



Consult and Challenge Meeting
15th January 2014
10:30 – 12:30

Whitworth Suite, Unity 12, 9-19 Rose Rd, Southampton SO14 6TE

PRESENT: Paul Juan (SCC Transformation Board), Dawn Buck (CCG), Sam Goold (Healthwatch), Bernd Sass (Disability Rights UK), Saq Yasin, Clare Petrie, Jon Searle, Robert Droy, Ray Harris, Richard Allen, Chris Andrews, John & Margaret Russell, Gordon Wade, Will Rosie

Welcome: Will introduced Bernd Sass from the Care Quality Commission who would be giving a talk later in the meeting.

ITEM		ACTION
1	<p><u>Apologies</u> Hilary Linssen, Karla & Julia Huggins, Chris & Steve Beal, Sarah Parker, Jamie Schofield.</p>	
2.	<p><u>Minutes of the Last Meeting</u> Agreed.</p>	
3.	<p><u>Matters Arising</u></p> <p>(a) Item 2. Jamie Schofield was unable to attend today and his talk about a vision for integrated care in Southampton was deferred to the February meeting.</p> <p>(b) Item 2. Will to meet with Jon Searle on January 16th about making the Consult and Challenge Group (C&C) more diverse.</p> <p>(c) Item 2. Domiciliary Care Services: Robert is meeting at Spectrum with Kirsten Killander of SCC Integrated Commissioning Unit on 24 January at 10:30 am. He was hoping Karla will attend to give her opinion of sensory perspective. Others would also be most welcome. Tender's for the service go out in April.</p> <p>(d) Item 4. Will had written to Alison Elliott about the pressure Paul is under to implement coproduction within the Transformation Board. He also mentioned recommendations from the Group to</p>	WR

	<p>help SCC in the process. He had also sent Alison a 'get well soon' gift from the group.</p> <p>(e) Item 5. Permission to Share Form. There had been no meetings with HCC since the last C&C meeting and Richard will give an update of progress at the February C&C meeting.</p> <p>Angela Sumner will be attending the March 19th C&C Meeting to speak about Information Governance in the City.</p> <p>(f) Item 8. The Southern Daily Echo's feature editor was unable to attend the January meeting as planned, but is hopeful of attending the next meeting on February 19th.</p>	
<p>4.</p>	<p><u>Clinical Commissioning Group (CCG) Update</u></p> <p>Dawn explained that the current complaints processes are confusing for patients.</p> <p>From April there will be a complaints process change with CCG bringing 'complaints' 'in house' under Dawn's remit. The idea is for a single-point of contact where possible and they will direct the complaint to the correct department, whether local or elsewhere. The complaints process and ideas for improvement were discussed. There was approval that the CCG recognised the need for a change of system.</p> <p>Dawn mentioned legal obligations to complaints which could not be affected by tailoring their own system to handle them.</p> <p>On complaints trends; hospitals forward monthly reports to CCG for Dawn's department to review. CCG will have regular meetings with Health and Social Care partners and would be able to pass on trends to Healthwatch.</p> <p>Members discussed informal feedback, rather than complaints, on minor issues that could be improved upon. Dawn said that CCG record every complaint and are aware that some people just want to get an issue 'off their chest' and to speak it though. She also mentioned that patient experience (feedback) is part of their contract. CCG to progress any outstanding issue.</p> <p>CCG do not wish to call the new process a 'Complaints Department' and the meeting went on to discuss the importance of getting the name right for the new (complaints) procedure.</p> <p>Dawn spoke of C&C working with CCG in the update and overhaul of the complaints process. Richard, Ray and Robert expressed their interest and would be contacted through Will in due course.</p>	

<p>5.</p>	<p><u>Transformation Programme update – Paul Juan</u></p> <p>It is hoped that at the next Project Team meeting on 10th February will have some C&C representation. The SCC Transformation Board structure is governed by the People Implementation Board where strategic decisions are made. They pass projects they wish to implement to the Project Team to come up with ideas and suggestions to make them work.</p> <p>Paul made a recommendation that C&C be given a 20 minute slot at the Implementation Board meeting to discuss representation on the Project Team level, where he believes coproduction would be best suited.</p> <p>A CCG representative will be at the 10th February meeting and it will an opportunity to mention the work we have undertaken with them.</p> <p>Mobile working: SCC IT department have now completed a price for the work. Two devices have been ordered for a trial in the next few weeks. If successful an order for a further 30 will be made.</p> <p>Robert raised his concern that SCC staff did not buy into the idea the last time it was trialled. There was a question of service users being intimidated in their own homes.</p> <p>Paul mentioned that some staff were keen and they also have ‘champions’ to explain the benefits of the idea and using the technology. The biggest challenge was to get the Case Management System to work; they want a more modular approach. Saq added that there were SCC staff that are happy to use the technology and would be involved in the initial process. However, part of the analysis of the trial should be how comfortable service users feel about the technology.</p>	
<p>6.</p>	<p><u>Coproduction Workshop Feedback</u></p> <p>Will gave a brief report of the December event held for CCG staff. He was pleased that there was so much interest with some 30 people attending. Even the CEO was there underlining CCG interest in Coproduction. A disappointment was that the senior tier of management did not attend. Will explained that an improvement in defining the difference between coproduction and patient engagement needs to be present. His overall assessment was that it was a good exercise around coproduction. Will thanked Dawn for her help in making the workshop happen.</p>	

7.	<p>Disability Right Survey</p> <p>Bernd Sass of Disability Rights UK) was in attendance at the meeting to promote an inspection they would be making of the Solent NHS Trust – one of five that have been picked-out across the country.</p> <p>Two community focus group meetings on the 27th February at Spectrum.</p> <p>The first meeting at 10:30 will be for people who have used the Mental Health Service.</p> <p>The second at 14:00 would be for people who have used community services.</p> <p>Bernd circulated a ‘flyer’.</p> <p>The Care Quality Commission (instigating the work) are looking for people who have used these services over the past 12 months to attend these group meetings. They were looking for some assistance in promoting the focus events.</p> <p>Bernd described Community Service as care that has not been in a hospital. In hospital cases, it would be any services used after a person’s discharge.</p> <p>There was concern about people with a mental health issues and their level of communication. Some people were not able to speak for themselves and would require a carer (advocate) to assist them. Bernd stressed that the meetings were for users of the service only, not their carers.</p>	
8.	<p><u>AOB</u></p> <p>There was no further business.</p>	
	<p><u>Date of Next Meeting: 19th February 2014</u></p>	