

PUBLIC REFERENCE GROUP

Wednesday 1st August 2018

Cantilever House, Lee 10.00 - 13.00

PRG MEETING SUMMARY

MEMBERS PRESENT:

Beverley Weston	(BW)	Chair, PRG
Nigel Bowness	(NB)	Vice Chair, PRG
Linda Killick	(KL)	Secretary
Paul Clayton	(PC)	Member, PRG
Kelvin Wheelan	(KW)	Member, PRG
Paul Brownlow	(PB)	Member, PRG
Sangita Kansal	(SK)	Member, PRG
Alex Camies	(AC)	Member, PRG
Michelle Nembhard	(MN)	Member, PRG
Juliet McCollin	(JM)	Member, PRG
Rebecca Sullivan	(RS)	Member, PRG
Teresa Rodriguez	(TR)	Engagement Officer
Anne Hooper	(AH)	Lay Member

APOLOGIES:

James Campbell	(JC)	Member, PRG
Roseanna O'Rourke	(RO)	Member, PRG
Denver Garrison	(DG)	Member, PRG
Russell Cartwright	(RC)	Head of Communications & Engagement

SPEAKERS:

Fiona Kirkman	(FK)	Prevention and Early Intervention Lead, Whole System Model of Care
Dean Holliday	(DH)	Population Health and Care Programme Lead Lewisham Health and Care Partners

1. WELCOME AND INTRODUCTION

BW welcomed everyone to the meeting.

2. CONFLICT OF INTEREST

There were no conflicts of interest.

3. APOLOGIES FOR ABSENCE

Apologies for absence were taken and recorded.

4. MINUTES FROM PREVIOUS MEETING

PRG members agreed that the previous minutes were an accurate record of the meeting. NB's written question with regard to changes in frailty needs is answered in the minutes.

4. MATTERS ARISING AND ANY OTHER BUSINESS

PRG recruitment update: The first phase of interviews has been completed, there were seven candidates. There will be a further set of interviews on 22nd August.

BW discussed the need to integrate new members and to make the transition process as smooth as possible for them. She will contact JC, AC, JM and MN by email to get their impressions and ideas on joining the PRG and how new members can be welcomed. This matter will be added to the September agenda. It is hoped that new members will be able to take part in the October and November meetings.

TR explained that there will be an induction session before new members join the PRG.

AOB

- Expenses payments are slow. TR will chase missing payments.
- CCG AGM: TR said that the formal AGM will be held on 13th September. It will be followed by a public Engagement Event, date and exact content to be arranged.
- Members were reminded about the importance of completing feedback forms as soon as possible after attending relevant meetings. They should not wait for a reminder from TR. BW must give feedback on PRG involvement and opinions to the PEEF, she can only do this if members complete the feedback forms. The next PEEF meeting is on 21st August, members are asked to get completed forms to BW by 8th August. TR will send a reminder. Feedback

importance will be emphasized during the induction of the new PRG members.

- EDS2 meeting is on 2nd October at 10.00 in the Civic Suite, it is an open meeting. The sub-group meeting is on 18th September, 10.00 – 12.00

5. ACTION TRACKER

1. Faith intends to apply for funding for the posters and would like to see the sub-group members on 6th September 14.00 to 15.30 in Cantilever House, sub group members are asked to reply to TR. The A3 and A4 posters will be trialed in GP surgeries, it may also be possible to produce a video. KW asked if changes of Carers personnel will make any difference to these actions, TR will enquire.
2. On October agenda: there was discussion about PC's on-going quest, with the help of RC and TR and a Freedom of Information request, to get information on the cost of patients' food in Lewisham Hospital. PC and NB will discuss alternative ways to get this information. A good diet will aid recovery. PRG members are asked to submit their Primary Care questions before the meeting.

3, 4 and 5 are ongoing.

