

COMMUNITY PARTNERSHIP FORUM

28 May 2015

Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	East Berkshire CCGs
Pip Collings	Public Health, Slough Borough Council
Sheila Holmes	Healthwatch WAM and Older People's Partnership Board for Royal Borough of Windsor and Maidenhead
Chris Taylor	Healthwatch Bracknell Forest
Roger Battye	Healthwatch WAM
Lilly Evans	Sunningdale Parish Council
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Robert Cooper	PPI Governing Body member, Windsor, Ascot and Maidenhead CCG
Carol Crowe	East Berkshire CCGs
Sonya Lippold	Health Advisory Group
Pat Rodgers	Berkshire Healthcare Foundation Trust
Anshu Varma	East Berkshire CCGs
Sharon Boundy	Frimley Health Foundation Trust
Joan Abson	Clanfield Court Residents Association
Mike Connolly	PPI Governing Body member, Slough CCG
Andy Pickersgill	
Apologies	
Cllr Dale Birch	Bracknell Forest Council
Dr Adrian Hayter	Clinical Chair, WAM CCG
Madeline Diver	Bracknell Forest Voluntary Action
Philip Cook	BF Involve
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Carol Brooker	
Jim O'Donnell	Clinical Chair, Slough CCG
Yvette Hockley	Bracknell Forest Involve
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 23 April 2015.

The notes were agreed.

Collaborative care for Older Citizens

Anshu Varma, Sharon Boundy, Carol Crowe and Ally Green attended the meeting to provide a presentation on the programme and answer questions from members.

Carol Crowe introduced the programme and gave an overview.

The programme was set up to redesign care provided to older citizens. A 'Design Group' has been set up with wide membership including clinicians and patient and community representatives. This group has met three times. Between their meetings, there has been considerable engagement with patients and the public and the presentation concentrated on describing the process that has been followed and how the engagement has influenced the work of the programme.

Ally Green gave a presentation and the slides are available on the CCGs' websites.

The process for engaging the public beyond the Design Group has included:

- On-line surveys via Health Connect. These have followed the first two meetings of the Design Group.
- Public workshops were organised following the first two meetings of the Design Group.
- Twitter was used throughout the programme. Activity was high during the meetings of the Design Group and was monitored so that people outside the room could engage in the conversation.
- Ideascale was created on an open website allowing ideas to be shared, commented upon and built collaboratively

At the start of each Design Group meeting, time was spent sharing the feedback from the public. This included results of the surveys, public workshops and Twitter activity. At the end of each workshop, members of the Design Group considered what further questions they needed to ask the public. This process allowed a progressive approach to the engagement with genuine opportunity for influencing the work as it developed.

The results of the workshops and surveys have all been published, along with all other project documentation so that the work is transparent and open to the public. This includes the briefing packs, Design Group workshop presentations and briefings.

Discussion following the presentation

Q: Concern was expressed about the title of the programme and its acronym. It means little to patients/public.

A: It was agreed at the last programme steering group meeting that the name of the project was not helping and a new name will be sought. Initially, the project was very much focusing on older people but as the work has progressed, there has been growing recognition that the focus is wider, including younger people who may have complex needs causing them to be frail.

Q: What is frailty - is there a definition?

A: This term usually applies when people have co-morbidities affecting their health and general fitness. It is related to the ageing process but is not exclusive to older people. Around 10% of the over 65s have frailty and this increases to 25-50% of the over 85s. Professor John Young (National Clinical Director for Integration and Frail Elderly at NHS England) gave a presentation to the second meeting of the Design Group and described frailty as 'slowing down'. He suggested it should be viewed as a long term condition that is progressive but has preventable components. His full presentation is available on the CCGs' websites.

Q: Where do care homes and carers fit with the project?

A: Both are clearly part of the project and have been recognized by the Design Group.

Q: What data is collected to allow the CCG to identify those at risk of falling?

A: Currently, many of the risk factors associated with frailty and falling are not gathered except at a GP level on a patient's individual record. This is a particular strand of the project that is recognized as important. The presentation by Prof Young also refers to the need to identify people at risk of frailty at an earlier stage and this has been very much part of the discussion at the Design Group meetings.

Q: Why is it difficult to sort out access to patient data for all those looking after a patient? Surely this should be sorted at a national level.

A: There have been attempts to deliver integrated IT systems to allow sharing of information across all those providing care but the governance arrangements and data protection issues are complex and incredibly important to people. Progress is being made at a local level to integrate systems and this is going to be essential if we want services to be integrated. Patients will be asked for permission to allow their records to be accessed at the point when they are being seen.

Q: This project will need to deliver a culture change. Is that possible?

A: The culture change that is needed is key and we need to expect it will take time to change. This is about how health and social care professionals work and how patients take more responsibility for their own health and wellbeing. There are many aspects to this. Patients are going to see their GP more informed than ever before and doctors need to be prepared for different conversations without feeling threatened. Patients will need to take responsibility for the choices they make and to be partners in the care they receive along with all those involved in that care.

Q: This is an ambitious project; can we be sure that the finances will be there to deliver the changes needed?

A: There were a number of principles agreed at the start of the project and they included one about financial sustainability. Doing the right thing does not always mean it costs more. Integrated services should remove duplication and inefficiencies. Patients being more directly involved in their own health and identifying risks earlier can mean fewer emergency admissions to hospital. Patients will need to be involved in self-management and the new model of care will need to be patient-centred so that outcomes and objectives are identified early and patients are involved at every stage.

Future meetings

Next meeting: Thursday 25 June 2015
 6.30pm – 8.30pm
 Slough CVS, SL1 1PL

Suggested topics for future meetings:

- End of Life Care
- Patient engagement
- HealthMakers feedback
- CAMHs update
- Car parks and transport
- Pharmacy – role of the pharmacist and opportunity for patients
- Suicide prevention
- Cancer services
- Obesity and nutrition in hospitals
- Data sharing and confidentiality