

PUBLIC REFERENCE GROUP

Wednesday 12th September 2018

Cantilever House, Lee 14.00 - 17.00

PRG MEETING SUMMARY

MEMBERS PRESENT:

Beverley Weston	(BW)	Chair, PRG
Nigel Bowness	(NB)	Vice Chair, PRG
Linda Killick	(KL)	Secretary
James Campbell	(JC)	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
Russell Cartwright	(RC)	Head of Communications & Engagement

APOLOGIES:

Anne Hooper	(AH)	Lay Member
Roseanna O'Rourke	(RO)	Member, PRG
Paul Clayton	(PC)	Member, PRG

Denver Garrison has resigned from the PRG

SPEAKERS:

Noor Butt	(NBu)	Primary Care Commissioning Manager
Caroline Hirst	(CH)	Service Manager, CYP Joint Commissioning Team

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.

5. MATTERS ARISING AND ANY OTHER BUSINESS

AOB

NB raised the issue of feedback from speakers after sessions with the PRG. Have the group's comments led to any changes or other actions? RC commented some of changes don't have a short-term delivery, but need a longer period of time to be processed. TR provided the example of the Pharmacy First leaflets: The PRG suggested a good number of changes for future design and these are being included in the new Pharmacy First leaflets (in preparation). RC inform the group that the engagement team will analyse the work of the first PRG cohort for evidence of the impact of the group. He said that in future there will be regular feedback and a protocol for regular inclusion of this information in the meetings.

BW suggested that a PRG member could take on the responsibility for having direct contact with speakers to provide feedback to the group and to relieve some of TR's workload.

6. ACTION TRACKER

1. PRG subgroup for Carers met Faith on the 6 September to develop funding application.
2. The October meeting will include information on the new Primary Care Commissioning Intentions for the PMS Premium. TR can collate any questions PRG members wish to put forward before the meeting.
2. Provisional diagram supplied by TR.
3. A list of engagement events will be prepared.

4. Southwark and Bromley have similar Pharmacy First schemes to Lewisham, the position of Greenwich is not clear. Where a patient's GP practice is situated determines which pharmacies they may access, people on the border of two boroughs could be disadvantaged.

5. TR is waiting to hear.

7. Patient Choice Policy (NBu)

NBu presented the draft of the Patient Choice Policy. The Policy has been written using guidance from the NHS Choice Framework and after Lewisham completed a self-assessment in 2017. The policy has been personalised to Lewisham.

NB was asked to change Patient Reference Group to Public Reference Group and some dates need to be amended.

Discussion points:

- NBu agreed to find out if joint funded projects are subject to the same choice requirements if they have some NHS money.
- The conversation raised questions on Power of Attorney: When a person does not have the capacity to make health decisions, what is the role a person with Power of Attorney? Will the council and advocacy system prevent the attorney from fulfilling their role?
- Young people may have an advocate to support them with GP appointments.
- Have providers given an assurance that they have the capacity to deal with the demands that will be made on them? NBu ensured the CCG commission appropriate capacity from providers and this is managed through regular contracting processes.
- Will there be problems with out of borough referrals? Will patients be expected to know the policies of other boroughs? NBu explained the policy covers services commissioned by Lewisham CCG including those delivered outside of the borough.
- Translation services will be included but do people have a right to ask for translation help? NBu confirmed information on translation will be included within the policy.
- How will people know if they are eligible to receive a Personal Health Budget. How does it link to continuing health care budgets?

- Page 6, point five, second bullet point implies that patients may use ANY appropriate NHS approved service but, on page 7 in the Legal Rights section, it seems that if the CCG does not commission that particular treatment then it will not be available. NBu agreed that this point needs to be clarified. NBu confirmed this section will be amended with services commissioned by the CCG.
- Location of GP surgery and access a treatment was discussed. It was agreed to provide clarification on whether this policy is for residents registered with a GP practice in Lewisham or a resident living in Lewisham but their practice is in an out of borough such as Bromley. NBu ensured the wording will be updated to provide clarity.
- The siting of a patient's GP surgery and not borough residency determines choice. NBu agreed that the policy will clarify this point.
- Does a patient have the right to a referral to secondary care against the wishes of a GP? Referral management is a separate contract run by Bexley Health Limited (BHL), it was suggested that it would be useful if the PRG had a separate session on referrals.
- The draft policy is not very accessible for the general public, the PRG suggested the use of a more visual presentation possibly with a decision tree, flow diagram, case studies (e.g. access to IVF; diabetes in children and young people). Anything produced will need to be completely accurate.

Action. NBu will find additional information regarding Power of Attorney, and clarify specific paragraphs of the policy.

8. CYP Mental Health Engagement (CH)

CH shared the CAMHS (Child and Adolescent Mental Health Services) Transformation Update briefing, prepared by the Integrated Joint Commissioning Group. CH clarified this is a preliminary summary and it will be further developed. The briefing covers CYP mental health and emotional wellbeing provision in Lewisham, CAMHS Transformation Plan Refresh 2018, Areas of Good Practice, Challenge and Opportunities.

Points raised during the discussion are:

- The PRG were originally disappointed about the omission of specific reference to BME children in the document as evidence indicates that more of these young people need mental health interventions. CH reminded that the paper is not a detailed document and will address inequalities in a later analysis. PRG members directed her to ways of obtaining equality data from SLaM and suggested other useful contacts. **Action. TR to send SLaM Equalities report to CH.**
- Some points highlighted from the document by the PRG and CH include: Funding sources and how it is spent; the role of the Youth Offending Service; trauma informed training and supervision; Advocacy support for children examined for sexual abuse; young peoples' health and well-being service; school support; outreach services.
- The New Woodlands School will play an important role in helping children with social, emotional and mental health needs.
- The group discussed the balance between services demand and provider capacity and options to shift resources from services delivery to prevention/early action. Ways of highlighting and supporting early intervention would be to show evidence of the cost of NOT dealing with early stage mental health issues. Evidence of costs due to routine referral vs acute services demand could be useful. Schools data showing unmet needs related to mental health would also encourage early intervention and where/how this should happen.
- CH informed the group of other schemes to:
 - build professional confidence within schools and with carers - this has led to a drop in fixed term exclusions; investing in early intervention,
 - promoting early intervention and a more preventative approach from SLaM.
 - offering a response from the mental health team in less than 48 hours.

The extensive discussion did not allow time to address specific questions from CH.

Action. TR will send the questions submitted by CH to the group with a deadline for answers and will circulate the leaflet containing links and activities for CYP in Lewisham.

Action. TR to arrange a future meeting with CH to bring a more specific and detailed subject.

Next meeting: Wednesday 31st October 2018. 14.00 – 17.00, Room 1, Cantilever House

REF.	ACTIONS	LEAD/S	DUE DATE	STATUS/COMMENT
1	Carers strategy engagement – Subgroup meeting	RC/TR/FA	NOVEMBER	ONGOING – AWAITING FUNDING
2	Contact MacMillan for information on cancer campaigns and PRG contribution	IR/DH/TR	OCTOBER	ONGOING
3	Update Patient Choice Policy	NBu	ONGOING	ONGOING
5	Send SLaM Equalities report to CH	TR	SEPTEMBER	COMPLETED
6	Circulate questions for opportunities and leaflets CYP MH services in Lewisham	TR	OCTOBER	COMPLETED
5	Arrange a future meeting CYP commissioner (CH)	TR	ONGOING	TBC