

Castle Point and Rochford Clinical Commissioning Group

Commissioning Reference Group Meeting

**Notes of meeting
held on**

9 September 2014, 6.00pm at Audley Mills Education Centre, Rayleigh

Present:

Chair: Sam Glover (SG)

CCG: Kevin McKenny (KMc)
Patrick John (PJ)

Castle Point patient representatives:

Paul Saunders (PS)
Kathleen Leech (KL)
Kath Daly (KD)

Rayleigh & Rochford patient representatives:

Michael Spoor (MS)

CVS Member

Susan Phillips (SP)

Lay Member for Public Engagement

Pauline Stratford (PSt)

Young Members

Harvey Randall (HR)



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1. WELCOME AND INTRODUCTION

SG took the Chair for the meeting and welcomed everyone.

2. Apologies

Apologies were received from: Kashif Siddiqui, Tony Wright, Tricia D'Orsi, Mike Robertson, Ann-Marie Fordham, Janis Gibson and Amy Young.

3. Notes of last meeting reviewed for accuracy

The minutes were signed off by SG with no amendments.

4. Healthwatch Young Ambassadors Programme

SG gave a short presentation on the recent Healthwatch Young Ambassadors Programme event that she and Amy Young attended. She also took the opportunity to congratulate Amy on being named Healthwatch Young Volunteer of the Year.

In terms of the event itself, SG said it was very interesting to gather and listen to the views of young people. The main points that came out were:

- Encouragingly, young people said they wanted to be asked about things, informed and fed back to, they also felt engaged in processes.
- They also said they wanted to learn more life skills in school, for example, they wanted to be taught how to cook a basic dinner.
- In terms of sexual health, the young people said they wanted more of a focus on how they could access information, possibly for the CCG meaning that GPs and Practice Nurses should have more of a role to play in access to sexual health.

KD commented that she found it heartening that so many young people felt engaged.

PS added that he recently did some work with an Essex Boys and Girls Club project to raise money for charity and was blown away by the enthusiasm and passion young people had.

SG said that she didn't think it was the case that young people weren't being engaged with, it's more that they are not being engaged with well enough or told about opportunities they might be able to access.

KMc asked what the age spread for volunteers was at CAVS and RRAVS. SP replied that the age range tends to be older but there are processes being put in place to encourage more young people to volunteer, such as CAVS working towards having a volunteering desk at SEEVIC.



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MS related that the CAB is also working with Essex University on internships.

5. Matters Arising

5.1 Southend Hospital A&E Update

KMc gave the Group an update on the progress at the A&E department at Southend Hospital. He said that demand stays high for A&E services in the summer months, but the actions taken during the risk summit seem to be taking effect. In Quarter 1 the Hospital met its target of seeing 95 per cent of patients within four hours, to put it into perspective, KMc asked the Group to bear in mind that some 250 patients arrive at A&E every day.

The CCGs are also working with the Hospital to recruit consultants, there seems to be a nationwide problem with recruitment, however, the CCG will be trying to help with this, as well as by promoting the use of the NHS 111 number and other A&E alternatives eg pharmacy and self-care.

SG asked if any research had been done on why there's a shortage of A&E consultants – KMc said he's look into it.

MS said that, although he wasn't there, he derived five things from the minutes of the last meeting that he wanted to discuss. They were:

1. GP in A&E triage
2. Alternatives to A&E
3. Seven day a week GP access
4. Walk in centres
5. GP Hubs

KMc took each point in turn saying that, in terms of a GP in A&E, this was a service that had been commissioned on a temporary basis to keep functionality in the A&E department. The project was successful and the CCGs have recommended the Hospital recommission it themselves. The steer nationally is that a GP should be co-located within A&E, at the moment Southend are redesigning their A&E and the CCG has recommended they co-locate a GP in these designs.

