



**Kensington & Chelsea
Local Involvement Network**

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minutes of meeting

project title	Kensington & Chelsea Local Involvement Network		
meeting type	Health & Social Care Management Group Meeting		
minute no	M-17	Ref	LINK
held at	London Lighthouse, 111 - 117 Lancaster Road, Ladbroke Grove, London, W11 1QT	held on	25 November 2010
present	<p>Abdul Towolawi (Vice Chair) K&C LINK</p> <p>Angela Spence K&C LINK/KCSC</p> <p>Christine Vigars (Chair) K&C LINK</p> <p>Dahabo Guled K&C LINK</p> <p>Gaenor Holland-Williams K&C LINK</p> <p>Ivan Moore K&C LINK Mental Health Sub-group co-chair</p> <p>Patricia Gani K&C LINK</p> <p>Robin Tuck K&C LINK</p> <p>Reneta Guniska K&C LINK</p> <p>Margaret Cairns-Irven</p> <p>Guest:</p> <p>Mark Creelman NHS Kensington & Chelsea</p> <p>Ian Adams NHS Kensington & Chelsea</p> <p>Isis Amlak K&C LINK</p> <p>Host:</p> <p>Paula Murphy LINK Coordinator</p> <p>Simmone Hall LINK Administrator</p>		
apologies	Mary Gardiner; Suresh Gupta; Rita Contreras Cruz; Rowena Smith		

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Item	Introduction	Action
1.0	Christine welcomed all those attending the meeting.	
2.0	Agreed Minutes – September 30th 2010	
	The minutes of the last meeting were approved for accuracy.	
3.0	<p>Presentation – Developing a Commissioning Strategy for the NHS in North West London By Mark Creelman, Director of Strategic Commissioning, NHS Kensington & Chelsea</p>	
	<p>Mark Creelman and Ian Adams from NHS Kensington & Chelsea/NWL NHS gave a presentation about North West London's commissioning intentions strategy.</p> <p>The areas covered were; the criteria developed to support commissioning the health care strategy; the case for change, existing problems that need to be fixed; the clinical case for change and the timeframe planned for changes to take place.</p> <p>Mark Creelman informed the group that preparatory work is underway to develop a healthcare commissioning strategy in Northwest London (NWL) sector, in three newly formed PCT clusters, namely: Inner NWL cluster (Hammersmith & Fulham, Kensington & Chelsea and Westminster); Brent and Harrow cluster and Outer NWL cluster (Ealing, Hillingdon and Hounslow).</p> <p>The cluster formation is about getting the best value for money from the management team given the changing environment and the new government. It is also about delivering efficiency and removing repetition in the way things are done.</p> <p>A set of criteria has been developed by the PCT to support the commissioning strategy and these have been discussed and agreed.</p> <p>A four year timeframe has been set in which to deliver the new commissioning strategy.</p> <p>During 2010, the PCT held discussions, workshops and briefings with a range of stakeholder groups and have plans for further stakeholder engagement (including briefings to LINKs) during the first half of 2011, including wider public engagement and possible consultation.</p> <p>Hospitals in the future will offer different services. This will mean changes to the services currently being offered. Other hospitals may become more locally focus. For example, they may</p>	

become district general hospitals or polyclinics (a hub of local services). Quality is expected to rise and the changes expected will create funding for future work.

Discussions

Q. How does the PCT four year timeframe fit with the changes taking place such as GP commissioning?

Ans. Mark Creelman – Within the four year timeframe there will be changes to organisations. In this sector they are anticipating handing over on GP Commissioning in 18 months to two years.

Q. When talk about the strategy group, is the PCT thinking of moving GPs into hospitals where there are vacancies?

Ans. Mark Creelman - This is the case with some GPs. The Clinical Strategy group is more about GPs and secondary care commission hospital consultants. The focus is about the best pathway for someone with an illness and how that person can be best treated without always having to go back into hospital.

Q. Who monitor GPs for checks and balances?

Ans. Mark Creelman - GP contracts will be monitored at the NHS commissioning board level and also Monitor will be responsible for monitoring the GP consortia.

Q. Are we any further to patients being able to choose their own GP?

Ans. The new coalitions approach to GPs will enable patients to choose their own GP based on where they live or work. There may also be changes to GP services including what the GPs specialise in.

Q. How will patients and the public be involved?

Ans. Mark Creelman - During the first half of 2011 there will be more active engagement to include details around specific pathways and consultation with the public. The PCT have had discussions with GPs and there will be a conversation in the future with patients and their representatives.

Q. Can you say a little bit more about how the PCT is going to involve patients and the public in the current process?

Ans. Ian Adams – During the first half of 2011 there will be much more active engagement with various stakeholders and the PCT will revisit the LINKs to have a more detailed conversation, sharing the implementations for different hospitals across the patch. Also talking about the details around specific pathways such as dementia & mental health.

