

# Board Meeting in Public

<b>Date:</b>	Tuesday 24 <sup>th</sup> January 2017	<b>Location:</b>	Wilfrid Noyce Centre, Godalming	<b>Time:</b>	2pm – 3.30pm
<b>Present:</b> Peter Gordon (PG), Jason Davies (JD), Laurence Oates (LO), Lynne Omar (LOmar), Richard Davy (RD)					
<b>Apologies:</b> Kary Backhouse, Deborah Mechanek, Wanda Jay, Mark Sharman, Kate Scribbins					
<b>Other HWSY Attendees:</b> Matthew Parris (MP), Natalie Hoare (NH), Jacqui Pond (JP), Lucy Finney (LF) [LF Solutions, taking minutes]					

Agenda Item	Discussed/Action	Who	By When
<b>1. Welcome and apologies</b>	PG opened the meeting and welcomed those present and reiterated that the meeting is a 'meeting in public' not a public meeting.		
<b>2. Declarations of interest</b>	<p>Board Members were asked whether there were any new Declarations of Interested and the following was noted:</p> <ul style="list-style-type: none"> <li>• Lynne Omar is a bereavement volunteer at St Raphael's Hospice.</li> <li>• Laurence Oates is no long a Trustee for Just Advocacy following its closure.</li> </ul> <p>PG reminded Board Members to update their declarations of interest should they change at any point.</p> <p><b>Action: Update Declarations of Interest as noted above.</b></p>	LF	
<b>3. Questions from the Public (previously tabled)</b>	<p>One question had previously been tabled by member of public:</p> <p><i>In response to various reports highlighting poor health outcomes for people with learning disabilities, in 2006 the government introduced the Health Action Planning scheme for learning disabled adults.</i></p> <p><i>Ten years on, nationally only around 40% of entitled adults receive health checks (and published evidence suggests that Surrey may fall well below this average).</i></p> <p><i>GPs are paid to provide these checks under Directed Enhanced Services directions, but many practices do not participate. In some cases, where checks do take place, they are very short and cursory.</i></p> <p><i>Is Healthwatch Surrey aware of what, if anything, commissioners are doing to improve health outcomes for a small, but significant sector of the community, members of which are not well able to articulate their needs?</i></p> <p><i>Is there a feasible way of getting a clearer picture of how Surrey is performing in respect of health provision for adults with learning disabilities?</i></p> <p>The Board explained that one of the Healthwatch volunteers is a rep on the Learning Disability Partnership Board who oversee the implementation of a number of National recommendations around Policy for people with a learning disability. Healthwatch need to</p>		

	<p>Speak to the volunteer to establish more and also ask the question formally to the Partnership Board.</p> <p><b>Action: Question to LD Partnership Board (as per question from the Public).</b></p> <p>Work around NHS complaints, as detailed in CEO report, will include a series of visits by people with learning disabilities to local dentist services to understand and inform about the accessibility of complaints processes. Beyond this there needs to be more conversations with people with a learning disability to improve the amount of evidence on the database at present; more work could be done.</p> <p>The Board were asked what Healthwatch Surrey are doing to monitor services for people with a learning disability as Healthwatch Hampshire are doing through their focus groups with people with a learning disability and their carers. PG explained that the role of Healthwatch is not to monitor the whole of the health and social care system but to capture concerns that the public might have, act on these and feedback appropriately.</p> <p>PG explained to those members of the public present that there would also be an opportunity to ask questions at the end of each item.</p>	<p>MP</p>	
<p><b>4. Approval of the previous minutes and matters arising</b></p>	<p>Please see Item 9.</p>		
<p><b>5. Chairs Report</b></p>	<p>PG circulated his report which included the following activities:</p> <ul style="list-style-type: none"> <li>● <b>Commissioner Update:</b> Mary Burguieres replaces Rich Stockley. Saba Hussain remains. Reporting through Liz Lawrence.</li> <li>● <b>Health &amp; Social Care Consultant &amp; Engagement:</b> <ul style="list-style-type: none"> <li>○ Original approach by VCFS organisations with concerns regarding consultations, but issue appears wider.</li> <li>○ Informal meetings held with;           <ul style="list-style-type: none"> <li>▪ Helyn Clack – Surrey County Council (SCC) Cabinet Member for Wellbeing and Health and Chair of Health and Wellbeing Board.</li> <li>▪ Helen Atkinson – SCC Strategic Director for Adult Social Care and Public Health.</li> <li>▪ Mel Few – SCC Cabinet Member for Adult Social Care, Wellbeing and Independence.</li> </ul> </li> <li>○ Agreed with David Eyre Brook (Guildford &amp; Waverley CCG Chair and Co-Chair of the Health &amp; Wellbeing Board) that the issue should be raised at the December Health and Wellbeing Board meeting with a view to a more detailed discussion at the January meeting. However, the January meeting over-ran and this will now be the first item on the Agenda on the 2<sup>nd</sup> February.</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>○ Meeting on 1<sup>st</sup> February with the VCFS organisations that raised the issue to take them through the draft presentation to the Health and Wellbeing Board.</li> <li>● <b>Health &amp; Wellbeing Board:</b> In addition to the item above the December meeting included:             <ul style="list-style-type: none"> <li>○ Sustainability and Transformation Plans (STPs) and Commissioning Intentions – there are evident differences in the approach between the STPs with concerns around poor communication and engagement from Sussex and East Surrey STP.</li> <li>○ Surrey Safeguarding Adults Board Annual Report 2015-16 – issues of coverage/inclusion raised by Healthwatch Surrey last year were re-raised (with the offer of assistance), as they do not yet appear to have been fully addressed. Reports to the Health and Wellbeing Board to be scheduled earlier in future years.</li> <li>○ Surrey Safeguarding Children’s Board Annual Report 2015-16 – Report to be scheduled earlier in future years.</li> <li>○ The January Health and Wellbeing Board included:                 <ul style="list-style-type: none"> <li>▪ Focus on Health inequalities</li> <li>▪ Integrated approach to assessing carer health and wellbeing</li> <li>▪ Priority updates included ‘developing a preventative approach’ and ‘promoting emotional wellbeing and mental health’</li> </ul> </li> </ul> </li> <li>● <b>Accommodation:</b> This has not moved forward and KS continues in discussions with Guildford Borough Council. From a leadership perspective staff conditions are cramped and not ideal, it is hoped solutions will be found soon.</li> <li>● <b>Healthwatch Sutton:</b> A meeting took place between the Chairs’ of Healthwatch Sutton and Surrey and there are clear opportunities to cooperate and share hints and tips.</li> <li>● <b>Healthwatch Brighton:</b> are hoping to organise a meeting of southern Healthwatch organisations, particularly in the Surrey and Sussex STP – which does not appear to have the level of buy-in of that of Surrey Heartlands STP. Initial telephone contact has taken place between the Chairs and there is a commitment to maintain and extend the dialogue between the organisations.</li> </ul>		
<p><b>6. CEO’s Report including Financial Summary</b></p>	<p>Please refer to the CEO Report circulated with the papers.</p> <p>KS was unable to attend the meeting and in her absence MP spoke to the report.</p> <p>MP explained that the main focus KS wished to highlight is the evidence of increasing activity and outcomes relating to Healthwatch Surrey work, something which is increasing more and more every month. This is particularly encouraging as it comes at a time when there is change within the team.</p> <p>The CEO Report demonstrates outcomes with partnership working and challenging with an example being through the Enter and View programme that has just been completed in Care Homes in Surrey.</p>		

