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Portsmouth and South East Hampshire

Health Authority

The Annual Statutory Meeting between Portsmouth and South East Hampshire Health Authority and Portsmouth and South East Hampshire Community Health Council will take place in the Theatre, Thorngate Hall, Gosport on **Thursday 11 May 2000** commencing at **2:00 p.m.**

Ms. Penny Humphris
Chief Executive, Portsmouth and South East Hampshire Health Authority

AGENDA

- | | | |
|-----|--|------------------------|
| 1. | Apologies for absence | |
| 2. | Minutes of the Annual Statutory Meeting held on 13 May 1999 | Attached |
| 3. | Matters Arising | |
| 4. | Review of C.H.C Activities in 1999/00 | Chair & Team Leaders |
| 5. | NHS Direct | |
| 6. | Mental Health Services | Dr Ottaway & Cllr Fish |
| 7. | Nurse & Midwifery Education and Training Contract | Chair |
| 8. | Portsmouth Hospitals NHS Trust PFI development | Chair |
| 9. | Projected Population Increase in South East Hampshire | Mr Nunn |
| 10. | Hospital and Community Health Services Commissioning | Mr Francis |
| 11. | Changes to Services for Residents of Gosport and South Fareham | Chair |
| 12. | Look forward to 2000/2001 | Chair |
| 13. | Any other business | |
| 14. | Date of Next meeting | |

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Notes of the Annual Statutory Meeting between the Portsmouth and South East Hampshire Health Authority and the Community Health Council for Portsmouth and South East Hampshire held on Thursday 13 May 1999 in the Conference Room, Finchdean House, Milton Road, Portsmouth.

PRESENT

Health Authority

Mrs J Smyth (Chair)
 Dr Jane Barton
 Professor S Buckley
 Mrs S Clark
 Ms P Humphris (Chief Executive)
 Mr J Henly
 Professor J Hooper
 Dr J Hughes
 Dr E Jorge
 Mr J Kirtley
 Mr D Pugsley
 Mrs R Pockley
 Mrs S Robson
 Mr R Samuel
 Dr G Sommerville

Community Health Council

Mr D A Dann (Vice Chairman)
 Mr A B Brereton
 Mr K W Dobson
 Miss J A Knight (Chair)
 Mrs M E Lovell (Chief Officer)
 Dr D M Ottaway (Vice Chairman)
 Mrs K Taylor
 Mr J L Nunn
 Ms J King
 Mr P Francis
 Mr N Emery (Project Manager)
 Mrs P Hampton

1. APOLOGIES FOR ABSENCE

Dr D D Hilton (CHC)
 Mr H Knight (CHC)
 Dr C Lewis
 Mr R Tickner

2. MINUTES OF THE MEETING HELD ON 14 MAY 1998

The minutes of the Annual Statutory Meeting held on 14 May 1998 were approved.

3. MATTERS ARISING FROM THE LAST ANNUAL STATUTORY MEETING

There were no matters arising.

4. PRESENTATION ON THE WORK OF THE COMMUNITY HEALTH COUNCIL IN 1998/99 AND THE KEY AREAS OF WORK FOR 1999/00

Mr Doug Dann, outgoing chairman of the Community Health Council, presented Health Authority members with an overview of the work of the Community Health Council in 1998/99, covering:

- adult mental health services, including schizophrenia and depression;
- services for elderly people. Mr Dann reported that the Community Health Council had been linking with elderly people's groups and reporting back to the Health Authority and NHS Trusts on the views of such groups;
- children's services. Mr Dann reported that the Community Health Council found it helpful to be involved in Partners in Care and discussions regarding respite care, of which the CHC was concerned there was a lack, but that overall the Community Health Council were very satisfied with children's services;
- community hospital development; Mr Dann said that the CHC deemed Community Hospitals to be a good way of delivering appropriate services and wished to see such facilities developed in Havant, Fareham and Portsmouth to complement those already in Gosport and Petersfield;
- Health Improvement Programme. Mr Dann noted that the Community Health Council had been involved in the Health Improvement Programme steering group and was reasonably satisfied with the end result;
- Patient participation in primary care. Mr Dann reported that this initiative had been discussed in detail and would be picked up with each individual Primary Care Group;
- health service strategy. Mr Dann reported that the Community Health Council had been aided by the regular visits of Mr John Henly, Mr John Kirtley and Mr Richard Samuel, and they were to be thanked for their contribution;
- Trust staff education and training. Mr Dann reported that the Community Health Council was still awaiting details of how training and education in the Trust is being monitored. Mr Dann did however report that there had been some discussion about national vocational qualifications (NVQs) and a Trust representative had agreed to visit the Community Health Council to discuss the issue in the near future;
- visiting. Mr Dann reported that there had been a full programme of visits throughout the year and that the reporting process has been improved to enable recommendations to be submitted directly to the Trusts. Moreover, Mr Dann was pleased to report that these recommendations had been actioned.

