

Health Forum for Gosport and Fareham

**Notes of the GOSPORT & FAREHAM
VOLUNTARY SECTOR HEALTH FORUM**
Tuesday, 1st April, 10am – 12pm, Council Chambers, Gosport

This was the second meeting, hosted by Gosport Voluntary Action, attended by 46 people. A list of those who attended is appended to these notes.

1. Introduction

David Miles, Chief Officer of Gosport Voluntary Action opened the meeting and outlined the aims of the Health Forum for those that had not attended previously, before going on to introduce staff from the Clinical Commissioning Group (CCG) including Dr Keith Barnard, Lay Member (Public and Patient Involvement) Governing Body at Fareham & Gosport Clinical Commissioning Group.

2. Response to the Priorities highlighted at the inaugural meeting

Responding to the 10 selected main themes that arose from discussions at the inaugural meeting of the Voluntary Health Forum, Keith Barnard, Lay Governor of the F & G CCG with responsibility for patient and public engagement, commented as follows:

This is a very general response that does not address specifics at this early stage, but gives a brief response to indicate where we might progress from here.

- *Need for better Communication/Liaison between groups and medical practitioners.* This is a wide-ranging issue and one the CCG is keen to promote. The new pilot scheme of introducing a Care Navigator (initially at Brune Medical Centre, and that was explained at the meeting by Brenda Woon) will certainly help communication and awareness among practices and GPs and the Voluntary sector.
- *Integrating care into health budgets with a commitment to working together.* This is a vital plan of CCG policy for the future, and hinges around the best use of the Better Care Fund. Detailed negotiations are going on at a high level between the CCGs in Hampshire, Hampshire CC and local councils to ensure that a more seamless service between health and social care in the community and between secondary providers and the community is achieved.
- *Improved disability awareness and access arrangements at surgeries/clinics.* The CCG does not hold the contract for the provision of primary care, but that does not mean the CCG cannot influence the care provided to patients at our member practices. This issue can be raised at the Clinical Cabinet of the CCG which is comprised of GPs from the member practices, and through our practice and locality patient groups, who can identify where deficiencies in these areas lie and can bring pressure to bear to have them rectified.
- *A need for a central information system to signpost patients/carers to organisations that can help.*
Navigators in place specifically to signpost patients to appropriate care and the Care Navigator Manager to be a member of the Integrated Care Team and

attend the weekly meetings.

- *Enable people to live well at home by putting them in touch with support services.*

Numbers 4, 5 and 6 all embrace a similar theme relating to the effective dissemination of information to patients about the various services and support that may be available to them. The Care Navigator proposals should help address all these issues.

- *Parking/access at hospitals/health facilities and airports.*

The CCG cannot directly address these issues as they are in the hands of agencies that we do not control. However we can and do attempt to influence issues such as the cost of parking at our local hospitals, and in particular have ensured that there is greater awareness of the discount or season-ticket type of schemes that can greatly reduce the cost of parking for regular or prolonged stay visitors.

- *Address the impact of lack of social interaction on Mental Health.*

Adult Mental Health and CAMS are both high priorities for Hampshire's CCGs. They are being reviewed at the moment, and the lead CCG is West Hampshire. We are represented on this review and any feedback or concerns members of the forum have should be addressed to the F & G CCG so they can be taken into consideration. One of the issues being looked at is to improve our knowledge of the quality of care being provided, as at the moment evaluation of the quality of care is not a clear process. A lack of social interaction in mental health management is an issue that needs to be pursued.

- *A need for pain clinics.*

The new MSK pathway for muscular and skeletal conditions and rheumatology has been commissioned and is coming into effect from May this year. This includes a chronic pain service, which will address issues for patients with persistent pain. Injection techniques as an intervention are less widely used than they were, based on clinical evidence of their effectiveness, but that does not mean they have been abandoned and particularly in acute situations, they are still an available option.

- *Increased funding.*

The one issue where there is no simple answer and any promises concerning increased funding at this stage would be unwise. You may be aware that Fareham and Gosport CCG were given some top-up funding recently, but this was to compensate for the fact that we were already one of the worst-funded CCGs per capita of population in the country, and this cannot be considered as extra money, as the CCG finances are already fully stretched. However that is not to say there will be no funding available for new initiatives or that there will be no further help for voluntary organisations. What is strived for is a judicious use and/or redistribution of available resources to ensure that money is directed where it is most likely to benefit patients and represent value for money, and that should include the voluntary sector.

