

COMMUNITY PARTNERSHIP FORUM

Wednesday 15 October 2014

Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	Associate Director of Communications and Engagement, East Berkshire CCGs
Mike Connolly	PPI Governing Body member, Slough CCG
Pip Collings	Public Health, Slough Borough Council
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Dr Jim O'Donnell	Clinical Chair Slough CCG
Madeline Diver	Bracknell Forest Voluntary Action
Robert Cooper	PPI Governing Body member Windsor, Ascot and Maidenhead CCG
Janet Dean	Bracknell Forest Involve
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Dr Adrian Hayter	Clinical Chair, WAM CCG
Mark Sanders	Healthwatch Bracknell Forest
Ruth Beattie	Patient Experience Team, NHS England
Sonya Lippold	Health Advisory Group
Sheila Yamalogue	Public
Apologies	
Ramesh Kukar	Slough CVS
Cllr Sabia Hussain	Slough Borough Council
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead
Cllr Martin Carter	Slough Borough Council
Chaitra Dinesh	Healthwatch Slough – Young Person Member
Colin Pill	Healthwatch Slough
David Mihell	Governor Royal Berkshire Hospital Foundation Trust
Carrol Crowe	Interim Director of Strategy and Development, East Berkshire CCGs
Mary Purnell	Bracknell and Ascot CCG
Val Pearce	Governor Heatherwood and Wexham Park Foundation Trust

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 3 July 2014

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

Matters Arising

Mark Sanders reported that a request has been made of Andrew Morris, Chief Executive of Frimley Health Foundation Trust (the name of the new trust formed after Frimley Park Foundation Trust acquired Heatherwood and Wexham Park Foundation Trust) to offer a public meeting following the trust acquisition. Mark will share details when this is arranged.

Action: MS

Pip Collings agreed to follow up on the outstanding action relating to GP referral data for slimming world from public health.

Action: PC

Urgent Care Centre Update

There have been a number of instances where NHS 111 have been directing people to Heatherwood Hospital rather than to Brants Bridge.

It was suggested that One Medicare be invited back to provide a further update early next year. It would be useful to have data about what types of people have been using the UCC including inappropriate use, types of injury etc.

MD confirmed that she is working for one Medicare as their patient liaison representative.

Staffing issues in X-ray was noted. This is an issue at the end of each day when X-ray closes 15 minutes before the UCC closes. There have also been instances where the X-ray is closed during staff breaks and long waits have been experienced by patients.

Working with the Voluntary Sector

Janet Dean from Bracknell Forest Involve gave a presentation about the role of the organisation in supporting voluntary sector organisations. The presentation slides are available on the CCG websites.

The Bracknell Forest Involve is an infrastructure organisation (Slough and Windsor and Maidenhead have similar organisations) that provides a range of support to voluntary sector organisations that come in many forms including charities, community forums, community groups and social enterprises.

Most of these organisations are tiny with small budgets made up of a group of individuals who share an experience and want to do something about it.

The voluntary and community sector include organisations that have an interest in health and wellbeing but also include organisations with different community focus.

Most of what is commissioned by the public sector including the NHS is designed for big organisations and it is not always possible for the smaller organisations to

respond. Helping these smaller organisations to work together could make a difference.

It is estimated that the contribution made to society is equivalent to £11.09 per hour for volunteers.

A significant issue for smaller organisations is the lack of infrastructure to allow the volunteers to deliver. For example, training volunteers.

Volunteers tend to be older people. As retirement age rises there is a concern that the number of fit volunteers will fall.

Having a voluntary organisation deliver a service does not mean it will be cheaper but there is the added value of the local knowledge.

Voluntary organisations are running out of trustees. Many are in their late 70s and 80s and want to stop. But many newly retired people are supporting their families and lack the time to get involved at this level.

Dr Adrian Hayter gave a presentation about the role the voluntary sector could have in supporting the system resilience.

Demographic changes are significant and the challenges going forward will mean services and the way they are delivered will need to change.

The Better Care Fund is bringing CCGs and local authorities together to pool resources and invest in community-based services that will be more responsive and coordinated so that patients are supported better in the community and the number of emergency admissions to hospital is reduced. The ambition is huge.

CCGs need to work better with their local authorities in managing budgets to provide person-centred care.

Healthcare has become hospital-centric over the years. The challenge is to turn this around to provide more in the community and empower people to be more confident in managing their health conditions.

There are opportunities for working with the voluntary sector.

Voluntary sector should be embedded in every area - hospitals, community, social care and home.

Hospitals should be seen as being on the edge of the picture, not in the centre.

It was acknowledged that the bureaucracy is often a barrier for engaging voluntary sector organisations. This is an issue for the commissioners as well as the voluntary organisations. As management is leaner, the resources needed to manage a large number of small contracts is not available.

It was suggested that CCGs explore versions of provider models with infrastructure organisations using grant funding.

AG to link with public health to plan a workshop for voluntary organisations and CCGs to better understand the barriers and the potential for working more effectively together.

Action: AG

Any other business

There were no items of other business.

Date and time of next meeting:

6.30pm – 8.30pm on Wednesday 19 November 2014