In addition to these projects, Mr Dann reported on the progress of the following monitoring items:

- Casualty Watch. Mr Dann reported that the Community Health Council had undertaken monthly visits throughout the last year and that the results of these visits were very pleasing. The work had also enabled the Community Health Council to contribute to the regional and national casualty watch initiative.

- maternity services. The CHC continued to monitor maternity services through meetings of the Maternity Services Liaison Committee and the CHC visiting programme;
- acquired brain injury services. Mr Dann reported that Lisa Chandler had had to resign from the Community Health Council due to work commitments, and paid tribute to her work over her period of membership;
- medical and intensive therapy beds. Mr Dobson reported on the bed occupancy rate at Queen Alexandra Hospital and informed members that monitoring arrangements were now in place at the Trust;
- mixed sex wards. Mr Dann informed members that the Community Health Council was very heartened to see the progress made on this issue, although Mrs Lovell, Chief Officer of the Community Health Council, expressed her concern that patient care in general could suffer as a consequence of resources being prioritised on single sex wards;
- transport services. Mr Dann noted that ongoing monitoring arrangements were in place.

Mr Dann then set out the Community Health Council's Business Programme for 1999/2000. The business programme comprises seven elements:

- community hospital. To ensure access to Community Hospitals across the Health District. To identify what services are provided and clarify Health Authority proposals regarding possible facilities in Havant, Fareham and Portsmouth;
- respite care. Identify level of respite care provision across the Health District for the priority areas of children, elderly, mental health, learning disabilities and terminal illness;
- mental health. Dr Ottaway highlighted that a priority for the coming year was the review of services for 11 to 16 year olds across the health district. The Health Authority Chair, Ms Smyth, noted that it will be important for the Community Health Council to include education and social services in this review.
- Primary Care Groups. Mr Dann reported that the Community Health Council had identified named representatives who have observer status with speaking rights at each Primary Care Group, except Portsea Island PCG where it was agreed that any questions raised by the CHC would be minuted. Dr Ottaway noted that she and her colleagues had all been warmly welcomed at Primary Care Group meetings;

- Visiting. Mr Dann noted that the Community Health Council intended to continue its visiting programme;
- raise public awareness of the Community Health Council and its work. Mr Dann noted that if the Community Health Council raises its profile further, it may lead to more work than present capacity allows.

Mr Dann also informed members that the Community Health Council's role in supporting people making complaints was growing and that this role needed to be considered alongside the future of complaints management in the NHS.

5. REVIEW OF MENTAL HEALTH SERVICES

Dr Ottaway of the Community Health Council asked the Health Authority members three key questions relating to mental health services in Portsmouth and South East Hampshire. Firstly, Dr Ottaway wished to know whether there was going to be a seamless mental health service in Portsmouth and South East Hampshire.

Dr Elizabeth Jorge, Director of Public Health and Strategy, informed Dr Ottaway that the Health Authority was currently undertaking a thorough review of mental health services, in which the Community Health Council was participating, and one aim of this review is to create a service which is as seamless as possible.

Secondly, Dr Ottaway wished to know whether human rights were going to be protected when assertive outreach services were in place. Dr Jorge assured Dr Ottaway that, although only one assertive outreach team had been established, the human rights of clients would be protected.

Finally Dr Ottaway asked whether the Health Authority had any plans in place to ensure that there would be sufficient beds and therapy services in mental health. Dr Jorge informed Dr Ottaway that the Health Authority was not yet in position to agree precise bed numbers as this would be determined by the current review.

6. REVIEW OF SERVICES FOR ELDERLY PEOPLE, INCLUDING MONITORING AND PLANNING FOR THE FUTURE

Mr Dann informed Health Authority members that one of the key concerns of the Community Health Council was ageism in the context of service provision. To this end, Mr Dann noted that the Community Health Council had been monitoring the situation in George and Elizabeth wards at Queen Alexandra Hospital. Although there has been no evidence to date of age being a factor in length of waiting times for outpatient or inpatient treatment, Mr Dann reported that the Community Health Council was keen to ensure that service provision reflects the need of the whole community, including elderly people.

7. PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY FUNDING

David Pugsley, Director of Finance and Corporate Services, provided an overview of the 1998/99 financial position. Mr Pugsley noted that the Health Authority remained in a sound financial position at the year end, allowing some carry over to support the Health Authority in the more difficult coming financial year. Mr Pugsley reported that the tight financial position for 1999/2000 will be caused in part by cost pressures such as millennium pay, pay awards and the working time directive. Moreover, Mr Pugsley noted that although there were ringfenced monies available to the Health Authority, such as waiting list monies, they were invariably allocated on a restrictive basis with very demanding targets.

Penny Humphris, Chief Executive, noted that if the health care system wished to develop the Trust private finance initiatives and new services, it needs to look at all of its expenditure and identify opportunities to release cash to invest in such priorities.

In response to Mr Dobson's question as to how the Health Authority had accessed the £4 billion NHS modernisation fund, Ms Humphris noted that it was a very complex process. A schedule has been produced that sets out the funds available, the rules of bidding and the lead person in the Health Authority. There are, however, also partnership monies and Health Authority representatives are engaged in this process with partner organisations.

Mr Dobson asked the Health Authority whether it intended to approach Housing Associations to build units of care for community mental health service as part of a private finance initiative. The Chair reported that recent legislation had enabled Housing Associations to engage in health and that this is an issue that will need to be considered in the future.

Mr Dobson also sought clarification as to the approach taken by hospitals in using inpatients' personal supplies of pharmaceuticals rather than issuing a new prescription on admission to hospital. Dr Hughes noted that this was a long standing issue and that historically doctors have destroyed any drugs brought in by patients. The Chair agreed that this was an issue that should be considered in the future.

8. PRIVATE FINANCE INITIATIVE

Mr John Kirtley, Chief Executive of Fareham and Gosport Primary Care Groups, provided an update on the progress of the private finance initiative applications at Portsmouth Hospitals NHS Trust and Portsmouth HealthCare NHS Trust. Mr Kirtley informed members that the Portsmouth Hospitals NHS Trust submission was still awaiting a decision, although all the indications were that approval would be given. Mr Kirtley asked members to note, however, that the original bid did not take in to account the closure of the Royal Hospital Haslar and the consequential reprovision of services. The bid would therefore have to be revised and submitted to the Health Authority in Spring 2000 for consideration.

Mr Kirtley also reported that Portsmouth HealthCare NHS Trust was in a position to prepare a final business case for the Health Authority to consider, although it was anticipated that the business case would exceed the original cost parameters agreed between the Trust and the Health Authority.

The Chair, Ms Smyth, noted that the Community Health Council would be able to keep abreast of the progress of both private finance initiatives through attendance at future Health Authority meetings.

9. HUMAN RESOURCES IN THE NHS

Miss Joyce Knight asked the Health Authority about the arrangements in place to ensure that NHS staff felt able to raise concerns and that whistle-blowers were not penalised. Ms Humphris informed Miss Knight that the Health Authority has its own policy on disclosure of information and whistle-blowing and this was set out in the Health Authority's Personnel Policies and Procedures. Ms Humphris also noted that because the Health Authority does not have a formal performance management role in relation to the Trusts, it is unable to ensure such policies are in place. However, Ms Humphris did report that both Trusts had relevant policies in place. Moreover the health economy has established a joint human resources group to explore these and similar issues.

Mr Brereton asked the Health Authority what action was being taken to implement the two recent health service circulars on racial equality and tackling racial harassment. Ms Humphris informed Mr Brereton that the Health Authority was still awaiting details of the guidance from the NHS Executive, but that she was temporarily leading on the implementation of the circulars during the maternity leave of Mrs Sandra Atkinson, Personnel Manager.

10. DEVELOPMENT OF PRIMARY CARE GROUPS

Dr Gordon Sommerville, Dr Jane Barton and Dr John Hughes provided the Community Health Council with an update on the development of Gosport, Fareham and East Hampshire Primary Care Groups respectively. Mrs Sheila Clark, Chief Executive of Portsea Island Primary Care Group, provided the Community Health Council with an update in the absence of Dr Charles Lewis, Chair of Portsea Island Primary Care Group. Mr Dann noted that he was encouraged by the development of the Primary Care Groups and to the extent that they have already engaged with representatives of the Community Health Council.

