

Board Meeting In Public

Date:	Tuesday 24 April 2016	Location:	Hythe Centre, Staines	Time:	3.00pm
Present: Peter Gordon (PG), Jason Davies (JD), Richard Davy (RD), Mark Sharman (MS), Laurence Oates (LO), Lynne Omar (LOmar), Wanda Jay (WJ) and Kate Scribbins (KS). Deborah Mechaneck (DM) via conference call.					
Apologies: Kary Backhouse					
Other Attendees: Matthew Parris (MP), Nicola Borrow (NB) [NB, taking minutes] and Nick Markwick, Surrey Coalition of Disabled People.					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	PG opened the meeting and welcomed everyone.		
2. Declarations of interest	There were no new declarations of interest		
3. Questions from the Public	There were no questions from the Public tabled.		
4. Approval of the previous minutes and Actions	The minutes of the previous meeting in Public (January 2016) were agreed as an accurate record.		
5. Chairs Report	<p>PG reported that he had attended the Health and Wellbeing Board meeting and papers were available at: http://mycouncil.surreycc.gov.uk/ieListMeetings.aspx?Committeed=328)</p> <p>PG commented that during the last quarter his work levels had decreased with the arrival of the new Chief Executive, Kate Scribbins and they are now reviewing which meetings he now would attend. PG said that KS and Matt Parris are both now substitute members for Healthwatch Surrey on the Heath and Wellbeing Board (HWB) and both have attended meetings. Future attendance arrangements are being discussed and will depend to some extent on availability and workloads.</p> <p>In the last quarter PG has worked with the Board to review the current SLAs with Healthwatch supporting organisations.</p>		
6. CEO Report	<p>KS distributed her report. KS highlighted the following:</p> <p>Thematic work Healthwatch has been proceeding at pace with projects relating to 2015-6 priority areas around NHS complaints and GP access. Volunteers (both new and longer-standing) have been crucial to the implementation of both these projects. Training for each project has been carried out with the volunteer groups.</p> <p>PALs: Visits/assessments by volunteers to the majority of providers are complete. Website analysis (also by volunteers) also complete. Interim report being drafted.</p> <p>Patient Participation Groups: All 130 Surrey based surgeries have been researched and categorised based on their PPG activity.</p>		

