

**MINUTES OF THE MEETING HELD THURSDAY 6<sup>th</sup> April 2017**  
**DY1 Centre,**  
**Stafford Street, Dudley, DY1 1RT**  
**9.30am – 12.00pm**

**Present:**

Julie Jasper	CCG Lay Member, Dudley CCG
Helen Codd	Engagement Manager, Dudley CCG
Keren Hodgson	Engagement Officer, Dudley CCG
Dr Richard Gee	GP Engagement Lead, Dudley CCG
Joanne Taylor	Primary Care Commissioning Manager, Dudley CCG
Trish Taylor	Commissioning Manager – Mental Health, Dudley CCG
Jim Cole	Commissioning Manager – Specialist Placement & Recovery Manager, Dudley CCG
Jess Perkins	Midlands & Lancashire CSU
Maria Prosser	Communications and Public Insight Support Officer, Dudley CCG

**Representatives from the following PPGs:**

Stuart Steele	AW Surgery PPG
Stephen Schwartz	Castle Meadows PPG
Jack Bates	Castle Meadows PPG
David Taylor	Feldon Lane PPG
Cicely Thomas	Friends of Ridgeway Surgery
Margaret Davies	Greens Health Centre PPG
Bob Parker	KMP PPG
Pat Lamb	Lapal PPG
Sue Bicknell	Lapal PPG
Nigel Haydon	Lion Health
Christine Bate	Lower Gornal PPG
David Gill	Lower Gornal PPG
Bryan Caldicott	Moss Grove PPG
David Stenson	Moss Grove PPG
Sue Hatton	Moss Grove PPG
Leila Woolf	Northway PPG
Tony Durrell	St Margarets Well PPG
Rachael Meredith	Quincy Rise PPG
Irene Arrowsmith	Three Villages PPG

**Apologies were received from:**

Laura Broster	Director of Communications & Public Insight, Dudley CCG
Geoff Lawley	AW surgeries PPG
Diane Robbins	Ridgeway PPG
Harry Bloomer	Wychbury PPG
Angela Passey	Wordsley Green PPG
Douglas Winterborn	Keelinge House PPG
Pam Houghton	Eve Hill PPG
Roger Harding	The Lanes PPG
Allan Hughes	Woodsetton PPG
Margaret Roberts	Stourside PPG
Jane Beard	Meadowbrook PPG

## 1. Welcome, Introductions & Apologies

Julie Jasper welcomed all to the POPs meeting and thanked all for attending.

## 2. Draft minutes from last meeting & outstanding actions

The minutes from the meeting held on 9 February 2017 were agreed as a true and accurate record.

No outstanding actions were reported.

## 3. Mental Health Presentation – T Taylor

Trish Taylor presented 'Vision of New Model for Mental Health'. Handouts were provided.

Trish advised that this model has been work in progress for the past two years and is a collaboration between Dudley CCG and Dudley & Walsall Mental Health Partnership Trust (D&WMHPT). The majority of services will be provided by D&WMHPT; however Jim Cole is able to commission bespoke services if the Trust is unable to provide.

It was decided to name the model 'Emotional Health, Wellbeing & Happiness Service' as this service will encompass all groups and ages.

Everyone who needs too; will be able to access an assessment close to where they live or where they see their GP. This chat with a skilled professional will enable people to decide what interventions will best meet their needs. This could be from a range of options, from community based voluntary groups and peer support, through to specialist therapy and treatment from different professionals.

The Re-enablement Service will allow patients with support; to begin their life again or pick up where they left off. Providers such as the local authority, Dudley Council for Voluntary Service (DCVS) etc will work together to support this service.

There will be greater access to a range of 'Talking Therapies' which are now seen to be the most effective form of treatment for a lot of different emotional issues that individuals may experience.