Mr Nunn raised the issue of the development of community based resource centres in Gosport and Fareham, reiterating the Community Health Council's support for such a development. Mr Nunn recognised the financial limitations faced by the Health Authority, but felt that such an initiative would be wholly consistent with the development of Primary Care Groups in Fareham and Gosport and the proposed closure of the Royal Hospital Haslar.

Dr Jorge informed members that such developments would need to be incorporated into the overall plans for the provision of community based care in Portsmouth and South East Hampshire. Dr Jorge also informed members that work would need to be undertaken at the same time to ensure GP beds were optimised, that admissions to community facilities were appropriate and that a satisfactory transport system was in place.

Ms Humphris did highlight, however, that the provision of health services to the population of Gosport and Fareham following the closure of the Royal Hospital Haslar would necessitate the exploration of community based resource centres and that any learning would be transferable to other parts of the district.

Mr Dann asked for the Health Authority's position on the development of private general practitioner services in the light of the recent announcement by the Osborne Road practice. Ms Humphris explained the statutory framework that allowed a practice to undertake private work and informed members that she would be meeting with the Osborne Road Practice to discuss the issue. Mrs Sheila Clark, Chief Executive of Portsea Island Primary Care Group, reiterated that the PCG would be keeping a watchful eye on the situation.

Miss Joyce Knight expressed her concern that, following the establishment of four Primary Care Groups, patients could be treated differently according to their area of residence. Ms Humphris informed Miss Knight that this was already an issue between Health Authorities, and that the Health Authority and the four Primary Care Groups would address it in the near future. Ms Smyth asked for the Community Health Council to inform the Health Authority of any instances of such inequity that they identify.

11. VOLUNTARY SECTOR

Mrs Kate Taylor asked that, in light of the large number of voluntary organisations that need to be engaged, whether the Health Authority needed to have a Director to lead on voluntary sector engagement. Mrs Taylor also asked if there was any message that the Health Authority would like the Community Health Council to take out to the voluntary sector?

Ms Humphris informed Mrs Taylor that the Health Authority had a wide range of staff who had responsibility for linking with the voluntary sector. Ms Humphris stated that the Health Authority would seek to maintain relationships with voluntary groups and engage them on both strategy and service development.

12. UPDATE ON THE FUTURE PROVISION OF HEALTH SERVICES IN GOSPORT

Ms Humphris provided members with an update on the position regarding the future provision of health services in Gosport following the closure of Royal Hospital Haslar. Ms Humphris informed members that the Health Authority was currently developing outline proposals setting out the proposed pattern of service provision, which would be published in late May 1999. Ms Humphris reiterated, however, that this was not part of a formal public consultation, as the Health Authority will be asking the Community Health Council to lead on this in 2000. Mr Dann on behalf of the Community Health Council welcomed the publication of the outline proposals.

13. ANY OTHER BUSINESS

Ms Smyth closed the meeting by thanking members for attending. Ms Smyth also paid tribute to Mr Doug Dann for his excellent chairmanship of the Community Health Council and welcomed Miss Joyce Knight as the incoming Chair.

14. DATE OF NEXT MEETING

To be agreed.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

**ANNUAL STATUTORY MEETING WITH THE
PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

**THURSDAY, 11TH. MAY, 2000.,
THE THEATRE, THORNGATE HALLS, GOSPORT.**

C.H.C. PRESENTATION PACK.

REVIEW OF C.H.C. ACTIVITIES IN 1999/2000..

WORKING ARRANGEMENTS.

- Business Meetings (in Public, with “slot” for the Public to raise issues or comments) - Routine, formal business sessions
- Open Meetings (Public Meetings) - Single subject events, aimed at the Public, with the hope of substantial Public in-put
- Special Meetings (in Public, with opportunity for the Public to comment on the issue being considered) - Additional, formal business sessions addressing items of particular interest or urgency
- Strategy Group Meetings (open to the Public) - Planning and progress-checking session involving all Members of the Council
- Project Teams - Small groups of Members working on specific issues or areas of study
- Chair / Vice-Chairs / Chief Officer Group - Comprises Council Chair and two Vice-Chairs with Chief Officer.

CHAIR / VICE-CHAIRS / CHIEF OFFICER GROUP.