3. Priorities specific to each group

David Miles reiterated that the list above was an outline of the main themes that came out of the first meeting, but didn't address any specific concerns put forward by

individual groups. The forum initially asked groups to submit a maximum of two main priorities affecting their members (one of them directly related to a health issue), encapsulated in no more than a couple of sentences each. Each table was asked to engage in some group work to re-emphasise their organisation's particular priorities, rephrasing and restating them, but it was noted that there was insufficient time for groups to give this adequate thought during the meeting.

ACTION:

Groups are asked to re-submit their two main priorities (one of which must specifically address a health issue), for the next meeting please preferably by completing the website form. A printable form is attached. Each item should be no more than a couple of sentences long please. These priorities will then be forwarded to the CCG for their response.

David Miles asked that groups email any additional issues that they would like raised to Paul O'Beirne at: pobeirne@farehamaction.org.uk or David Miles at: chiefofficer@gva.org.uk

Councillor Roger Allen said a few words in his capacity as Health Representative for Gosport Borough Council and spoke about their new responsibilities for the health and wellbeing of local residents.

4. Jo Parkinson (Senior Development & Engagement Officer at Fareham & Gosport and South Eastern Hampshire CCGs)

Jo spoke about the CCG's 5 year strategy for commissioning services; a requirement under their contract with NHS England. The first draft of the strategy was submitted on the 14th February and the final submission will be in June. For more information about the CCG and their five key performance targets, go to: <http://www.farehamandgosportccg.nhs.uk/our-performance.htm>

Jo stressed that whilst there would be no more money available, the vision of the CCG was to make information about care services more accessible, and detailed the CCGs plans for the transformation of the health and care system. These objectives were tabled at the meeting. Jo also spoke about the wider work of the CCG, including their quality assessment team who visit hospitals and nursing homes unannounced on a regular basis. Jo highlighted the importance of involving voluntary / community groups in the CCG's health strategy. She invited groups to contact her if they had any concerns that they would like raised, or suggestions for anything that isn't already being addressed, to: jo.parkinson1@nhs.net

Amongst the questions asked, Raymond Hale asked how small voluntary groups could become more involved in the programme. Jo said she would welcome the involvement of small community groups. She thought that groups would be invaluable in preventative and support for various conditions.

5. Care Navigators

Brenda Woon and David Miles gave further information about the "Care Navigators" project. This would see volunteers located in surgeries/clinics to signpost people to the community groups that may be of interest to them.

Brune Medical Centre are to pilot the scheme for one year on the basis of two navigators being available in the morning and two in the afternoon initially on a Monday, Wednesday and Thursday, from at least September. A coordinator would be appointed by Gosport Voluntary Action. More information will be available shortly.

6. Who Cares Directory

Paul O'Beirne spoke about the Who Cares directory of caring organisations in the Fareham and Gosport area. This directory contains brief details of 35 community organisations. A copy is on the HFGF webpage. While the details has been updated in December, it quickly becomes out of date; a mechanism for continuous updating is being sought; ideas are welcome

David Miles stressed the need to ensure that groups could cope with demand before we publish their details. A copy of the Who Cares directory in booklet form can be found at: <http://www.farehamaction.org.uk/hfgf/who%20cares%20jan%202014.pdf>

7. Consultations

Patient Transport – now closed

Paul O'Beirne reported on a recent Patient Transport consultation which is now closed and the tender let, further details can be found at:

<http://www.farehamandgosportccg.nhs.uk/patient-transport-services.htm>

The point in mentioning this is that although it would seem that many people would have a view about patient transport, only 125 responses were made over the whole region. We would hope that the HFGF will enable groups to respond to future consultations. Dr Barnard said that he expected the Health Forum to be consulted in the future and has already said this to the commissioning team.

Positive Partnerships

One consultation that is open is called "Positive Partnerships". It is joint between health and Hampshire County Council. The consultation is to provide input to the re-design of services for people with physical, neurological and sensory impairments, so that they can stay well and independent. The closing date is 3rd June. We hope that many groups will consider this and respond.

<http://www3.hants.gov.uk/positive-partnerships-consultation>

8. Gosport Citizen's Advice Bureau's GAIN Project

Angela Gill of Gosport Advice & Information Network (GAIN) spoke briefly about the project which is being launched on 30th April. For further information, please email gain@gosport.cabnet.org.uk

9. How can we improve the Health Forum?

To conclude the meeting, groups were asked to spend 10 minutes to comment on ways in which the Health Forum could work better for them. The suggestions from the five tables are appended to these notes. These will be considered in developing the agenda and administering the next meeting

Next meeting: **Tuesday, 3rd June** at Fareham Community Church. Meeting starts at noon, will include lunch and finish at 2.00pm.