5. SOCIAL PRESCRIBING - LEWISHAM HEALTH AND SOCIAL CARE DIRECTORY USER RESEARCH (FK)

FK introduced the project, the current challenges for the Social Care Advice & Information Team (SCAIT) and how improving the Directory will alleviate the pressure. Some of the challenges are large volume of calls (most of information sought from SCAIT can be found online, but the information is not easily accessible). The directory is not user friendly nor personalised, and feedback suggests people who have used the directory no longer use it as it is frustrating.

When improved, GPs should find the Directory very useful. Tim Bradley is putting together information to create a local postcode well-being map which will link with the Directory. Community Connections will be involved in giving and broadcasting information. Information will be in a standardised form and there will be a digital and paper version. Keeping the Directory up to date and relevant is an important task which Community Connections can help with. The Social Care information team will also help with this.

The next step is to develop a template for organisations to complete, categories will need to be refined and the whole process must keep in step with the refreshing of the Lewisham Website. It is important that the directory answers the questions that people ask.

The group discussed the real need for another platform, considering how people are getting their information now. To improve the Directory, the group advise to consider

links for people who have child-care needs, clear connection between health and social needs, languages, and make use of Lewisham Life magazine and on-line platforms to contact people and make links.

The group also discussed the separation of people's physical and social needs and to check examples of good practice used elsewhere.

Additional comments for FK were concerns for those digitally excluded /non-IT literate residents, who could be supported by digital ambassadors. Furthermore, the group offered advice on the layout, symbols used, promotion and questions on day to day maintenance and update.

ACTION 1: TR to arrange visit by FK to talk to the PRG about Safe and Independent Living (SAIL).

LEWISHAM POPULATION HEALTH AND CARE – INFORMATION MANAGEMENT (DH)

DH introduced his role as part of Lewisham and Health Care Partners. He explained the pioneering role of Lewisham on the transformation of Population Health and Care information. The project focuses on working together in Lewisham by better information and sharing. The aims are to integrate physical and mental health and social care, focus on health prevention and management, shifting from hospital to community settings and have a better use of evidence and data.

The group discussed the project and shared some concerns. In response DH clarified some points, including:

- This scheme is about the best way to share and use data. Data quality is very important but is not part of this system. The system has been legally scrutinised. People will be informed of the changes and may opt out if wished. So far the number of residents opting out is statistically irrelevant and does not affect the usefulness of the data collected.
- The website will indicate issues that concern members of the public, in particular the FAQ section.
- The professional judgement of practitioners must be relied on to make sensitive use of information. It is important to embed the system so that the professionals who should be using it know about it and how it can help.
- This is not just an add-on system, users will input their data using their current method, and then the system will pull out the information and present it in a standardised way.

Additional comments and questions from the group were:

- When presenting the project, consider slide front piece – where is the GP Practice? Not representative as pitched to single professionals.

- What are the development cycles to cater for different system updates/upgrades?
- Points of accessibility – enabling multiple formats are recorded as part of reporting/messaging system to patients eg need for digital approaches for visual impaired users
- Will there be any way of knowing if a professional has accessed the data? Because my own GP does not read letters from the hospital. Can they be challenged on non-use?
- Is this for Healthcare professionals only? Why? Points of contact with communities?
- Commitment. Feature no educational or training.

Next meeting: Wednesday 12th September 2018. 14.00 – 17.00, Rooms 1 & 2, Cantilever House

REF.	ACTIONS	LEAD/S	DUE DATE	STATUS/COMMENT
1	PRG requested an update on Primary Care	RC/TR	OCTOBER	ON AGENDA OCTOBER MEETING
2	Prepare an illustrated diagram to support cancer delivery standard definitions.	DH/IR	SEPTEMBER	ONGOING
3	Contact MacMillan for information on cancer campaigns and PRG contribution	IR/DH/TR	AUGUST	ONGOING
4	Liaise with neighbouring boroughs to identify what those residents need to do to access their schemes.	EK	ONGOING	ONGOING
5	Contact FK for update SAIL service	TR	ONGOING	ONGOING



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