- Meetings held monthly to enact strategic planning
- All papers / reports / letters discussed and appropriate action identified
(For example: Members selected to comment on reports; presentations arranged to enable Members to be briefed on topical issues; note made of any responses requiring action.)
- Planning undertaken for new and major activities
(For example: Public Consultations)
- Monitoring of C.H.C. activities, to ensure balance of work, availability of Members, progress of Business Plan.

REPORTS FROM PROJECT TEAMS (1999/2000.).

COMMUNITY HOSPITALS DEVELOPMENT.

- Clarify what services are or may be provided in Community Hospitals (or Local Resource Centres)
- Identify what services people expect to have provided locally
- Explore extent to which Community Hospitals in Petersfield and Gosport meet local needs
- Define “Minor Injury” provision
- Examine how quality services to the people of Gosport (and south Fareham) may continue to be provided
- Produce Report.

REPORT ON QUESTIONNAIRES TO ADULT MENTAL HEALTH SERVICES USERS.

- Review data gathered during 1998/1999.
- Clarify any queries and anomalies
- Gather additional information required
- Complete analysis of evidence obtained
- Produce Report.

MENTAL HEALTH.

- Review of mental health provision locally for young people aged 11 - 16 years
- Identify mental health needs of people aged from 11 - 16
- Examine extent to which provision matches needs
- Study HAS 2000 Report
- Report findings.
- Contribute evidence towards production of Draft Strategy paper.

RESPITE CARE.

- Identify respite care provision across the Health District
- Define what constitutes respite care
- Select group(s) to be considered initially
- Identify gaps in services for those groups
- Groups covered: children; elderly people; people with mental health problems; people with learning difficulties; people with chronic illnesses; people with terminal illnesses; and, people with physical disabilities
- Produce grid to show provision currently available.

REPORT ON VIEWS OF LOCAL ELDERLY PEOPLE WITH REGARD TO
THE NATIONAL HEALTH SERVICE IN THE HEALTH DISTRICT.

- Collect any final information necessary
- Carry out analysis of data obtained
- Construct draft report
- Produce Report.

PRIMARY CARE GROUP.

- Gain C.H.C. Representative with speaking rights at the Board Meetings of each of the four Primary Care Groups
- Obtain and study P.C.G. Business Plans
- Check whether members of the public still get the primary care services that they need
- Seek ways to monitor how members of the public respond to any changes in services from P.C.G's.
- Make contact with Patient Participation Groups, etc.
- See how the P.C.G's. ensure public interests are represented

INVESTMENT AND PURCHASING DOCUMENTS.

- Study relevant business plans and other investment / expenditure documents
- Comment as necessary on the plans, etc.
- Note appropriate documents from the Portsmouth Hospitals and Portsmouth HealthCare NHS Trusts;
- Consider plans relating to the Health Authority

Pay special attention to the Primary Care Groups, as they became established and developed.

PROFILE.

- Raise awareness of the Community Health Council (to members of the Public, Staff, etc.)
- Encourage greater public comment to the C.H.C. in respect of local health services
- Preparation of a "Members' Pack", to enable a consistent approach to be taken in public speaking
- Develop C.H.C's. public profile
- Articles in a range of newspapers / newsletters
- Development of Newsletter (See separate section later also) *X 2 yearly.*
- Find more time to obtain the views of patients /users / carers in a more proactive way
- Identify and explore new ways to collect public views.

NEWSLETTER EDITORIAL.

- Study relevant publications from other sources
- Suggest appropriate format
- Draw-up planning / preparation / production time-scale
- Collect materials
- Edit and construct Newsletter
- Produce initial Newsletter in late Spring 2000
- Continue process to ensure that topical Newsletter published in October 2000.
(and thereafter in April and October annually).
- First Newsletter published (See copy later in this Presentation Pack.).

VISITING.

- Ensure C.H.C. maintains an awareness of availability and style of local health services
- Extend routine Visiting Programme to three planned sessions each month
- In the course of Visits, focus on key issues of interest to the C.H.C.
- Obtain from patients / service users information on their concerns about local services
- Good response from managers to Recommendations, although understood that not all can be actioned at once
- Participation in “change of use” proposal by Portsmouth HealthCare NHS Trust in respect of a residence for people with severe mental health problems
- Continued up-dating of Report format, to improve clarity of comments and consistency of style
- Members up-dated on changes in the provision of facilities for patients / clients - enabling the Council to continue to represent the public interest.