Appendices:

List of Attendees

CCG Commissioning Plan notes

Table Notes

Membership Form

Who Cares information Form

Restatement of Priorities form

HFGF Attendees 1st April 2014

FirstName	Surname	Organisation	Role	Attended?	emailaddress
Mike	Hudson	Age Concern Gosport	Manager	Yes	mikehudson@ageconcerngosport.org.uk
Lucie	Debenham	Alzheimer's Society Portsmouth & District Branch	Service Manager	Yes	lucie.debenham@alzheimers.org.uk
Karen	Seale	Brendoncare Club Hampshire	Locality Manager	Yes	kseale@brendoncare.org.uk
Libby	Thomas	British Red Cross	?	Yes	libbythomas@redcross.org.uk
Bernadette	Beresford	Choices/Connect Advocacy	Advocate	Yes	admin@choices-advocacy.org.uk
Christine	William	Choices/Connect Advocacy	Student	Yes	admin@choices-advocacy.org.uk
Dianne	Yexley	Chrysalis	Founder	Yes	founder@chrysalis-gii.org
Jessica	Woodridge	Community Action Fareham	Mobility services Manager	Yes	jwooldridge@farehamaction.org.uk
Paul	O'Beirne	Community Action Fareham	Chief Executive	Yes	pobeirne@farehamaction.org.uk
Linda	Roberts	Community Action Fareham	Administrator	Yes	lroberts@farehamaction.org.uk
Katie	Maxwell	Community Action Fareham	Administrator	Yes	KMaxwell@farehamaction.org.uk
Raymond	Hale	Diabetes UK		Yes	raymond.hale@ntlworld.com
Keith	Barnard	Fareham & Gosport and South Eastern Hampshire CCGs	Lay Governor, patient engagement	Yes	keith.barnard@nhs.net
Brenda	Woon	Fareham & Gosport and South Eastern Hampshire CCGs	Engagement & Development Officer	Yes	brenda.woon@nhs.net
Jo	Parkinson	Fareham & Gosport and South Eastern Hampshire CCGs		Yes	jo.parkinson1@nhs.net
Paul	Howden	Fareham & Gosport and South Eastern Hampshire CCGs	Lead for Planned Care & Prescribing	Yes	paulhowden@nhs.net
Vivienne	Pugh	Fareham & Gosport Health Forum	Facilitator	Yes	hfgf@actionfareham.org.uk
Gerald	Everett	Fareham & Gosport Lipreading Class		Yes	everitts@phonecoop.coop
Linda	Phear	Fareham Area Active Blind	Fareham	Yes	linda.phear@btinternet.com
David	Kett	Fareham Macular Support Group	Voluntary Group Leader	Yes	david.fb.kett@talk21.com
Elaine	Williamson	Friends Through Pain (Fareham)	Acting Chair	Yes	elainemwilliamson15@gmail.com
Angela	Gill	GAIN Project	Project Manager	Yes	gain@gosport.cabnet.org.uk
Wendy	Goodwin	Gosport Befriending Service		Yes	awardssupportworker@gva.org.uk
Jean	Legg	Gosport Befriending Service		Yes	befriender@gva.org.uk
Cllr. Roger	Allen	Gosport Borough Council		Yes	roger.allen@gosport.gov.uk
Suzanne	Pepper	Gosport older person forum	chair	Yes	suzanne.pepper@hotmail.co.uk
Gillian	Dear	Gosport older person forum	contact as for Suzanne Pepper	Yes	
Jane	Price	Gosport Partners through Pain	Acting Chair / Secretary	Yes	jane.m.price@ntlworld.com
David	Miles	Gosport Voluntary Action	Chief Officer	Yes	ChiefOfficer@gva.org.uk
Margaret	Wilkinson	Gosport Voluntary Action	Chair of Trustees	Yes	chair@gva.org.uk
Sarah	Lancefield	Gosport Voluntary Action	Reception	Yes	reception@gva.org.uk
Denise	Starkie	Gosport Voluntary Action	Volunteer	Yes	admin@gva.org.uk
Pamela	Webber	Hants and IOW IA	Chairman	Yes	pamwebber27@hotmail.com
Melanie	Whitfield-Tinkler	Harbour Cancer Support Centre	Director	Yes	director@harbourcancer.org.uk
Peter	Kershaw	Mark Hoban MP	Senior Caseworker	Yes	kershawp@parliament.uk
Julie	Hawksworth	Multiple Sclerosis Society (Gosport and Fareham)		Yes	hawkesworth@hotmail.co.uk
Juliette	Hewitt	Multiple Sclerosis Society (Gosport and Fareham)		Yes	juliettehewitt@gmail.com
Coral	Hutton	My Time Active	Health Trainer	Yes	coral.hutton@mytimehealth.co.uk
Jo	Davies	PARCS	?	Yes	jo@PARCS.org.uk; admin@parcs.org.uk
Alan	Causer	Parkinsons	Not able to track him down!	Yes	

