

COMMUNITY PARTNERSHIP FORUM

Wednesday 19 November 2014

Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	Associate Director of Communications and Engagement, East Berkshire CCGs
Pat Rodgers	Berkshire Healthcare Foundation Trust
Pip Collings	Public Health, Slough Borough Council
Chris Taylor	Healthwatch Bracknell Forest
Jacqui Brown	DOCS, SHH, BARA
Madeline Diver	Bracknell Forest Voluntary Action
Robert Cooper	PPI Governing Body member Windsor, Ascot and Maidenhead CCG
Janet Dean	Bracknell Forest Involve
Carol Brooker	Health Advisory Group
Dr Adrian Hayter	Clinical Chair, WAM CCG
Kelly Hallam	Visitor
Lynne Crater	Visitor
Apologies	
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Dr Jim O'Donnell	Clinical Chair Slough CCG
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Mike Connolly	PPI Governing Body member, Slough CCG
Cllr Sabia Hussain	Slough Borough Council
Cllr Martin Carter	Slough Borough Council
Carrol Crowe	Interim Director of Strategy and Development, East Berkshire CCGs
Val Pearce	Governor Heatherwood and Wexham Park Foundation Trust
Ramesh Kukar	Slough and WAM Involve
Peter Squires	

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 15 October 2014

The notes were agreed with the correction that Robert Cooper was in attendance.

Matters Arising

The action relating to questions and answers following the presentation by Andrew Morris at the May 2014 meeting has now been closed. Frimley Health Foundation Trust hosted a public meeting following the trust acquisition where questions were answered.

Pip Collings shared the Slough GP referral data for slimming world from public health. This document is available from the CPF page on the CCGs' websites.

HealthMakers and Self-Management Training

At the last meeting of the CPF, Karen Maskell gave a brief introduction to HealthMakers which is a pilot programme being introduced in Bracknell and Ascot CCG. Inspiration was drawn from the London Olympics Gamesmakers and patients are being recruited to participate in training to support better self-management for those living with a long term condition and to identify a group of patient leaders from across the community.

Kerry Hallam and Lynne Craven will be delivering the self-management training and attended CPF to provide an introduction to what will be involved. They will be training patients who will become facilitators to train others.

The facilitation training will enable the participants to be more engaged in the management of their own health and to work in partnership with their clinicians. Patients will be trained alongside clinicians and once 'graduated', a patient and clinician will be paired to facilitate training other patients.

There are some similarities to the Expert Patient Programme but this programme is condition – specific which means groups of patients living with the same long term condition will be trained together and the materials used will be appropriate for that condition.

Three Long Term Conditions have been selected for the pilot:

- Diabetes
- Chronic bronchitis (COPD)
- Muskulo-skeletal conditions e.g. arthritis

The programme is delivered in partnership with a patient and a clinician. Participants are given the opportunity to reflect on their own lives and about what they might want to change.

Participants will leave with increased knowledge, skills and confidence.

Self-management is different from self-care. Self-care is looking after one's self. Self-management is making adjustments so that self-care works.

The meeting was asked to participate in an exercise that illustrated the impact of diagnosis and the range of emotions involved. At initial diagnosis, people are

generally not ready for a self-management course. Over time it eventually becomes important to take control. Self-management is about managing the impact on your life and the impact that your life has on the health condition.

Someone with a long term condition might have a job, a partner, children and a mortgage. They have to do all the ordinary things as well as manage their condition.

First way: The individual could just ignore it or pretend they haven't got the condition. Their condition would get worse and significantly affect their life.

Second way: The individual becomes completely about the condition and it takes control. Their life is completely limited by their condition. Their quality of life deteriorates and the condition wins again.

Third way: The condition is part of the person but the person takes control. They manage their condition and their life so that the condition has less of an impact.

Questions:

Q: How were patients recruited?

A: Information has been shared widely with patient groups, relevant voluntary organisations and GP practices. Patients have been contacted directly by practices via the texting service and information have been available at events such as self-care week and the CCG AGM.

Q: Why those conditions and what about others?

A: For the pilot, three conditions were chosen that are known to be relatively common and ones that impact on individuals in practical ways. Patients with these conditions are regular users of health services and can lack confidence, knowledge and skills to take more control. Eventually, all the priority areas identified in the Joint Strategic Needs Assessment will be covered and each practice will have identified HealthMakers for each condition supporting others and facilitating training.

Future meetings

Suggested topics for future meetings:

- Care Act
- Quality and cancer

It was agreed that the fourth Thursday of the month would suit most members. Dates for 2015 will be set and circulated with the following in mind:

- Avoid Slough in summer
- Avoid fright night and Ascot Ladies Day
- Use community facilities
- Avoid September, December, April
- Patient Participation Groups to be invited to host future meetings to encourage wider engagement.