C.H.C. BUSINESS PLAN 2000/2001..

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

BUSINESS PLAN 2000/2001

Draft for Annual General Meeting on 27th. April, 2000..

1. Strategic Direction

The Strategic direction of the CHC for the 2000/2001 Business Year will be based upon:

- ◆ facilitating public involvement;
- ◆ contributing to managing quality;
- ◆ exploiting the unique role of the CHC.

2. Criteria for Prioritisation

Arising from this Strategic focus, as a Criteria for Prioritisation, the C.H.C. asks of each proposed Objective the following questions:

- ◆ help the Council to identify public concerns?
- ◆ make a difference to users and carers?
- ◆ give the CHC information on quality?
- ◆ reflect local and national priorities?
- ◆ play to the strengths of the CHC?

and, does the C.H.C. have the resources to achieve it?

3. Objectives for April 2000.. – March 2001..

Objective 1.	Milestone	Review Process	Outcome
<p>Implement a project with Primary Care Groups (PCGs) on patients perception of quality of communication in General Practitioner Surgeries.</p>	<p>March 2000 Convene Team of Members.</p> <p>April 2000 Meet with PCG Lay members to discuss objective, and to market the C.H.C. as a source of expertise.</p> <p>April 2000 Meet with PCG Chairs to discuss draft proposal, model of work and protocol.</p> <p>May 2000 Agree Pilot with 1 PCG. Design pilot. Train and brief Members.</p> <p>May/June 2000 Conduct Pilot.</p> <p>June/July 2000 Collect, analyse and evaluate data. Feedback to PCG and CHC.</p>	<p>July 2000 Review focus, outcome, and likely resource implications following pilot.</p>	<p>Useful information on the GP/patient communication process.</p> <p>Raised awareness of existence and role of PCG by patients.</p> <p>Focused/Co-Ordinated approach to Clinical Governance.</p> <p>Positive relationship with PCGs and Lay members: CHC seen as collaborative colleague and a force for change.</p>

	<p>July – August 2000 Commence main body of work.</p>	<p>Agree scale of roll-out of programme.</p> <p>October 2000 Approach PCGs about significance of this work to their 2001 clinical governance plans.</p> <p>January 2000 Complete programme. Review need and feasibility of continuing work into following year.</p>	
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Objective 2.	Milestone	Review Process	Outcome
Gather information on spend on NHS services locally.	<p>May 2000 Agree outcomes in terms of service changes at May Strategy Group meeting</p> <p>May 2000 Small Team of Members set up.</p> <p>June 2000 Contact made with key agencies.</p>	<p>September 2000 Review feasibility and progress.</p> <p>November 2000 Complete programme</p>	<p>Information available on percentage spend on different services or care groups across Health District, possibly split into localities.</p> <p>CHC seen as a resource by local agencies.</p>

Objective 3.	Milestone	Review process	Outcome
Develop locality-based consumer focus groups.	<p>May/June 2000 Investigate Basingstoke idea (and other models) further.</p> <p>July/August 2000 Discuss with other agencies and investigate existing information (data).</p> <p>August 2000 Decide on focus and scale, aiming for one locality only. Train Members.</p> <p>September 2000 Start first locality group.</p> <p>November 2000 Start second locality group.</p>	<p>February 2001 Review success.</p>	<p>Active and informed C.H.C. Member.</p> <p>Good local knowledge.</p> <p>A vehicle for pursuing special interests, such as mental health and respite care.</p> <p>Raised CHC profile.</p> <p>Better attendance at public meetings.</p>

Objective 4.	Milestone	Review Process	Outcome
<p>Influence imminent consultation processes so as to achieve best service configuration for local people.</p>	<p>January and February 2000 Prepare and practise for public meetings.</p> <p>April/June 2000 Consult public and respond to formal Consultation regarding re-configuration of Isle of Wight and Portsmouth and South East Hampshire Health Authorities.</p>	<p>September 2000 – Internal review on experience so far/lessons learnt. Reflect on impact on rest of Business Programme, and revise plan accordingly.</p>	<p>Public have an opportunity for informed dialogue.</p> <p>C.H.C. seen as mature player by statutory agencies.</p> <p>All Health Authorities, etc, proposals critically challenged.</p>