Erica	Course	Quit4Life	?	Yes	erica.course@southernhealth.nhs.uk
Rachel	Aslet-Clark	Relate Portsmouth & District	Centre Manager	Yes	rachel.aslet-clark@relateportsmouth.org.uk
Chris	Robson	Shore Leave Haslar	Chair	Yes	cr020a7470@ntlworld.com
David	Pointon	The Moving On Project	Chair of Trustees	Yes	david.pointon@yahoo.co.uk
Istvan	Szucs	The Rainbow Centre, Fareham	Lead Conductor-Teacher, Adult Service	Yes	istvans@rainbowcentre.org
Georgina	Shane	Two Saints	Contracts and Performance Manager	Yes	georgina.shane@twosaints.org.uk

Our five core objectives:

Portsmouth & South East Hampshire
Clinical Commissioning Groups

- Integrate primary care, community care, social care and voluntary services to deliver a range of services, close to home for people with mental health conditions, learning disabilities and those who are elderly and frail.
- Commission services that deliver services close to home to support each individual with long term conditions, including mental health conditions and learning disabilities to stay healthy and feel in control of their condition.
- Work with local people and their communities to prevent the causes of ill health, support healthy lifestyles, reduce health inequalities and to give children the best start in life.
- Eliminate variable standards and ensure consistency in the quality of services across all care providers.
- Ensure a range of easily accessed and responsive urgent and emergency care to support people in a crisis.



Organising the Health Forum

Group number	Suggestions for future meetings	Topics for future Agendas
1	<ol style="list-style-type: none"> 1. Microphones need to be used to ensure all attendees can hear. 2. Allow a small number of groups to present their principal concerns about their health related conditions and the Forum as a whole and to invite the CCG to respond. 	
2	<ol style="list-style-type: none"> 1. Groups of like organisations around one table as they often have similar needs to do break out work together. 2. Table scribe works well (advance notice would help) 3. Day long meetings – briefing from CCG in morning then break and then break out for group work 4. Mikes and hearing loop 5. Bring a list of <u>all</u> consultations that are current. 	<ol style="list-style-type: none"> 1. How to get “commissioned” an idiots guide. 2. Support provided by health and wellbeing organisation. 3. Brief words from each organisation.
3	<ol style="list-style-type: none"> 1. Very happy with format. 2. Handouts: More information on who has been here. Contact details for all organisations. Do they need an official minute taker to help? 	<ol style="list-style-type: none"> 1. Have slot for 2-4 groups. 4 slides – Introduction; what they do; how they do it; contact details 5 minutes only. 2. Look for joint connections between different organisations/groups.
4	<ol style="list-style-type: none"> 1. Too many items on the agenda, so nothing was given enough time, e.g. 3 minutes for the first yellow sheet was ridiculously short (we needed time to think first). 2. Also add a short bio for each organisation which is distributed before the meeting so that at the meeting, networking is more effective. (and name badges please) 	<ol style="list-style-type: none"> 1. How can we solve problems? We should be set a question to be answered which would be a more efficient use of time.
5	<ol style="list-style-type: none"> 1. One per organisation represented otherwise it is sharing table discussions. 2. Good balance between group involvement/presentations 3. Good mix of size of groups, large/small 4. There is a split between long term care and wider support of well being 5. How broad should the areas e.g. scope/long-term v other – would they miss out if it was split. 6. Spin off is important 7. Links/signposting is important 	<ol style="list-style-type: none"> 8. Presentations – thread e.g. kept informed/feedback 9. How things are generally developing – a living organisation 10. iTalk and psychological support – what is out there – do other have any concerns with iTalk – there are quality concerns re referrals – it is not working.