	<p>Volunteers equipped with a standard presentation have been visiting PPGs across Surrey to explain Healthwatch and to find out via a structured “fact finder” what makes for an effective PPG. Healthwatch has also presented our project to the pan-Surrey Downs CCG PPG chairs group. Through the various meetings with the PPGs 129 individuals have attended the ‘Introduction to Healthwatch’ presentations. Healthwatch literature has been distributed to these people covering 33 surgeries.</p> <p>Over 65’s and primary care: This report called “Just getting on with it” has been published.</p> <p>Data sharing: Healthwatch has been approached to organise a meeting for the public to engage with the first stage specification for a new Shared Care Record for Surrey. This Surrey Integrated Care Programme (ICP) being led by North West Surrey Clinical Commissioning Group who are developing a model for a shared care record to Surrey residents. This is a very large project which brings together all patient information on health and social care and underpins all integration work so it is useful for Healthwatch to be involved from an early stage.</p> <p>Health and Wellbeing Board work around Primary Care Access: KS and Lauren attended/presented HW research on access issues at the HWB workshop on communications around “right place, right time” and presented on Healthwatch’s research. The workshop identified how complex this issue is, and that a communications strategy is not straightforward, and the group have referred the matter back to the HWB.</p> <p><u>Strategic planning</u> The strategic planning process is almost complete and there is agreement on three out of the four Vision statements and Goals. These new vision statements underpin the new work-plan for 2016/17.</p> <p><u>Work-plan and budget for 2016/17</u> The key elements of the 2016/17 work plan include an emphasis on the cost-effective collection of a minimum of 2000 stories from the people of Surrey in order to underpin our credibility and influencing work; plus new thematic issues for the year. As a result of the emphasis on a greater number of stories, KS has undertaken a review of how Healthwatch collects and handles stories with a view to ensuring it gets the best value and maximum use out of our interactions with the public. The Board have approved a re-allocation of our budget with a shift towards a greater use of direct engagement with the public, led by the Healthwatch team and volunteers. The team have examined the stories collected from CABx in order to identify those bureaux which gather the most useable information for us so we can concentrate on these going forward. More activities have been moved into the CIC this year so KS have been meeting with the people concerned in delivering these services to ensure good communications going forward.</p>	
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	<p>The team are starting to scope work on thematic issues for 2016-17 with a view to planning a work stream around each issue in Q1.</p> <p><u>Building relationships</u> KS has attended two Healthwatch South regional meetings plus a dedicated workshop with HWS and CQC, and a joint HWS meeting with SECAmb, plus a Help and Care HW managers meeting. It is extremely useful to share experiences and find out more about how other HW work.</p> <p>KS have started meeting with Saba Hussein of Surrey County Council on a regular basis as a chance to catch up informally between Contract Review meetings. This relationship is developing well. KS attended Health and Wellbeing Board and first meeting of new Children and Young People’s Partnership Board; plus first meetings of NW Surrey CCG Primary Care Co-commissioning Board. KS has attended the first meeting of the Voice network. KS has had two meetings with SDPP to begin to build the relationship and get closer monitoring of the SLA.</p> <p><u>Volunteering</u> Unfortunately three volunteers have left recently for various personal reasons. This is particularly unfortunate as they have only recently been trained. The Board have expressed a desire to have a dedicated session on volunteering and this will be organised in Q1 of 2016/17. Volunteers have been active in our PALS and PPG projects and are being introduced to roles both in building relationships with the PPE side of CCGs, and to engagement roles.</p> <p><u>Review of 2015/16</u> The team carry out a self-assessment of progress each quarter against a balanced scorecard. This quarter Healthwatch has taken the opportunity to review progress over the year. Healthwatch has underperformed in a number of areas around interactions at CABx, and referrals to the NHS advocacy service where there was an aim to increase numbers and this has not been achieved. Healthwatch has not succeeded in ensuring that we robustly assess the experience of people accessing our services (such as Advocacy). Healthwatch is changing the way we work with the CABs, and discussions over improving the way our Advocacy service assesses satisfaction are already taking place. Healthwatch has not published four Insight bulletins partly due to issues around confidentiality and lack of a common information governance policy between partners which has frustrated our ability to make the stories we capture public without significant editing. Healthwatch has however provided insight bulletins on a confidential basis to CQC for their inspection programmes, to Children’s Rights Services and Adult Social Care Leadership Team at SCC and to CCGs. This is very important for our influencing work and we have achieved a number of outcomes from this.</p>	
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<p>7. Quarterly Report including Financial Summary and Quarterly work plan</p>	<p>The draft quarterly report, financial summary and work plan were distributed with the agenda.</p> <p>MP highlighted the following areas:</p> <ul style="list-style-type: none"> ● 1104 people benefited from information and advice services. ● The average time spent on each call including research was 41.4 minutes. ● 26% were signposted to other support organisations this quarter. ● Case studies showing how Healthwatch had supported the caller were provided in the report. ● There were 50 new referrals for the NHS Complaints Advocacy service (10 referrals less than Q3). ● The Listening Tour captured 1518 views and experiences. A quarter of people who were spoken to about Healthwatch, provided details on their experiences. 42% of the comments were of a positive experience. The Board discussed why this may be. MP commented that calls to the help desk are more likely to be to raise concerns. It was suggested that more positive experiences may be due to the location and that public places offered more opportunity to speak to more able people. NB commented that in previous years, NB had visited public places for Healthwatch and more negative experiences were shared. RD suggested that an analysis of where the most positive experiences came from e.g. were they received in a provider or public place. One experience has been referred to the CQC, who has passed onto the GMC for review. ● The first Voice Network meeting took place. Organisations commented that it was a good place to network and also discuss potential future work with Healthwatch. JD asked how SCA were supporting the Voice Network. MP commented that initially more support was given to SCA than expected, however the network is running smoothly. ● The Community Cash fund was working well, giving funding and opportunities to the community, as well as assisting Healthwatch to collect experiences. ● There has been limited success with LIVE Chat. 		

