase "delivered locally" in relation to 80/20 split was initially thought to mean service delivery but this was clarified as planning and commissioning.
- The group were supportive of proposals and could see that it addresses weaknesses in commissioner/provider split.
- Acknowledge that there is a trade-off between working at scale and giving up some autonomy locally - this is large cultural change for all involved.
- The end of the commissioner/provider split may impact local VCS as currently VCS contracts do not have flexibility to work outside agreed objectives. The use of grants and different ways of commissioning would help this.
- There is a need to develop shared comms and engagement values for partners at borough level.
- Is the plan to move to pooled budgets because this did not work with the Council when we tried to do this with outcomes based commissioning for mental health and community services.
- Recognition that focusing on place will encourage Council involvement.
- Importance of have robust comms channels to ensure local issues can be raised at SWL level and vice versa.
- Place is key to ensuring larger providers understand the value of local VCS and other small providers.
- Will Richmond's current financial situation impact on the funding available for PCNs? GL commented funding shouldn't be impacted by local position.
- It was noted finances will be delegated locally.
- GL confirmed that Richmond will not be asked to save more than 20% if it is not meeting financial targets.
- Group keen to be involved in developing place engagement structures.

5.0 Feedback from south west London Patient and Public Engagement Steering Group (PPESG)

BM & SS fed back from the July PPESG which discussed plans for patient voice in proposal for one CCG at south west London and at place (borough) level. Discussions included Healthwatch representation in governance, the role of the VCS in structures and the need for transparency in plans.

6.0 Health and care plan engagement update

CON highlighted that the local health and care plan has been approved by the Health and Wellbeing Board. It was noted around 300 local people engaged with the plan and a 'you said, we did' document has been produced which sets out feedback received and partners response. This document has been shared with the Health and Wellbeing board and will inform changes to the plan. Once published the HCP will be shared with those who engaged with the plan.

Members asked if there is a timeline for delivery – it was noted this will be shared when available.

Members were informed papers from health and wellbeing board meetings can be found [here](#).

Action

CCG to share 'you said, we did' document when available.

CCG to share timeline for delivery of health and care plan when available.

7.0 Early warning about local health services - feedback from CIG members

7.1 VF highlighted that market engagement events for carers commissioning have taken place with the current contract ending in July 2020.

VF highlighted that she sits on the SWL Suicide Prevention Forum and reported that SWL Health and Care Partnership has won funding for: a bereavement support liaison officer for south west London, suicide bereavement training for specific counselling organisations, and a coordinator role focussing on suicide prevention in middle-aged men. Toolkits with existing suicide prevention materials will also be provided. Funding will also be used to develop a men's shed in each borough.

7.2 BM highlighted that RCVS held a focus group about the procurement of carers services.

7.3 KW reported that a local resident raised issues with referrals to Kingston Hospital and highlighted disconnect between referral notices and the patient being kept informed. BG as governor of Kingston Hospital commented that outpatients project will address referral process.

MM questioned if patients are informed they can receive letters from their GP about their referral.

7.4 RB highlighted that Age UK were successful in Community Independent Living Service (CiLS) procurement for health and wellbeing activities.

7.5 GC reported that INS have been receiving a higher volume of referrals from Richmond services in last three months.

7.6 MM highlighted the importance of pain management services – concerned services given a low priority.

7.7 SO highlighted Richmond Council's climate change summit on 16 October 2019.

7.8 MJ reported that RUILS has been receiving more calls from people with complex mental health needs.

8.0 Forward plan

Members provided ideas for the CIG forward plan and suggested the following:

- Moving forward together – focusing on place.
- Primary Care Networks (PCNs) – an update on the development of PCNs and their approach to engagement.
- Children and young people's services.
- Understanding how local providers undertake public engagement.
- Health and care plan update.

9.0 Any other business

9.1 BG as governor for Kingston Hospital highlighted that the hospital will be reviewing the increase of digital working in relation to elderly population. It was raised this may be isolating vulnerable groups.

BG reported that A&E attendance is still high at Kingston Hospital – the local A&E board are looking into this.

Date of next meeting

Tuesday 10 September 2019, The Salon, York House

11.30 am – 1.30 pm