

Camden Public and Patient Engagement Group (CPPEG) operational meeting

Date: Tuesday 6 November

Time: 18:00 – 20:30

Venue: Camden CCG, Euston Tower, Room 1

Chair: Hilary Lance, PPG member

Present:	
PPG members	
Hilary Lance (HL)	Chair and PPG member
Kathy Graham-Harrison' (KGH)	PPG member
Leon Douglas (LD)	PPG member
Christopher Morgan (CM)	PPG member
Ivy Johnson (IJ)	PPG member
Gill Walt (GW)	PPG member
Ruth Appleton (RA)	PPG member
Eli Collis (EC)	PPG member
John Levite (JL)	PPG member
Irene Fuchs (IF)	PPG member
Joanna Macrae (JM)	PPG member
David Richards (DR)	PPG member
Stakeholder members	
Liz Walker (LW)	Healthwatch Camden representative
Rosemary Frazer (RF)	Camden Disability Action
Jamilla Heinecke (JH)	Voluntary Action Camden
Camden CCG members	
Simeon Baker (SB)	Head of Communications and Engagement
Martin Emery (ME)	Communications and Engagement
In attendance:	
Meena Mahil (MM)	Integrated Care Programme Director, Camden CCG
Paul Davis (PD)	Senior Manager, Community Commissioning and Delivery
Vanessa Cooke (VC)	Head of Primary Care Transformation
Colette Smith (CS)	Communications Manager
Abbie Mitchell (AM)	Youth Participation Officer Fitzrovia Youth in Action
Mohammed	Young People Champion Fitzrovia Youth in Action
Samira	Young People Champion Fitzrovia Youth in Action
Zainab	Young People Champion Fitzrovia Youth in Action
Apologies:	
Oliver Green (OG)	Chair, Camden Disability Action
Caroline Allouf (CA)	Camden Carers Service
Anna Wright (AW)	Healthwatch Camden representative
Janet Guthrie (JG)	Age UK Camden representative

1. Welcome and introductions

HL welcomed everyone to the meeting. Apologies were received and the minutes of the meeting dated 11th September were then approved.

2. Camden Young People Champions (healthcare issues that are important to young people in Camden)

Abbie Mitchell (AM), Peer Mentoring Manager, Fitzrovia Youth in Action (FYA) and Mohammed, Samira and Zainab (YP Champions) updated CPPEG on general practice experiences that are important to young people in Camden. The presentation is [here](#). Feedback from Young People Champions and their peers about their experiences of general practice were categorised under 4 themes:

<p>1. Access and Approachability</p> <ul style="list-style-type: none"> - "We don't get taught how to make an appt, what to expect, what a GP surgery is like, how to approach the receptionist or what it means when they say 'I'll refer you'." - "Phoning to get an appt – this can be really hard. Some YP describe how they give up and don't bother". - "Some Drs don't seem to know how to speak to me – but also I don't speak up if I don't really understand what they are saying or what I have to do next". - "Sometimes the staff, I know they're busy, but they can be rude and just expect us to know everything. If the receptionist is rude, and I see I have a 30 minute wait, I'm prob gonna leave." - "I might get a number to call or told I have to 'self-refer' – then I probably won't do that....yes it's my responsibility but I might have just said some stuff I haven't said to anyone, I might be really upset and then get handed a number and probably won't hear anything for weeks" 	<p>2. Power regarding treatment</p> <ul style="list-style-type: none"> - "Sometimes our parents are there because they need to be, but sometimes we might want to say something not with them" - "they [the Dr and parent] speak about us but not to us." - "I don't feel like I have much of a say as if my parent makes a decision with the Dr, that's it really." - "One young person described being refused to be seen alone when she was 14 and asked to return with a parent, despite the fact she felt she had waited for that appointment for a while – this has led to a much wider conversation around confidentiality and rights of young people and their health..." - "My doctor was pretty good speaking to me and my mum. Tried to make sure I understood what was happening and asking my thoughts. My problem was my mum would answer for me."
<p>3. Time to be seen</p> <ul style="list-style-type: none"> - One of the big things that has come up, especially related to mental health is the time from saying you need support to getting any support, let alone the right support. In Feb 2018 "If I told someone today, I might not have any support in place until like September." - Some of our young people noted they can get some support at school, but sometimes you need the support outside of school too or don't want people to know at school? - If you need to have tests for more than one thing, you have to retell your story each time which can get frustrating. Like the notes from one place don't seem to go to the next place" 	<p>4. Promotion</p> <ul style="list-style-type: none"> - "I didn't really know about the sexual health services available to be honest. I think they need to promote them more." - "I found it really useful meeting the sexual health team at Camden Unity Cup – I understood what they were about and was able to learn more about sexual health in general. But for me, at schools, what was delivered by them was hard to understand and not as engaging compared to what I had at youth club." - Sometimes there is loads of information when you are waiting but too much. It's not clear, just all on a noticeboard.' – some of our young people don't feel like very much of the material is 'for them' but also that when there is too much, they don't read it.