Objective 5.	Milestone	Review Process	Outcome
Re-focus visiting programme to support Objectives (1) and (3).	<p>February 2000 Speak to key NHS partners about change of focus.</p> <p>End of March 2000 Stop current visiting programme. Re-deploy Members.</p> <p>May 2000 Commence re-structured, limited Visiting Programme.</p>	<p>July 2000 At end of pilot for Objective 1, consider how to capitalise on success of Pilot.</p> <p>February 2001 Review success of new process.</p>	<p>Targeted effective use of resources.</p> <p>Information on patients needs.</p> <p>C.H.C. work more integrated.</p>

Objective 6.	Milestone	Review Process	Outcome
Develop Newsletter	<p>March 2000 Define focus and distribution strategy for first edition.</p> <p>April 2000 Publish first issue.</p> <p>May 2000 Begin preparations for second issue (due for publication in October 2000), to reflect. New focus for C.H.C. and, possibly, results of Gosport and south Fareham services Consultation.</p>	<p>November 2000 Review how Newsletter is contributing to other CHC objectives.</p>	<p>Raise profile of C.H.C. Support to objectives (1) and (3).</p>

		March 2001 Review whole induction process with new Members.	
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Portsmouth and South East Hampshire Community Health Council

CHC NEWSLETTER

Spring 2000 Issue No:1

Public Consultation Meetings

Welcome to this first edition of the Portsmouth and South East Hampshire Community Health Council Newsletter. Each issue will explain some aspect of the work of the CHC and highlight any current health matters.

Since January, the major item on the CHC's Agenda has been the future of health services for residents of Gosport and south Fareham and the CHC has been holding public meetings for people to hear, question and comment on the proposals of the Portsmouth and South East Hampshire Health Authority.

The CHC's response now has been given to the Health Authority – copies are available from the CHC Office. Thanks to all of you who attended the meetings, or contacted the CHC with views on the proposals; they were all taken into account when the response was made.

Council Members hope that you will find this Newsletter of interest, and would be pleased to hear from anybody who would like to comment on this or any other aspect of health care within the Health District.

Joyce A. Knight
Council Chair

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CHC Projects

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Role of the CHC

The Portsmouth and South East Hampshire Community Health Council is an independent statutory body set up by Parliament under NHS Regulations to look after your interests – as users of National Health Services locally, as patients, carers and concerned individuals.

"Representing the public interest in National Health services locally"

Mental Health

During the last two years there have been many Government papers relating to changes in mental health service provision, including the provision of social care and needs assessment.

It is important therefore, that Mental Health Act legislation is updated to include aspects of community care as well as hospital care.

Service users and carers within Portsmouth and South East Hampshire are actively involved in discussions with the Health Authority, Social Services, Voluntary Groups and Members of the CHC in order that mental health services are improved to meet the changing needs of users and carers.

Respite Care

During 1999, CHC Members have been actively involved in gathering information on respite care services across Portsmouth and South East Hampshire.

A lack of respite care facilities is highlighted across all age groups, especially children and older people.

The CHC welcomes further comments in support of the case for enhanced service provision.

Elderly Services

Partnerships are now being set up between Health and Social Services to try to meet the needs of elderly people across Portsmouth and South East Hampshire.

Visiting

One of the roles of a CHC is to visit the areas where NHS patients are treated, to ensure, as far as possible, that there is an acceptable standard of care, that the premises fulfil the function for which they are used, and that any problems or suggestions as to the improvement of care and treatment services are reported to the appropriate manager for that area.

Teams of three to five members carry out unannounced visits and a written report is produced. Each area is visited usually at least once in every three years, and more frequently if required. Wherever possible patients, their carers and the staff are asked about their levels of satisfaction and any improvements they would like to see made. Reports are made public at the Business Meetings of the CHC.

Some of the improvements that have been achieved include the repair of a public telephone, which was also lowered for wheelchair access, at a Health Centre; the provision of a hot drinks machine on level F at Queen Alexandra Hospital, improved access in all areas for people with disabilities and better available information for patients prior to admission.

Community Hospitals

CHC Members were keen to identify the needs of local people and developed a questionnaire to survey people living within East Hampshire to gather their views on community health services.

During December 1999, CHC Members conducted a total of 86 interviews at selected shopping centres across East Hampshire.

The findings suggested that the Public was generally unaware of the range of health services available within East Hampshire.

CHC Business Plan 2000 / 2001

The strategic direction of the CHC for the next year will be based on:-

- facilitating public involvement;
- contributing to managing quality;
- exploiting the CHC's unique role.