In terms of promoting alternatives to A&E, the CCG has been successful in bidding for £30,000 of Operational Resilience Funding to run another educational campaign about using alternatives to A&E such as NHS 111. This would be addressed in the communications update later.

In terms of seven-day a week GP access and hubs, KMc said it is on the radar with an enhanced service where GPs can open seven days a week. One idea might be for practices to group together in a federation of around 20 or so to provide a seven day a week service. In Castle Point and Rochford this service could be in place as early as next year.

KD asked if KMc had heard that some GPs were going to be offered £10,000 per year to work extra hours.



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KMc replied that he hadn't heard of that, but does think there may have to be some incentivisation in place to ensure that the scheme is a success.

With Walk in centres KMc said they were a possibility but there are arguments for and against them but it was something the CCG, along with Southend CCG, are looking at.

PSt asked why there was no reference to a Walk in centre on GP answerphones, KMc replied that it was because the CCG wants to encourage patients to use the 111 number, which is on the answerphones, first instead of going straight to a Walk in centre.

5.3 Communications Update and Finalise Workplan

PJ took the Group through the final workplan which had been redesigned following comments from the Group at the last meeting. The plan was agreed in general, with one element, relating to the building of an Associate Membership database of email addresses for a Virtual CRG to be agreed once a robust IG and data protection system was put in place to store email addresses.

PJ also talked the Group through this year's Winter Campaign for which Castle Point and Rochford CCG and Southend CCG had been granted £30,000 from Operational Resilience Funding to run.

PJ outlined the campaign, which involves a great deal of face-to-face engagement at events such as Christmas light switch-ons, fireworks displays, market days as well as other events such as book readings in schools.

Another element of the campaign was to apply for planning permission to have banners placed at prominent locations where there's a high level of traffic and asked the Group for suggestions besides Hockley Woods. The Group suggested Rayleigh Fire Station, Asda supermarket in Rawreth and Hadleigh Old Fire Station might be good places to put up banners.

PSt also advised that it might be a good idea to get in touch with the Essex Travel Centre to see if they could put 111 messaging on information boards that are on A-roads throughout the area.

Action: PJ to get in touch with Essex Traffic Centre to discuss possibility of putting 111 on travel information boards and also circulate the Communications and Engagement Strategy to the Group for the next meeting.

6. Standing Agenda Items

6.1 Round Robin

SP told the Group that RRAVS were commencing their Winter Warmth Grants project again where eligible residents can apply for small grants for help during the winter months for example, to repair boilers, she asked if the CCG can make GPs aware so they can refer.



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SP also mentioned the Community Older Person's Event in Rayleigh on 1st October which would see the launch of the StaySafe project where retailers sign up to be part of a scheme that sees them put a sign up in their shop window so anyone who is vulnerable knows they can go in and have access to a chair and a telephone.

SP also told the Group that they would soon be releasing the results of their volunteers' survey with CAVS which profiles the volunteer demographics of the area and concentrates in part on health outcomes, including reducing isolation.

She also drew the Group's attention to the Health and Wellbeing Board health profiles for Rochford and Castle Point which showed that tackling childhood obesity was a key priority.

Further to this SP updated the Group that all CVS' were having their funding reviewed. Castle Point and Rochford get the lowest amounts because of the demographics of the area. There was a worrying development of private companies' approaching CVS organisations to try and pick up work and that some CVS' have reported having bad experiences in this area.

KMc said that he felt the onus was on commissioners who were responsible for those services to ensure this doesn't happen.

Other members of the Group also related their experiences of dealing with private sector companies who had approached them. KMc confirmed it was something the CCG would look into.

PJ offered an update in the absence of AMF that she had not been contacted regarding working with commissioners on the Community Geriatrician project. PJ confirmed that she had now been contacted.

KMc reminded the Group that the AGM was set to take place on 25th September at Audley Mills Education Centre. Everyone was most welcome to attend.

Date and venue for next meeting – 14 October 2014 at 6pm, Tyrells Centre, Benfleet