Certain services will be more appropriate to particular ages, such as the online counselling service for children and young people (Kooth) and a new Tier 2 service for emotional health support in schools. An attendee asked what is meant by 'Tiers' and Jim Cole explained that in children's services we have conventionally described different levels of service in this way e.g.:

- |        |   |
|--------|---|
| Tier 1 | Universal Services that everyone can access and support the widest range of needs                                 |
| Tier 2 | Targeted services aimed at children with identified problems, hopefully before they become too much of a problem. |
| Tier 3 | Specialist Services, such as Child & Adolescent Mental Health Services (CAMHS)                                    |
| Tier 4 | Inpatient Beds  |

As well as the CCGs work, Dudley MBC is currently tendering for a single provider of all the non-statutory floating support (i.e. MIND), drop-in services and other preventative services,

for mental health and learning disability; to replace the existing range of providers that currently provide this in Dudley. This process is not due to complete until May 2017, at the earliest, but it could be formed from a range of existing service providers working to a new specification or completely new providers who will bring new ideas to the borough.

Atlantic House provides support to substance misuse individuals who may also be suffering with mental health issues. Atlantic House offers the following services:

- Clinical services, medically assisted recovery
- Hospital liaison
- Criminal Justice interventions
- Dual Diagnosis support
- Peer mentor support
- Family support
- Service user involvement
- Assistance with access to housing

and is commissioned by Dudley Public Health, with financial contributions made by Dudley CCG.

The Multi-Disciplinary Teams (MDT) allows patients to gain easy access to streamlined services. The MDT teams comprises of health and social care staff who work together in teams led by local GPs to offer a whole range of care and support wrapped around the people who need it the most. Integrated Plus, Locality Link Officers form a vital part of these collaborative teams called a Multi-Disciplinary Team (MDT).

There are currently 9 practices from within Dudley across the 5 localities, each operating a Mental Health MDT. The CCG would like all GPs in the borough to have access to a MDT either in their own practice or held within a hub.

Specialised services ie A&E, Home treatment service will remain accessible, but will be time-limited. In other words these services will only be accessible during the acute illness period.

Criminal Justice Service which was commissioned by NHS England is operational in Dudley and it is the CCG's responsibility to ensure that these patients are looked after and do not get absorbed in the system.

### Questions

Q1 What is the demography of Dudley?

Public Health Dudley is currently engaging with the local population in reviewing and completing a Mental Health Needs Assessment.

Q2 Which organisations are or will be providing mental health services in the future?

This is wholly dependent on the MCP procurement process.

Q2 The Tier2 Dementia Suite at Ladies Walk offers support for patients suffering with Alzheimer's – is this going to continue?

Andrew Hindle is the Commissioning Manager for Dementia/Older Patients and he will be able to provide information on this service. Ladies Walk Centre is part of the CCG estate strategy and work is progressing with the MCP in which it may form part of. Dr Richard Gee agreed to provide an update at the next meeting.

Q3 When will the new model for mental health be implemented?

The CCG anticipates that this will commence October 2017.

The CCG expects it will take between 12-24 months to set up and establish MDTs across the whole of the borough. Space availability is an issue and if it is not possible to set up a MDT in each of the practices, we may consider setting up a 'hub' in each of the localities to hold the MDT meetings; to allow GPs access to this service.

D&WMHPT has two consultants who will support GPs and other service providers in the MDT process. A primary care gateway worker will also be invited to participate and monitor the patient pathway.

It was originally hoped that 5 practices would become involved in this pilot, however this quickly increased to 9 with many more practices wishing to participate.

Q4 Is it possible to have the names of the 9 practices who are involved in this process?

Helen Codd agreed to provide these via the minutes.

- i. Chapel Street
- ii. Lion Health
- iii. Ridgeway
- iv. Keelinge
- v. Lapal
- vi. Three Villages
- vii. Wychbury
- viii. Kingswinford
- viiii. AW Surgeries

It was noted that although the D&WMHPT strategy has been released it has not yet been seen by member of POPs.

Trish advised that we are currently undertaking a needs assessment of adult mental health across the borough and this will help shape the CCG strategy.

Q5 Will there be a similar review of Learning Disabilities?

This is an ongoing process; Dudley MBC are reviewing mental health and learning disability services. However the CCG has observed pressure from NHS England to move patients into the community and out of institutions. Some funding will be made available from NHS England.

#### **4. Networking**

Members took time to share ideas and information.

#### **5. Extended Access in Practice/Locality – Joanne Taylor**

Joanne (Joe) Taylor provided an update on the future commissioning of extended access (including week day evening and weekends) from primary care services.

An extended weekend scheme was offered from November 2016 to March 2017.

- 13 practices provided Option A – access to own patients.

- 10 practices provided Option B – access to both own patients and others.

