

PUBLIC REFERENCE GROUP (PRG) MINUTES

Friday June 28th, 2019 Town Hall Chambers Room 304

Present

Alex Camies (AC)	Member, PRG
James Campbell (JC)	Interim Co-Chair, PRG
Graham Carter (GC)	Member, PRG
Neville Fernandes (NF)	Member, PRG
Adrian Ingram (AI)	Member, PRG
Rosie Jackson (RJ)	Secretary, PRG
Michelle Nembhard (MNe)	Interim Co-Chair, PRG
Mabel Nwoko (MNw)	Member, PRG
Tony Pilkington (TP)	Member, PRG
Keith Walton (KW)	Member, PRG
Russell Cartwright (RC)	Head of Communications and Engagement
Teresa Rodriguez (TR)	Engagement Officer

In attendance

BSL Interpreters

Speakers

Charles Gostling (CG)	Senior Clinical Director Lewisham CCG
Valerie Richards (VR)	Equality, Diversity & Inclusion Manager, NELCSU

Apologies

Husseina Hamza (HH)	Member, PRG
Anne Hooper (AH)	Lay Member
Jude Ibe (JI)	Member, PRG
Juliet McCollin (JMc)	Member, PRG

1. Welcome, purpose and conflict of interest

MNe welcomed all. No conflict of interest raised

2. Equalities Delivery System (EDS) session delivered by VR who explained that EDS is a tool to measure equality performance of NHS organisations, aiming to achieve better health outcomes and improved patient access and experience.

Key aim to find out how well people from protected groups fare compared with people overall. VR provided a comprehensive handout to all group members.

TP raised concern about services for deaf people, services don't necessarily gather the data described by VR. Concern that information generally is not gathered regarding people with hearing loss and their access to services. Lack of or difficulty in accessing some services may be difficult for deaf people and not captured. VR replied that this EDS tool is for commissioned services and that are questions asked re sensory impairments and that some services have made adjustment. It was suggested that TP feed this into subgroups where indicators might be tweaked.

KW queried whether language might be a barrier to people commenting on services. VR thought that interpreters are available, KW not sure if this always the case and gave Vietnamese as an example. TP said BSL interpreters not always available.

AI suggested a pie chart would be a useful addition to the tables presented. VR agreed and said she could easily do this.

The group asked about sample size for some of the services outlined in handout that have been assessed.

VR asked PRG to select 3 services to be assessed and graded for 2019 from a list of commissioned services. The group had lively discussion but found selection of only 3 services challenging as information provided about the services was minimal. Group discussion and selection moved on to individual voting and with a little more information gleaned about the services the group selected 3 services;

- Community Specialist Palliative Care
- Extension of Psychiatric Liaison Service
- High Intensity Users Services and Interventions

JC asked whether the PRG could provide input into the questions to be used for this assessment process. VR said to let her know after having read the outcomes which TR will send out to all.

VR thanked group for selecting services to be assessed.

3. Progress of actions from previous minutes

TR went through tracker explaining and updating.

RJ suggested completed items are shaded grey across page in order that current items are clearer. TR agreed to this.

TR distributed list of subgroups and members, any corrections/changes PRG members to email TR asap.

TR requested that subgroups feed back to her so she can add to tracker to keep members of the PRG/CCG informed.

Most active subgroup to date has been the mental health subgroup. AI and MNE represent on the Lewisham Alliance Community Transformation Operational Group (LACTOG)

Inequalities subgroup, TR to circulate information.

Diabetes subgroup (AC, JI, AI and RJ), to meet with commissioner next week.

RC/TR meeting with CYP Commissioner next week, will provide update at next PRG meeting.

4. South East London Systems Reform (CCG merger)

Informative presentation from CG, full handout provided for information and reading.