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	<p>If it is felt that more formal consultation with the public should take place then the PCT would want to use the LINK to enable further consultation with the public across the borough of Kensington & Chelsea.</p> <p>Q. With regards to the health science centres, will the PCT break the link between the universities and the hospitals such as Imperial?</p> <p>Ans. Ian Adams - This is a conversation for Imperial and its governing body rather than the GPs because they are an independent part of the NHS.</p> <p>Q. With reference to discussion around treating more patients in the community, will secondary care NHS providers be moving small cases into the primary care setting and still be employed by secondary care organisations such as a foundation trust or will secondary care clinicians still be employed through the current primary setup? So will staff be able to leave their secondary care employment and work within the primary care setting in the same way that GP's and nurses do?</p> <p>Ans. This could work both ways. As the PCT look to buy and commission services, the focus will be on the best model of care. The decision made will be based around a set of criteria to include, clinical quality, cost effectiveness and who has the best knowledge.</p> <p>Q. How does the PCT foresee the future for voluntary sector providers in commissioning?</p> <p>Ans. Mark Creelman - Voluntary sector plays a key role in what we are trying to deliver. The voluntary sector is the key to developing new ways of treating people at home. There is a lot the voluntary sector can deliver in terms of meeting people's health. There are already plans in Kensington & Chelsea to bring GPs to meet the voluntary sector.</p> <p>Q. Are there any mechanisms in place to protect the voluntary sector from profit making organisations been commissioned by GPs who provide services?</p> <p>Ans. Mark Creelman - The voluntary sector knows its local population and can deliver services to its population. Therefore not sure that the big profit making organisations are seen as a threat because money is not being shifted from the voluntary sector. Instead the voluntary sector is seen as one of the key factors of achieving better health outcomes.</p>	
4.0	Matters Arising	
	<p>4.1 NHS K&C Community Engagement – Patient Experience Reporting</p> <p>NHS K&C are currently collating patient experience data from</p>	

	<p>July 2010 onwards and have the report produced by K&C LINK on 'why people attend/don't attend adult day services'. It is exactly this type of information and dataset that the PCT require to understand what our local patients and public are saying about their experiences of health care. We will include results of this report in our next patient experience account and assess both short term and long term implementation of the recommendations made in the report.</p> <p>Patient experience is a core element of NHS K&C vision and will continue to be in the cluster programme (Westminster, K&C and Hammersmith and Fulham).</p> <p>Please continue to send and flag datasets and reports relating to patient experience via the LINK office.</p> <p>4.2 Scrutiny Information update CV and PM updated the group on their first meeting with the newly formed Health, Environmental Health and Adult Social Care SC. Following a pre-meeting with Cllr Weale and Cllr Mills, it was agreed that CV would move away from a focus on the LINK report to contributing to the main agenda items. The report was well received at the November meeting and CV noted that Ms Jean Daintith, RBKC was very complimentary about the strong working relationship and achievements of the K&C LINK in 2010. The discussion on the proposed cuts to Mental Health Services has prompted the LINK to carry out a short research piece on the proposed closure of the befriending scheme.</p> <p>4.3 Co-ordinators Report PM presented an update on the sub-group meetings and partnership working to date. The success of the Cancer Sub-group in receiving a grant and creating a partnership with Macmillan and H&F LINK on cancer screening ambassadors was of particular interest.</p>	
<p>5.0</p>	<p>Quality Accounts</p>	
	<p>The following representatives were nominated to represent K&C LINK at joint working Quality Accounts meeting during 2010/11:</p> <p>The Royal Marsden: Verite, Anthony and Dahabo The Royal Brompton: Reneta and Patricia Chelsea and Westminster: Patricia and Christine Imperial: Gaenor, Anthony, Angeleca, Tera CNWL: Ivan, Jonathan and Robin CLCH: Tera</p> <p>PM is to organise training for the group in Feb 2011 and to forward the final list of representatives to the Scrutiny Committee.</p>	
<p>6.0</p>	<p>Future of K&C LINK (Confidential)</p>	

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	<p>The Management Group then met in confidence to discuss their preferred options for the future of the LINK in the current economic and political climate.</p> <p>Christine informed the group of discussions to date with RBKC on funding for the transitional year of 2011/12. This is no designated Department of Health (DoH) funding and RBKC will make no commitments until the formula grant is announced on Dec 13th. However it seems likely that savings will have to be made.</p> <p>Hestia has therefore prepared plans for some joint working with Hammersmith and Fulham LINK (H&F). A proposed staffing structure was circulated and discussed and the possibility of moving the office to the K&C H&F border was also considered. Members recognised that savings may have to be made but wished these to be back office rather than impacting directly on the work of the LINK sub-groups. They would not wish the sub-groups to be run jointly with H&F because local policy and the stage of implementation, for example, of direct payments is different. Members were also concerned that sub-group meetings should continue to be accessible to all members including those with disabilities. Concern was expressed that any new office should be accessible by car and public transport. Members pointed out that although RBKC had announced the intention to progress joint working with Westminster and H&F this is still at an early stage and the LINK should follow any such move rather than go ahead.</p>	
7.0	Date and venue of next meeting	
	<p>Date: January 26th 2010 Time: 5 – 7pm Venue: Training Room 7, London Lighthouse</p>	