EMIS remote consultation allowed the secure sharing of patient records to support this venture.

43 of the 46 practices originally signed up to work in this collaborative arrangement; however it was reported that all 46 practice (100%) have now signed up to participate.

As the provision of extended access is a requirement of NHS England, it has been agreed to roll over the existing scheme for an additional 3 months until the end of June 2017, whilst we consult on what the substantive scheme may look like for 2017/18.

The CCG is keen to consult with the public to identify 'What is good access?' Any PPG that is interested in becoming involved or finding out further information should contact Keren Hodgson.

A discussion took place surrounding the additional pressures place on GPs and whether this service is really required. It was agreed that by using a common set of questions and perhaps a few bespoke questions, the CCG hopes to identify whether extended access to primary care services is required and what this means for our patients and practices.

Patients who 'Do Not Attend' (DNA) appointments, continues to be a real concern. Numbers of DNAs do not appear to be decreasing and this has an impact on the practices, across the whole NHS and other individuals who may wish to book an appointment but find that they are unable to. One surgery was noted as withdrawing online access to book appointments to those individuals who repeatedly DNA. It was suggested that a DNA Campaign is set up. Joe agreed to discuss with the primary care team. Dr Richard Gee agreed to discuss 'online access' and 'DNA's' during his practice visits.

Keren agreed to share Joe's contact details via the minutes:

[Joanne.Gutteridge@dudleyccg.nhs.uk](mailto:Joanne.Gutteridge@dudleyccg.nhs.uk)

Sensely's Mobile Triage App 'Olivia' is a Virtual Nurse which gathers information by asking questions, as a clinician would in a face to face appointment. This App will then direct the patient to the most appropriate healthcare resource which may include:

- Clinician advice through interaction with the NHS 111 service
- Book a GP appointment
- Healthcare information through NHS Choices
- Information about patient services

Interaction with the virtual nurse allows patients to be in control and receive fast, easy, personal and confidential access to the highest standards of healthcare.

Jess advised that the Virtual Nurse App 'Olivia' and the NHS111 service will now interlink to provide a comprehensive service to patients and signpost to the appropriate healthcare.

## **6. Friends & Family Test - Dr Richard Gee**

Dr Richard Gee advised those present that the Friends & Family Test (FFT) was devised and introduced in 2014 by NHS England. The FFT survey allows user/patients of health care services to submit their perspective on how they feel the services are operating.

Each practice is expected to provide data on a monthly basis. Richard circulated a spreadsheet document (illustrative purposes only) which clearly identified GP practices

against the monthly FFT return figures only. Some practices do not regularly submit responses and the CCG recognises the need to improve in these areas. PPG members were invited to request the FFT breakdown from their respective practices. It was suggested that all PPGs discuss the FFT within their practices.

How can the CCG assist? Would the PPGs be willing to help in capturing the 'users/patients' views ie meet face to face in the surgery with patients and assist them in completing the paper or online form? Concern was expressed by some members that if PPGs take on the role of the FFT, it may become the norm and that practice staff may no longer participate in the collection and collation of this data.

Do practices encourage patients to complete the FFT? Some members hadn't realised that FFT boxes were available and that this information was to be reported monthly and for what purpose. One member stated that the practice only used the online FFT service, but would recommend a change to include paper completion. It was reported that Castle Meadows Surgery publishes the FFT results on their Facebook page.

A member of the meeting suggested that the reporting was changed to a 6 monthly timescale. Unfortunately this is not possible; practices are required to meet the monthly reporting timetable set by NHS England. This is a review of services by the patients on a month by month basis, which will clearly identify service levels and areas that may require improvement.

Dudley CCG is very keen to promote the FFT. NHS Choices advises current and prospective patients on the practice services, accessibility etc and this also includes FFT results. It was noted that a comparison between the number of practices and their patient lists doesn't reflect the numbers of FFT returns. Dr Richard Gee asked members to check with the practices 'the baseline for registration details of patients' – this was agreed.

## **7. Questions to Board**

Julie Jasper asked those present if there were any questions they would like raised at the DCCG Board Meetings.

### **Question 1:**

What is the attitude of the CCG in regards to new buildings in primary care? We have been told two surgeries merging into a new build is not on the agenda as there will be larger hubs built. What is the current situation of Estates?