10-year plan

Includes:

- Moving away from disease focus, pushing prevention up the agenda e.g. smoking, childhood obesity
- Health to align with other partners in Social Care, Mental Health, Police e.g. knife crime, voluntary sector
- Increase use of technology and information sharing between professionals in health and Social Care. Connect Care enables clinicians to access GP records, next step to allow patients to have access to all their medical records
- Empower people, self-care, stay at home where possible
- Signpost to non-medical intervention, social prescribing

Organisational change

There is a proposal for the 6 CCGs in South East London to become 1 CCG (Lewisham, Greenwich, Bexley, Southwark, Lambeth and Bromley).

Governance at local level achieved by Lewisham Place-based Board (PBB). The PBB structure - in preparation - will be formed by:

- Director, either from Health or LA.
- Clinical representation from GPs - less than in previous CCG Board, focus on clinical care rather than governance.
- Lay Member, Healthwatch, Public Health/Local Authority

Place based care: each borough to have 4 – 8 Primary Care networks (PCN). PCNs will have practices and new players and partnerships, to work collaboratively to deliver more effective care. In Lewisham there are 37 practices that will form 6 PCNs.

Vision

Reduction in 20% of commissioning management costs will release £4.7 million back into health system.

Commissioners and Providers to work together, share risks and challenges to support achieving improved new ways of working.

Effective engagement and involvement, bottom up feedback

Public working alongside to develop services

STP footprint moving into integrated care system.

CG received questions and comments from the PRG members:

- AC raised issue of Health Professionals seemingly not competent with IT systems e.g. Connect Care, difficulty in getting GP appointment. CG agreed it is important that all health care professionals are well trained in IT systems in use including connect care and icare. AI suggests training is part of staff induction.
- Difficulty getting GP appts even difficulty accessing extended GP service, CG said this is a constant challenge. Changing face of Primary Care workforce, use of other health professionals such as pharmacists, nurses, physios in future. New app in Lewisham Ask GP App is another initiative recently developed.
- JC asked if increased pressure could be applied to local authority to act on issues that pose risk and contradict local public health priorities e.g. ice cream vans outside schools with engines running (air pollution and childhood obesity).

Question asked re use of private health providers. CG gave an example of mental health and explained that mental health patients with higher acuity require care out of area and private providers are used when necessary.

TP raised issue that deaf patients may be referred outside of the borough by their GP e.g. referred to Kings. An issue arose where a patient had no choice of gender of BSL interpreter, male interpreter supplied for female patient who required female interpreter. There isn't a Deaf Board in all boroughs, which leads to different levels in provision of interpreting.

CG replied that patients should be encouraged to raise concerns. Each Trust has Director of Nursing & Quality and Clinical Quality Review and Patient Experience and Safety responsibilities.

TP stated complaints processes are not always accessible to deaf patients and hopes the future system would be more receptive than current one.

5. AOB

TR gave brief update of Downham festival, well attended by local community. PRG member RJ attended along with TR and RC.

TR gave date of upcoming local community festival; 20th July Evelyn Multicultural Park Day at Deptford Park. **TR will email group with further information and detail.**

KW 31st July - official launch of Evelyn Community Centre, all invited to attend

RC invited all PRG members to consider future PRG Chair arrangements in line with discussion about process for electing Chair at inception of new PRG Group, suggested options;

- Continue with current arrangement for the rest of the year
- Put yourself forward for election of Chair
- Nominate PRG member

This will be on agenda at the next meeting in September.

Next meeting 4th September 2019 9.30 – 12.30

Actions

REF	ACTION	LEAD	DUE DATE	COMMENT
1	TR to send EDS outcomes to group from VR	TR	Before next meeting	To support PRG to see if/where EDS TOOL questions might be tweaked
2	Shade completed actions on tracker grey across table	TR	By next meeting	COMPLETE
3	Members of subgroups to provide minutes/notes to TR	All	BY next meeting and ongoing	ONGOING
4	PRG members to let TR know if any amendment to subgroup membership list required	All	Before next meeting	COMPLETE
5	PRG Members to consider future Chair arrangements	All	By next meeting where there will be further discussion	ON AGENDA