CPPEG members welcomed the introduction to the work of the FYA and agreed to discuss the themes with their PPGs and opportunities for joint working were discussed with Healthwatch Camden. **Action 1:** Martin Emery (ME) agreed to explore FYA presenting at a GP education day. **Action 2:** ME agreed to explore the Chair, Vice Chair and Governing Body Sponsor for commissioning Children's services holding a Q&A with YP Champions after the New Year to discuss their experiences of healthcare services in Camden and further explore opportunities for joint working.

3. Developing an integrated model of primary and community care for Camden

Meena Mahil (MH), Integrated Care Programme Director, Camden CCG gave an update on the CCG plans for updating the provision of care navigation and social prescribing in Camden. The presentation is [here](#). The key messages were:

What are we aiming to do with to improve integrated working?

The CCG has limited resources, so we are working with our existing providers to see how we can improve joint working that happens outside of a hospital setting. For 2019/20, we will focus on aligning outcomes across some of our services to facilitate collaboration across local NHS providers. During the next 16 months Camden CCG and local NHS providers are working to:

- Identify local population groupings and determine our priorities for delivering integrated working across local NHS providers
- Agree risk stratification approach
- Design our model of care for our selected population group
- Commissioning our model by moving towards aligning outcomes across providers
- Continuous evaluation and testing of the model
- Further develop partnership working

There will be 4 phases of our integrated work over the coming years which are:

- Phase 1: Primary & Community elements of the model
- Phase 2: Developing our specialist community Long Term Conditions model
- Phase 3: Moving towards a whole population model
- Phase 4: Developing our acute model/commissioning whole system model

What do Camden patients say?

Based from feedback we know:

- *"A lot of different people contact me ... they ask what do you need etc... but I don't always know which organisation is which and that's a problem"*
- *"There are so many people coming and going I really don't know who is who"*
- *"I had an idea there was a social worker and carers – then there was a new team – palliative care – and two OTs, two physios and two nurses and I was still none the wiser."*

What are the views of Camden providers across the system?

Based from feedback we know:

- *"There needs to be an overarching leadership and accountability structure which spans across all organizations involved."*
- *"[We need] shared outcomes, no barriers and complete integration in managing the current needs of a patient by all teams"*
- *"The problem is, is that staff on the frontline work across the borough of Camden working with different patients and different GP staff"*

CPPEG members welcomed the presentation and identified with the experiences given by patients, supported the proposal and welcomed updates to be presented at future CPPEG operational and public meetings. **Action 3:** MM to return to a CPPEG meeting and update CPPEG on progress made at an operational and public meeting in 2019.

4. Phase 1 review of CNWL adult community services and what happens next

Paul Davis, Senior Manager, Community Commissioning and Delivery gave an update on plans to review CNWL community services. A summary of the presentation is [here](#). The key messages were:

Background:

- In 2017/18, Camden CCG commissioned Central North West London NHS Foundation Trust (CNWL) to provide 17 adult community services.

- Future commissioning needs to better support healthcare closer to home and align with our integrated care model.

Patient and GP feedback tells us:

Quality:

- Services are generally well regarded by patients and GPs.
- Areas for improvement exist but do not impact significantly on overall performance.

