

Notes of RPCAG Focus Meeting
Friday 10 June 2011
Topic – NHS

Attendees:

Jude Bowler	NHS Joint Commissioning Manager for LBRUT and NHS
Susie O’Kelly	Parent – NAS Richmond- The Bridge
Miriam Park	Volunteer
Barry Woodward	Parent / RPCAG – vice chair
Joanne Kemp	Parent / RPCAG – chair
Laura Lennuyeux-Comnene	Parent / NAS- chair
Sylvie Harding	Parent
Pat Leggett	RPCAG – admin
Christine Duke	Parent

Joanne Kemp opened the meeting by reminding everyone of RPCAG’s Code of Conduct.

Joanne then welcomed the guest speaker, Jude Bowler, NHS Joint Commissioning Officer for LBRUT. JK explained that the focus of the meeting was the merging of Hounslow and Richmond NHS Trusts and how this will affect families with an additional needs child.

JK asked Jude Bowler to explain her role and the current situation with regard to the PCT. Hounslow and Richmond NHS Trusts have merged and are now called NHS South West. JB’s role in PCT is commissioning services e.g. counselling, parenting, school nurses. The PCT commissioning body only buys services. The council buys and provides services.

Hounslow and Richmond Community Healthcare Foundation Trust NHS stand-alone and is just a provider. NHS and PCT will end in 2013 and then pass to the GP Consortia. GP’s will then be responsible for commissioning services. At that point the Borough will commission as well. It is not yet completely clear what will happen in the future as the Government is still looking into reforming the NHS.

JB said they would like all commissioning to be done jointly between Council and PCT. They will be doing this from 2012. Then they will be looking at peoples needs, the services currently available and they will be speaking to families about their needs. After they have completed this process they will award contracts accordingly. JB did point out that the department is not focused on children’s services. Their focus is on adult needs. The details of these needs will be obtained from GPs. Community Services have been ignored so far. Adult mental health is becoming a

prime focus area. Other areas being studied are speech and language, young peoples mental health and paediatrics and therapy.

JB was asked what criteria are used when declaring a child an adult. Is it when a child reaches the age of 18 or is it a judgement made on IQ level? As far as parents are concerned they felt a judgement on IQ level is questionable. One parent asked if they wanted to lobby the NHS on any of these topics is it better to lobby as an individual or as an action group e.g. RPCAG. It was generally felt it was better to act as a group. Most parents felt it was difficult to know who was the right body to go to when they needed advice. It is felt there needs to be a person in the GP's surgery that could give people this kind of advice. JB said that LINK was the healthcare body to speak to for advice. In the future LINK will have a route in to commissioning bodies.

JB said the aim of her department, in the time they have before the changes come into force, is to go out in to the community and find out what is necessary, what is already available and what is the best way to provide the services that are required. There are a number of groups set up for this research. Also the department has links with other groups that can provide a lot of this information. For example there is a Mental Health Strategy Group that will advise the department. The department also wants users on the groups. The information gathering is an exercise shared jointly between the Council and PCT.

JB was questioned about the position of CAMS within the group. CAMS do not commission so parents will have to wait until ongoing support is out of control before something can be done. If people cannot go to CAMS whom should they go to? CAMS are under review at the moment. CAMS are commissioned by PCT but mainly by Adult Mental Health. This will change from 1 July 2011 so PCT will change to include child and adult services. CAMS strategy will be reviewed during 2012/13.

JB said it takes fourteen months to get a contract up and running. A number of contracts are already under review. These are mostly council contracts. New contracts will be set up and then will be reviewed after five years. The intention is to review the whole pathway, pre-birth, early years through to adulthood so it is vitally important to get parental support particularly for 0 – 5 years. The plan is to move towards preventative care. At this moment in time there is a lot of investment in early years e.g. KidsActive.

CAMS is provided by St George's Hospital. JB said they do not receive a breakdown of exactly what they get for their money. St George's wants to become a foundation trust so they have more control over their own budget. If that happens, more information may be available. JB was questioned as to why the department could not get more information regarding what their money is buying. JB said it was hoped that as they review services they would have a clearer picture of what they are paying for. JB was asked how many people were involved in the review of services. There are four people in the group, but the PCT has a staff of fifty people. Also the PCT was able to call on help from many sources within the Council and the NHS. When

asked how realistic it was for the department to carry out the review and obtain the best outcomes within the time available, JB believed having the will and the desire to complete the review in the time they have would ensure the completion of the task. The task has its shortcomings e.g. many areas have very poor data. It is realised it is not a simple process, for example, they are very aware that Mental Health have very poor data.

JK asked JB what affect the recent Government Green Paper will have. The Green Paper covers education, care, healthcare and the transfer of information to ensure the money is being used in the best possible way. Richmond Council has volunteered to be on the pilot. In Richmond there is a joint committee working between the Council and the NHS. The Council could be given the pot of money to buy services or the money could be given over to the carers i.e. direct payments. There was a lot of concern over the possibility of the money being given directly to the carers. Who would be responsible for ensuring the money is being used correctly and making sure the money is giving the best possible outcome by monitoring services?

One member said there was a problem over OT. This needs to be looked at particularly since the budget has been passed to the Council. JB could not comment, as it is not the responsibility of her department. She suggested parents should contact Michelle Williams, (Social Services) or Natalie Douglas, NHS Head of Children's Services. OT is commissioned by the Council and PCT. Ann Breaks is now responsible for Therapies across Hounslow and Richmond so parents could try contacting her. One parent wanted to know if there were any specific plans for children and young adults diagnosed within the autism spectrum. JB suggested parents approached Jane Clarke from Adult Special Services or Arti Joshi from PCT and ask them to look into future provision for Autism.

Parents who have been availing themselves of services out of the Borough, because Richmond have not been providing the services required by their children, were concerned that they may lose out in the future as their paperwork would not be held by the Borough. In the future when new services became available they could be overlooked. Portage, which is a fantastic service, is moving away from the Croft Centre and JB was not too sure where it was going.

The parents present felt there was no one person or one service they could go that looked at their child holistically. All services are fractured. It was felt that it would be so useful if, within the Borough, there could be one person or one service that pulled everything together. There are key workers but they are only available up to the age of 5. Community paediatricians will be moving over to GPs yet it was felt that GPs are the least involved with the children. Everyone agreed there were problems within Social Services (not enough staff and a high turnover within the existing staff). There certainly were not enough social workers. JB suggested parents contact Diane Staplehurst about their concerns.

Everyone wanted to know if the merger would make an improvement to services.

Although the NHS Trusts had merged Hounslow and Richmond PCTs had not. Also Richmond commissioning services will not merge with Hounslow neither will the GPs. JB felt sure things would improve. The quality of the new contracts will be better after the review. Also JB informed everyone that the budget had not been cut. Also, there will be increased promotion and support of Strathmore and Clarendon schools.

One parent asked if there would be parent representatives on the committees and if they would be part of the key decision-making. JB thought this was not going to be possible but repeated that parents would certainly be part of the consultation process. It was important to improve services within the Borough. There should be no reason for parents to go out of borough therefore there must be something not quite right at the moment. JB was asked if she could provide a chart of the structure of the department so people could identify who is responsible for individual services.

At this point, time had run out and so the meeting had to be brought to an end.

Joanne Kemp thanked Jude Bowler for coming to speak to the group.

17 June 2011
Pat Leggett