

## Statutory Sector Liaison Group

**Date:** 16/06/2011

**Time:** 15.30

**Location:** Ladywell Leisure Centre

**PRESENT:** Mike Hellier (NHS Lewisham), Graham Trice, Paul Connelly, Sue Parks, Petula Peters (LBL), Rosie Fooks, Alice Glover (SLaM), Jonathan Beder (SLaM), Janette Haworth (LHNT), Martin Howie (Chair)

**In attendance:** Miriam Long, Darren Morgan (Minutes)

		Action
<b>1</b>	<b>Minutes of 7th April 2011 and Matters Arising</b>	
	Apologies: Brian Fisher, Joy Ellery (LHNT), Ed Knowles (LBL)  It was confirmed that Public Health staff have relocated to Laurence House.	
<b>2</b>	<b>HealthWatch Pathfinder bid</b>	
	The LINK, in partnership with the Council have submitted a bid to become a pathfinder HealthWatch (HW), however it is not clear what the advantages will be or if there will be additional funding. It is hoped the bid will be successful, given that we are already preparing for HW and are recognised and respected by peers for innovation. The proposals have been evaluated, with outcomes to be announced later in June. Martin cited the bid as a 'good co-operative piece of work' and thanked Ed for his excellent co-ordination.	
<b>3</b>	<b>Information from statutory sector partners: Overview of current work; changes to policy or practice</b>	
	<p>NHS Lewisham Mike Hellier: GP Federation - GPs have now elected 'Pathfinder Development' officers for the GP Federation, to be Chaired by Helen Tattersfield and Vice chaired by David Abraham and Feruk Najid, who will have 2 days a week to work with NHS Lewisham and 1 day to work with colleagues. The clusters have been reassigned as 'Neighbourhoods'. Health Bill - changes have been announced, in particular a duty to act on integration as well as on competition and this will be helpful going forward. Secondary care clinicians will also be included in new governance structures. Foundation Trusts - there is pressure on all organisations to achieve Foundation Trust status by 2014, but there may be some leeway in this. Consortia now don't have to exist by April 2013 but the PCT's will have disappeared by then, with reporting passing to the National Commissioning Board. Health &amp; Wellbeing Board (HWB) - the first meeting of the shadow HWB has been held and Helen Tattersfield was elected as Vice Chair with the Mayor chairing. Work-streams - 334 residents with learning disabilities have had a health check and this is recognised as good work, however more needs to be done in this area. There is also a focus on long term conditions, particularly COPD where it is hoped 'telehealth' will help (home self monitoring etc) and A&amp;E admissions will reduce.</p> <p>South London &amp; Maudsley NHS Foundation Trust (SLaM) Alice Glover: Clinical Academic Groups (CAGS) - over the last 8 months and in partnership with King's Health Partners, SLaM have restructured, forming CAGS, based on patient needs and diagnosis and not geography. There are seven mental health CAGS and one that cross cuts with acute hospitals for neurosciences. Being able to</p>	

	<p>develop care pathways will make good practice systematic thus improving patient experience. Research and training will be aligned with clinical services to develop new treatments and integrate with services, and individuals will be clear on what to expect from their care. Community Opportunities Services (COS) - needs to be reconfigured to better integrate occupational therapy, vocational support, inpatients and community services. Personalisation of support needs to be improved. Alternatives to hospital admissions are being looked at as a significant number of people could be supported in primary care with enhanced support. The voluntary and community sector (VCS) should be utilized more and services that sit between secondary and primary care. SLAM have invested significantly in psychological therapies including self referral. Feedback systems and involvement - systematic feedback is being collected and 'lots of work' around engagement is being done through various mediums. Actions have been taken as a result of feedback collected and reports will be looking for improvement. In order to meet Commissioning for Quality and Innovation (CQUIN) targets for patient experience an improvement of 5% is required by the end of year. Amongst innovative work being done is a blog that is a service user lead initiative and promotes involvement opportunities. The blog is available to all and is a trustwide initiative, informing care pathways and involving families and carers. A carers experience survey for Lewisham is being developed, looking at how carers experience SLAM mental health services. It will be available in hard copy and online and it is hoped 'good and detailed feedback' will be forthcoming. Carers Lewisham, with 400 mental health carers on their books are on the working group.</p> <p>Lewisham LINK</p> <p>Miriam Long: Annual Report - is being finalised and will be distributed to all participants. Enter and View - 6 wards at the Ladywell Unit have been recently visited and issues will be looked at following feedback received. Partnership working - a likely HealthWatch responsibility will be providing targeted information to the public in digestible formats so people can make 'best use of local services'. At the last Executive Committee meeting a representative from the National Institute for Clinical Excellence (NICE) attended and a good discussion followed. It was agreed that NICE research and guidance will be included in this information targeting.</p>	
<b>4</b>	<b>Quality Accounts</b>	
	<p>Jonathan Beder: "Medicine safety - last year a number of areas for quality improvement were identified, this includes medicine safety where good progress has been made with a lower number of serious incidents but greater number of minor incidents reported. In terms of risk management, this is seen as a good sign of a 'healthy culture of reporting incidents'. Medicine safety remains a priority. Violence and aggression - has increased since last year with some reasons beyond SLAM control. Around 80% of violent incidents are by patients against staff and it is believed that the increase in incidents has been due to an increase in illegal drugs on wards, affecting violent incidents. Initiatives around managing illicit drugs (sniffer dogs etc) are underway, however it is very difficult to keep control over what is coming into wards. Productive Wards, an NHS wide programme on releasing time to care creates more time for clinical staff to spend with patients, which in turn should prove to reduce incidents. Incidents increase on ward round days, so we have trialled on some wards having a consultant visits daily and the formal structure is removed. The bed management system (as a whole) is being looked at along with research into the causes of violence with a clear aim of reducing incidents to zero. Outcomes – we have been measuring outcomes using the 'Health of the Nation Outcomes Scale' (HoNOS) looks at how people function and measures clinical effectiveness, in adult, older adults and children's mental health, we have had good results so far and aim to increase use of the scale further to get a broader sample of patients. For this coming year access is included with a focus on improving waiting</p>	

	<p>times, particularly for specialist services which have lower capacity. This includes improving access to expert advice, particularly for GP's, which may prevent unnecessary referrals to secondary services or improve joined up care. NICE are providing guidance on what a good mental health service should look like.</p> <p>Learning/Communication Difficulties - there are specialist services for people with learning and mental health problems and it is important to ensure equitable access to services. Staff in all services should be aware of individual's needs and have a policy not to discriminate. There is a trust wide disabilities working group, but it is acknowledged there is some way to go. Feedback suggests the quality of interpreters and ability to communicate effectively with people who are deaf is not always effective. It is hoped to meet with people soon to get feedback. JB to distribute a copy of the minimum standards to the group, any input from the LINK is much appreciated.</p>	JB
<b>5</b>	<b>AOB</b>	
	None.	
	The meeting ended at 17.00. Next meeting: 15/09/2011	