The CCG's draft Commissioning Plan

Group number	How to Support	Opportunities	Problems
1	Can the CCG work with GVA and CAF to set up a framework within which the voluntary sector groups can provide services without being commissioned.		
2	Introduction into plan: - break commissioning to small chunks of less than 140k per year. To enable "unauthorised groups" to provide services.	Create inspection teams among the lines of "independent custom visitor" all volunteers. There to speak to patients and report on their experience.	Include long term chronic conditions No clear complaints pathway Withdrawal of borough & HCC support for in-home support (be it pull cord alarms or daily/weekly calls from 'warden' or support staff) will staff wish to spot trouble early or allow better discharge procedures.
3	Understand the funding process for different services being commissioned.		The CCG not high profile enough yet. Identify the difference between supported and commissioned services.
4	Clearer communication within GPs' surgery and hospitals. Sound and vision are important for patients with impairments	Would like to see CCGs give voluntary sector organisations a small pot of money so that they can undertake small scale projects to demonstrate the benefits they can make through pilot projects in the long-run. We understand CCG have limit funds, but a small amount of money given to voluntary organisations can have a huge benefit to that organisation.	Funding Lack of consistency of different NHS. levels of care: e.g. hospital transport for a 93 year old – collecting at 07:30am for a 11:30 appointment. Lack of personable thought.
5	There is a clear need for volunteers in hospital too e.g. feeding patients who can't feed themselves in hospital. There is a lack of information for people in some areas – inequality – it varies on which is involved. Dementia for example doesn't go away and has other important issues.	Recognise who is delivering what is the community + voluntary sector. There is a need for more usage of data to be collected at a local level. There is not an adequate service for those with mental health issues – mental health workers need to support alongside the community and voluntary sector. Increased mutual awareness.	Concerns re care packages not happening. Ticking boxes – charities need funding to meet the increased demand e.g. counselling services following on from chemotherapy. Many organisations are small and clients take priority. Stability of charities' systems needs to be ensured. Adult services – communication is an issue. Appropriate signposting – needs funding to avoid a 'cop out'. National vs Local Funding. Feel it does summarise the discussion e.g. navigators Concerns that some of the larger specific issues may get lost e.g. lack of registration, psychological support People want their individual points responded to.

Health Forum for Gosport and Fareham

Forum Membership

The Health Forum for Gosport and Fareham (HFGF) is for health-related organisations in the voluntary sector to provide information and opinion to others in the local health sector, especially the Clinical Commissioning Group but also other health service providers. Membership of the forum is for voluntary groups whom we ask to appoint a representative to attend the Forum meeting.

In order to achieve best practice, groups are asked to apply for membership having discussed the matter at a Committee Meeting and having agreed their representative(s).

This form is available on the website www.hfgf.org.uk and is best to be completed as a web form but it is also given as a Word document for completion then emailing or posting.

If you would like assistance or discussion about completing this, please email hfgf@actionfareham.org.uk or phone 01329 223157

The information given here will not be made public and it is not assumed that it will be the same as the organisation's public information for "Who Cares" or e.Volve; this is maintained separately.

It is intended that the organisation's name, description, representative's name and email be available to forum members for communication and network purposes.

*Please tick * if you **do not** wish to share this.*

Organisation	
Contact name <i>(please be sure to advise us of changes)</i>	
Contact address	
Contact email	
Contact Tele no	
Contact role in organisation	
Description of organisation's work <i>(This is so that Forum members will understand the work – the description for a public database may be the same or different.)</i>	
Web address	
	<i>The 3 questions below are to estimate the number of people involved, the support and total numbers. Please give a figure if you have one; don't spend lots of time researching. Thanks.</i>
How many of your members have the long term condition that your group supports?	
What is the total number of members your group has? <i>(might include family and supporters)</i>	
Do you have an estimate of the number of people in F&G affected by the condition that your group supports? <i>(write a number, percentage, description or whatever may be helpful)</i>	

Main category of your group	Long-term medical * Disability * Carers * Other* (please ensure description above is good)
Do you have an entry in the Who Cares directory of health & care support groups?	Already have * Would like information *
Does your group already work to a quality standard?	Yes * Currently work to No * Would like information about how this may be helpful.
Main Representative	as contact given above *
Name	
Tele nos (include a mobile number to get text alerts)	
Email address	
Deputy Representative Name	
Tele nos	
Email address	

HFGF would expect to send information to both the main representative and the deputy.
Organisations would only have one vote.

This membership and representation was agreed at the committee meeting of

Signed :or declaration * Chair / Secretary of meeting.

(We would be happy to have information in advance of the group's formal confirmation of the representation.)

Please email to hfgf@actionfareham.org.uk

Or post to HFGF 163 West Street, Fareham, PO16 0EF
or Gosport Voluntary Action, 96 Pavilion Way, Gosport, PO12 1FG

Details are on the website: www.hgfg.org.uk

Health Forum for Gosport and Fareham

Members' Priorities

Organisation / Group Name:

	Heading / Title	Statement (please make this only a couple of sentences each)
1		
2		

Completed by (name):

Date:

Please send this by 1st June or earlier if at all possible.

Please email to hfgf@actionfareham.org.uk

Or post to HFGF 163 West Street, Fareham, PO16 0EF
or Gosport Voluntary Action, 96 Pavilion Way, Gosport, PO12 1FG

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