	<ul style="list-style-type: none"> ● The 'Just getting on with it' report has been published. MP commented that they will continue to gather responses from communities to see if the report has influenced experiences. ● Healthwatch met with CQC last week. They were positive about the experiences they shared. ● Insight was also given to Children Services and Surrey Downs CCG. The Board approved the report with no objections. The quarterly report will be submitted at the next Surrey County Council contract meeting. <p>Action: WJ to send through article relating to Boots sharing patient information, for consideration as to whether it is in Healthwatch's remit to look at.</p>	WJ	17/05/16
<p>8. Healthwatch Surrey Strategy - update</p>	<p>This will be discussed at a future Healthwatch Board meeting in public.</p>		
<p>9. Work plan and budget for 2016-17</p>	<p>The work plan and budget were circulated with the meeting agenda.</p>		
<p>10. Sustainability and Transformation Plans</p>	<p>KS will circulate information on the Sustainability and Transformation plans and highlighted the following:</p> <ul style="list-style-type: none"> ● The new Sustainability and Transformation Plans are new frameworks required by NHS services. The plans cover NHS provision but with an expectation that social care will be included ● The plans were announced in December 2015 and must be submitted by June 2016. ● Funding goes alongside the plans. ● The plans are designed to make the NHS sustainable, to promote and strengthen local relationships and encourage organisations to work together, who may not have done so before. ● The plans are based around geographical areas, known as footprints. There are three footprints in Surrey: (1) Surrey Heartlands; (2) Sussex and East Surrey and (3) Frimley Health. It is important for Healthwatch Surrey to work with surrounding Healthwatch organisations. Healthwatch East Sussex is the main contact for Sussex and East Surrey. ● NHS service strategies sit above the plans. ● The delivery plan should include robust public engagement. KS commented that due to the tight deadline, for the majority of footprints this was not happening in the initial phase. ● KS met with James Blythe, Programme Manager for Surrey Heartlands footprint. James has a desire to include public engagement, however this will require careful consideration, as it is currently at the high level planning stage. ● The Transformation Plan should not be confused with the Transformation Board, as this is different. ● KS will provide briefing information to the Healthwatch network. <p>PG raised that with the potential of Surrey, East Sussex and West Sussex merging, it may add further complexity to the current situation. RD commented that it is possible that in the future social care may not be commissioned and provided by local Government and commissioning may move to private arrangements. PG reminded the Board that Healthwatch could not get involved with political</p>		

	<p>decisions. MS commented that Healthwatch should avoid getting sucked into the complicated processes being introduced, but encourage services to be transparent in their decision making and to engage with the public.</p> <p>It was agreed that the Board will review the documents (to be sent) and come to a view.</p> <p>Action: KS to distribute Sustainability and Transformation Board papers for the Board to review.</p>	KS	17/05/16
<p>11. Action Log</p>	<p>A1 Completed A2 Meeting has not happened, action carried forward. A3 Action carried forward. A4 The Governance report will be discussed at the May Board meeting. A5 Completed. A6 Completed. A7 Carried forward. A8 Carried forward.</p> <p>A revised action log is attached.</p>		
<p>12. Public Questions</p>	<p>Nick Markwick commented that he had been involved in the tender process of Healthwatch and it stipulated that the advocacy service must provide feedback and be monitored. Nick raised concern that Healthwatch reported a lack of feedback from SDPP. KS responded by saying that SDPP's NHS advocacy service is monitored and feedback is received. KS commented that Healthwatch is in preliminary discussions with SDPP to get more thorough feedback and in a more useable form.</p> <p>Nick Markwick commented that Healthwatch plans do rely on volunteers and currently the number is relatively low. KS raised that there have been new volunteers in the last six months. KS commented that currently there are sufficient volunteers to fulfil projects, however the Board is keen to identify a clearer direction for how Healthwatch uses volunteers. KS said that recently an advert requesting volunteers to help with Healthwatch's engagement work had been placed and the team would review the response received.</p> <p>Nick Markwick suggested that members of the public should be able to ask questions at the end of each agenda item. This suggestion was welcomed by the Board.</p> <p>Action: Public meeting agenda format to be adapted, to allow public questions at the end of each agenda item.</p> <p>Action: Board to consider how to promote the Board meetings in public.</p>	<p>PG / KS</p> <p>PG / KS</p>	<p>17/05/16</p> <p>17/05/16</p>
<p>13. Date of next meeting</p>	<p>The next meeting will be held on Tuesday 19th July 2016, 2-4pm, High Cross Church, Knoll Road, Camberley, GU15 3SY.</p>		

Board Meeting In Public

These minutes will be approved by the Healthwatch Board at the next Board meeting to ensure any Actions are progressed. Any questions or queries raised by members of the public at the next Board meeting in public will be welcomed and considered.

Minutes approved by: (please print)	
Signature:	
Date:	