Performance:

- Key performance indicators (KPIs) in the contract do not allow us to effectively evaluate service outcomes.
- Feedback from GPs on condition-specific services is generally good but we cannot demonstrate a direct link between these services and fewer people being admitted to hospital.

CPPEG members welcomed the update and the aspiration to align community services in the integrated care model and asked that representatives from the community commissioning team return to update members on implementation following the New Year. **Action 4:** A representative from the community commissioning team to return to CPPEG in 2019 to update members on implementation of the review findings.

5. Primary care locally commissioned services for 2019 and beyond

Vanessa Cooke, Senior Commissioning Manager – Primary Care updated CPPEG members on the current status for providing primary care locally commissioned services for 2019 and beyond. The presentation is [here](#). The key messages were:

Overview

- Camden CCG commissions 13 primary care locally commissioned services (LCSs).
- LCSs are discretionary – services and levels of investment vary by CCG.
- Current local investment includes the nine Universal Offer services and four other LCSs which practices can choose to provide. The contracts and associated investment for most of these services end in March 2019.
- We are reviewing what we commission and how we commission it, to ensure future locally commissioned services align closely with local need and are high quality and affordable.
- Together with stakeholders, we are developing plans that are robust and achievable. And the case for investment must recognise and respond to Camden's challenging financial position by ensuring investment clearly links to the achievement of key outcomes.

Our approach - we want to ensure our primary care locally commissioned services:

- Build on the outcome-focused commissioning approaches taken in 2017/18 and 2018/19
- Focus on delivering high quality care and reducing unwarranted variation
- Can be accessed by all Camden patients
- Reduce reliance on, and avoid, activity in secondary care
- Increasingly support and link to the development of integrated care.

Current proposed headline changes

1. Refine care planning approach for complex patients
2. Expand neighbourhood outcomes approach
3. Expand primary care warfarin monitoring
4. Develop new services that deliver QIPP.

Developing new services

- Any new proposals must deliver QIPP

- New services may be commissioned at federation or practice level
- Developing proposals for new services may take longer than the rest of the LCS development process
- We will work with practices to agree realistic timelines for introducing any new services.

CPPEG members welcomed the presentation and HL becoming a member of the Adult Integrated Care Group with update reports to be presented at operational meetings for discussion and information. CPPEG members also recognised the need for QIPP and a representative from the Primary Care Team will return to present an update on progress made at the January (2019) operational meeting. **Action 5:** VC to return to CPPEG in January (2019) to update CPPEG on progress made.

6. **CPPEG Members Reports – for discussion**

The CPPEG committee representative reports and the Governing Body Patient Voice report were discussed and approved which can be accessed [here](#).

7. **Any other business:**

CPPEG (operational, open & PPG forum) meeting scheduled.

A short discussion followed and ME agreed to disseminate the dates for 2019 following the meeting. **Action 6:** ME to disseminate meeting schedule for 2019.

Moorfields Eye Hospital NHS Foundation Trust

Simeon Baker (SB), Head of Communications and Engagement updated CPPEG members that the Moorfields City Road Site is old, expensive to maintain, and cannot deliver the same level of environment and care for patients as a modern, purpose built hospital. The initial aim for Moorfields NHS Foundation Trust is to look to consult on a possible move to the St Pancras Hospital Site, where a new hospital would be built. Simeon advised CPPEG that the CCG expected a public consultation during 2019 and an update would be provided when it was confirmed. Questions were asked in relation to whether the land for the new hospital site would be leased or purchased and Simeon confirmed that his understanding was that Moorfields anticipated purchasing the land that they would require (which would be part of the overall St Pancras Hospital Site).

CPPEG members welcomed the update and it was agreed that a further update would be presented at the operational meeting in January. **Action 7:** SB & ME to invite a representative from Moorfields Eye Hospital to the January CPPEG meeting to update members on the potential move.

Camden Citizens Panel

SM updated CPPEG members on the work plan of the citizen's panel and reported that the panel may not be continued in the next financial year due to financial pressures. A discussion ensued and SB confirmed that pre-existing members would be invited to join an internal database which would be managed by the Communications and Engagement Team and be given the opportunity to assist with future engagement priorities and consultations.

There was no further business and HL closed the meeting.