

COMMUNITY PARTNERSHIP FORUM
28th July 2016 – Minutes

Name	Organisation/role
Julian Bell (Chair)	Chair of the Patient Participation Group for the Runnymede
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Sarah Bellars	Director of Nursing and Quality
Rachel Wakefield	Associate Director Unplanned & Specialist care CCGs
Dr William Tong	BACCG
Dr Adrian Hayter	WAMCCG
Dr Jim O'Donnell	Slough CCG
Marjorie Clasper	Older peoples Advisory Forum
Madeline Diver	Community and Voluntary Faith Sectors, Bracknell Forest
Peter Squires	Health Studying Group
George Notley	PPG Runnymede Practice
Jade Taylor	Patient Safety Campaigner
Marian Troughton	OPAF
Pat Rodgers	BHFT
Erica Bleach	Public
Alan Fone	RPPG
Robert Cooper	WADCCG
Victor Mullan	OW Practice Patient
Chris Allen	BHFT
Doreen Gowing	Hypnotherapy
Michael Williams	Life Style
Linda Young	RBWM
Laura Weight	ALDS
Sonya Lippold	HAG & PPG
Sylvia D'mello-Burchell	Datchet
Natalie Bennett	Public
Kirsten Ostle	GP / CCG
Apologies	
Cllr David Coppinger	Bray Ward
Ally Green	East Berkshire CCGs
Sabahat Hassan	East Berkshire CCGs

Additional members of the public and staff attended the meeting.

Conflict of interests

There was no declaration of a conflict of interest.

Welcome by Chair

Julian Bell introduced himself, and Dr Adrian Hayter gave a brief overview of the purpose of a Community Partnership Forum (CPF) and why this meeting is held.

Notes of meeting on 17 March 2016

The notes were agreed.

Onward Care Procedure

Presentation slides are available on the CCG websites.

Rachel Wakefield outlined the proposed onward care procedure that has been drafted by NHS England. The aim of this procedure is to:

- Improve the management of patients who are admitted to a hospital that is not their local Trust or when they need further intervention at another hospital.
- All patients must be stable, medical safe and clinically fit for the transfer to take place.
- It is the responsibility of the designated lead at the hospital to accept the patient on behalf of the provider organisation.
- The procedure has a number of time periods required to facilitate the timeliness of transfer and provided that there is capacity available at the receiving Trust these should be adhered to.
- All organisations are required to keep the patient and family fully informed on decisions to transfer.

Berkshire Healthcare Foundation Trust (BHFT)

Presentation slides are available on the CCG websites.

Julian Emms, Chief Executive of Berkshire Healthcare Foundation Trust (BHFT) gave a presentation on services currently offered by BHFT and future projects. Some of the key points highlighted were:

- Main provider of community and mental health services to the population of Berkshire.
- In March 2016 the Care Quality Commission awarded a rating of 'good'. This was the first time that any similarly combined Trust (mental and community health) in the south of England achieved this status.
- BHFT also provide primary care services – three practices and the Out of Hours GP service in the West of Berkshire.
- Annual income of around £240m, employing approximately 4,400 staff and providing services from just over 100 sites –
- In terms of scale the Mental Health and Community Health services, portfolio are of equal size and they are a combined trust.
- An increase in the population has meant an increase in mental health cases. This is partly as a result of people living longer.
- There is evidence that Middle aged men are at crisis point and there has been a 70% increase nationally in the number of reports for completed suicides.
- The demand for assistance with children with behavioral issues has gone up but not as predicted.
- There has been an increase in dementia cases, but not the rise that was expected.
- Improvement in services and services such as Talking Therapies are being used much more. However it is not clear if this is more needed now or if there wasn't

an appropriate service before with the cross over between mental and physical health.

A brief overview was provided of an online portal called SHaRON (Support Hope and Recovery Online Network) which is a secure social networking site in the style of Facebook.

A video was also shown which is highlighting the ways BHFT is using SKYPE as part of a patients care plan.

Operational Planning for 2016/17 -17/18

Presentation slides are available on the CCG websites.

Rachel Wakefield & Sarah Bellars (on behalf of Vikki Wadd) gave a short presentation about how CCG's make and deliver their commissioning.

Some of the key highlights were:

- The Operational plan needs to in-line with local NHS strategy.
- There is a need to be transparent on how we deliver the NHS constitution for example, this would covers things like how long you wait in an A&E department
- The plan sets out key areas such as dementia screening, however it can't do everything at once so there is a need to prioritise a small number of areas, if there are too many priorities not everything would get the attention it deserves.
- The plan is a positive step and now has to be planned 2 years in advance.
- The NHS 5 year forward view looks at what the population needs.

Questions and Answers / Comments

C: The stigma of mental health is reducing. Greater media awareness means stigma is not as acute as before. Physical and Mental Health are still dealt with very differently, however better crossover than ever before. There are a number of investments in mental health. We should still be talking about Mental Wellbeing rather than Mental Health.

Q: How will SHaRON (Support Hope and Recovery Online Network) expand to help people with other conditions, i.e. Cancer or Heart conditions etc?

A: This is something to consider for the future, however to put a system like this together is quite labour intensive with lots of contingency checks and governance checks before going live and it is crucial to recruit peer support groups, which can take around 9 months before we are able to provide the right people.

Q: How can staff shortages be fixed by technology?

A: Consultants at BHFT are using Skype to speak to patients, and allowing them to be more focused in their care. We are always working to cut out irrelevant work, which results in wasted time.

C: In light of the Mid-Staffs Disaster there are concerns over Mental Health staffing levels, and diversity of those working within. Many choosing to train but all from similar backgrounds, a diverse group of staff are needed to deal with the diverse group of

patients. The average age of Mental Health worker is 24/25.

More places need to be made available for general nursing from 18+ year olds

- Staffing and unsafe staffing, mid staffs disaster, North Middlesex, Liverpool etc.

No national methodology for measuring safe staffing. I have had poor experience as a whistle blower and am currently signed off from work with stress. I would like to see that staff feel they are allowed to speak up, so that the focus can be on patient safety issues.

Q: Use of technology, is information security an issue?

A: It is common that the public lack confidence in online security however Skype is considered as safe as a phone call.

C: Not enough information given to the public on diagnosing dementia. Would it be possible to have a pamphlet in surgeries? If you spot dementia early enough medication could help. What is early? What are the symptoms? No basic agreement from social services on after hospital care for dementia patients maybe offer a debriefing after hospital visit.

C: More dementia events to be planned across RBWM

C: Should be encouraging the public to be going to the doctor to check you don't have it, now there's treatment available in conjunction with early diagnosis.

C: Carers need more help.

Future meetings

Next meeting: 13 October 2016
 6.30pm – 8.30pm
 The Centre, Farnham Road, Slough, Berkshire, SL1 4UT

Suggested topics for future meetings:

- Better Care Fund
- End of Life Care – engaging community groups
- Patient engagement
- HealthMakers feedback
- Car parks and transport
- Suicide prevention
- Obesity and nutrition in hospitals
- Primary care and extended access
- Wheelchair services
- Stroke Rehabilitation Services
- New Vision of Care and the Sustainability and Transformation Plan

A vote of thanks was made to Julian Bell for chairing the meeting.