Key Objectives. To:

1. implement a project with PCG's on patient perceptions of quality of communication in GP surgeries.
2. gather information on spend on NHS services locally.
3. develop locality-based consumer processes so as to achieve best service configuration for local people.
4. influence imminent consultation processes so as to achieve best service configuration for local people.
5. re-focus visiting programme to support Objectives (1) and (3).
6. develop Newsletter.
7. implement a Member training and development strategy.

Comments and suggestions are welcome from members of the public for issues or themes which the CHC might consider for attention in future Business Plans. The CHC's Business Plan is developed between November and March for implementation between the following April and March.

Any ideas should be notified to the CHC Office. (Address at the end of this Newsletter.)

STOP PRESS

The NHS Executive South East has proposed the formation of a new Health Authority to encompass Portsmouth and South East Hampshire and the Isle-of-Wight.

The consultation period runs to July 5th. and the CHC will be holding public meetings to hear views of local people on the proposals, on:-

- Wednesday, 10th. May,
Wesley Rooms, Portsmouth;
- Thursday, 18th. May,
Cams School, Fareham;
- Wednesday, 24th. May,
Park Community College, Leigh Park.

Doug Dann

At the time of my retirement in October 1981, my working life, following war service in the RAF, had been spent working in a long-stay hospital, and later at a health and welfare department in Kent and then from 1965, with Portsmouth's Welfare Services and Social Services Departments and with Hampshire's Social Services.

It seemed to be a logical step, prior to retirement, to seek some sort of satisfying future occupation; hence my self-inflicted membership of the CHC, nominated by Focus 230 – a community base in Leigh Park – from 1980 to 1992, as a Co-Opted Member from 1992 to 1996, and, currently, as a Hampshire County Council nominee.

My current term of membership ends this year, by which time I will have spent a quarter of my life as a CHC Member, including seven years as Chairman and the last year as Vice-Chairman, as well as having done a session as Locum Chief Officer for eight months in 1981/82.

The time has come to stand down gracefully but my interest remains and I should be pleased to continue as a Co-Opted Member.

Doug Dann

CHC Business Meetings

- ◆ Thursday, 27th. April at 7pm
Town Hall, Petersfield.
- ◆ Monday, 26th. June at 11am
Venue to be announced
- ◆ Wednesday, 23rd. August at 2pm
CHC Office, Admiral House, Cosham.
- ◆ Monday, 16th. October at 7.30pm
Venue to be announced

Portsmouth and South East Hampshire Community Health Council

The CHC Office is on the second floor of Admiral House, High Street, Cosham, Portsmouth. (A lift is available in the building.) Admiral House is located just off the High Street, opposite the Post Office, and is accessed via a driveway between a building society and a pet shop. (There are several public car parks nearby; Admiral House itself does not have car parking for members of the public.)

Usually, the CHC Office is open Mondays to Fridays, from 10.00 a.m. to 3.00 p.m.

FOR FURTHER INFORMATION PLEASE CONTACT:

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CHC Membership

Miss Joyce Knight (Chair)
Secretary of State appointee

Mr Doug Dann (Vice Chair)
Hampshire County Council

Dr Mary Ottaway (Vice Chair)
Carers National Association (S.E.)

Cllr Mrs Eve Burley
Fareham Borough Council

Mr Peter Brett-Burley
Fareham Rotary Club

Mrs Margaret Cox
Hampshire Federation of
Women's Institutes

Cllr Harry Cunliffe
East Hampshire District Council

Mr Ken Dobson
Hampshire County Council

Cllr. Mrs Thérèse Evans
Winchester City Council

Cllr Bill Fish
Havant Borough Council

Mr Phillip Francis
Havant Borough Council

Mrs Rosemary Hampton
Co-Opted

Mr Kieron Hatton
Portsmouth Advocacy and Appropriate
Adult Service

Dr Denis Hilton
Co-Opted

Mr Vernon Jones
Gosport Borough Council

Mrs Jo King
Fareham and Gosport MENCAP

Mr John Nunn
The Rowans (Portsmouth Area Hospice)

Mrs Mary Oram
Portsmouth City Council

Mrs Pam Peeters
Secretary of State appointee

Cllr Mike Prior
Fareham Borough Council

Mrs Kate Taylor
Alzheimers Disease Society

Mrs Christine Wilkes
Soroptimist International of Gosport,
Fareham and District