#### Response provided by M Hartland:

The CCG continues to progress with the implementation of the Health Infrastructure Strategy. The Strategy defined the criteria by which new developments will be assessed and these are used for all proposals put forward either by the CCG or primary care. A range of developments are in the scoping phase and will follow the appropriate CCG governance route. Estate moves that do not require new builds are also progressing, such as the relocation of Netherton Surgery to Netherton Health Centre.

#### Comments made at the Board:

The CCG Board recognises the need to improve productivity through an effective estate. Availability of capital funds was a challenge with limited resources available for new builds the Board recognises the need to be innovative in its solutions and find partnerships, where possible, to make developments viable.

It was noted that as the population changes and with the building of new housing estates, the location of existing health premises may not be best fit. This should be reviewed. The Board also recognises the need for public and clinical engagement as these plans develop and will endeavour to keep people informed of any new development opportunities.

High quality buildings also attract staff to the area to work in Health.

**Question 2:**

Malling Health is now in its 3<sup>rd</sup> year for UCC. Will they be continuing or will it go out to others to bid? Who will be running UCC from April 2017 in regards to the MCP?

Response provided by Neill Bucktin:

The UCC is a service that will be provided by the MCP. It will form part of the procurement process which is due to commence shortly. The MCP will take over responsibility for providing this service once the existing contract expires. It may do so directly or through a sub contract arrangement with the existing provider.

Comments made at Board:

The Urgent Care Centre is in the scope of services for Dudley MCP. Once the existing contract runs out it will be up to the MCP to agree how the management of this service proceeds.

**Question 3:**

What assurances can you give to staff with all the changes happening as we move towards procuring an MCP?

**Response provided by Stephanie Cartwright & Laura Broster:**

Staff have been involved in developing the model since before we became a vanguard and are the strongest advocates of the model. It has helped their working lives and improved the care they are able to provide to their patients. Last summer we established a group working across the system with representatives from all organisations to ensure that staff assurance and engagement was prioritised throughout the development stages. Since last October we have regular briefings in place across the borough inviting all staff to attend, involving staff in discussions around the changes and encouraging them to ask questions or share concerns. We have a number of drop in sessions across the whole of Dudley aimed at staff from all organisations which Paul Maubach; CEO of Dudley CCG is leading. We also have collaborative briefings which are also being delivered in each of the 5 localities by leads from the different organisations.

The CCG is supporting and encouraging providers to have the right conversation with their staff, but ultimately this responsibility sits with each individual organisation. The CCG is responsible for CCG staff and we are committed to sharing as much information as possible with our staff and giving them the opportunity to ask questions.

As the procurement progresses and we understand which staff may be affected, we (and possibly other organisations) will begin a consultation process with staff which will be in line with robust Human Resources (HR) policies.

Questions can be sent to [keren.hodgson@dudleyccg.nhs.uk](mailto:keren.hodgson@dudleyccg.nhs.uk) 48 hours in advance of Board meetings. The next Board meeting will be held on 11<sup>th</sup> May 2017.

## 8. Updates

### 8.1 Healthwatch Update

Rob Dalziel provided a brief update which included:

- Dentistry – looking at specific care in the area of Stourbridge; Paediatric Dentistry Proposals; and how to support Birmingham following their request for assistance.
- Pharmaceutical Needs Assessment Strategy is undergoing a 3 year review.
- Working with Caroline Brunt, Chief Nurse – Dudley CCG on Paediatric Assessment Unit/Urgent Care Centre – on how this will be used in the future.
- Report for inclusion in the CCG Board papers.

### 8.2 Topics for Discussion

- June – Urgent Care Centre Update: Mr Jason Evans, Commissioning Manager for Urgent Care – Dudley CCG.

August/October – suggested topics:

- Estate Strategy – invite Matthew Hartland, Chief Operating & Finance Officer – Dudley CCG
- Domestic Violence – invite a guest speaker.
- Alzheimer's – invite Julie Whittall to talk about Dementia.
- Mental Health Acquisitions Update: David Stenson (October 2017)
- Add to the regularly POPs meeting – Update on MCP.

## 9. Date, Time & Venue of next POPs meeting

Thursday 15 June 2017  
4.30pm – 7.00pm  
Beacon Centre, Wolverhampton Road, WV4 6AZ.