	<p>One visit identified safety concerns which were reported to the CQC who carried out an inspection two days later and took necessary action against the home – residents now have assurance the quality of the service will improve.</p> <p>The Enter and View visits received positive feedback from providers.</p> <p>Healthwatch are consulting on a number of recommendations being made in the Summary Report to check they are clear, actionable and proportionate to the evidence. Recommendations from the Report will be published this month and will call upon SCC to investigate the extent of variation of practices across care homes in Surrey.</p> <p>The team are putting together a video around Enter and View, in part to break down stigma, with involvement from the CQC, SCC and care home providers to demonstrate to volunteers the benefit of these visits.</p> <p>The Report identifies and challenges assumptions about what life is like in a care home and points people towards some criteria they may wish to look at when choosing a care home.</p> <p>PG opened the floor to questions and comments.</p> <p>JD asked how the report will be distributed and MP explained that a press release will be circulated and the Report will be sent to all care homes in Surrey. A workshop will be held with volunteers involved to look at action planning and next steps and present findings to care home forums. The Report ‘My Way Every Day’ will be circulated to the Board.</p> <p><b>Action: MP to circulate ‘My Way Every Day’ to the Board.</b></p> <p>Advertising space has been secured in hospital radio magazines and PG would like to ensure the Board see copies and are kept informed about this and also receive any other relevant information in order to keep in touch with what is happening.</p> <p><b>Action: Ensure the Board sees copies and are kept informed about advertising placed in hospital radio magazines together with any other relevant information.</b></p> <p>RD queried whether any thought had been given to how effective the advertising will be and how the impact can be demonstrated? MP noted that this source had been added into Helpdesk database file specifically for the area (Hospital Magazine) so that they are able to track impact.</p> <p>There were no further comments regarding the Financial Summary.</p>	<p>MP</p> <p>MP</p>	
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<p><b>7. Quarterly Activity Report &amp; Outcomes Report</b></p>	<p>MP ran through the Quarterly Report, highlights of which included: (please refer to the Quarterly Report circulated with the papers)</p> <ul style="list-style-type: none"> <li>● Information regarding advice and advocacy; MP drew attention to feedback received which demonstrates the difficulties people go through when making complaints. The Complaints Manager role appears to be a post with lots of attrition which was demonstrated when hosting a Surrey-wide Complaints Managers Forum in December where over half of the Trusts invited had a vacant post or newly appointed Manager. Looking at complaints will be part of intelligence when move forward with projects.</li> <li>● Information and advice – MP highlighted a case study with the CAB which demonstrates the value of working in partnership and helped refer an individual to Social Services which was of great benefit.</li> <li>● MP made reference to the Listening Tour Report, PALS Project Report and Patient Participation Factfinder.</li> <li>● There have been more conversations this Quarter than any previously with a striking amount of diversity.</li> <li>● Surrey Downs CCG Community Chest initiative enabled Healthwatch to facilitate conversations with Gypsies, working men, homeless, those suffering domestic abuse, school pupils, unpaid carers and those who may be socioeconomically deprived.</li> <li>● Experiences uploaded on to the database show that services with the highest proportion of positive experiences include Cardiology, Diabetes and Optometry whilst services with the highest negative experiences include Mental Health (Child and Adolescent), Nursing Care Homes and Adult Mental Health.</li> </ul> <p>PG asked how far figures are being driven by the audiences reached in that Quarter and MP felt it is fairly consistent; engagement takes place in hospitals, GP surgeries etc. in each Clinical Commissioning Group (CCG) area and the profile may change from Quarter to Quarter however, MP was not able to confirm the extent to which this would influence figures but did not believe it would be dramatic.</p> <p>PG was pleased Healthwatch decided to include mental health in their priority list which is corroborated by the figures. MP noted that often when visiting locations the sentiment is more positive than negative.</p> <p>PG asked for questions from the floor.</p> <p>Nick Markwick asked about mental health and care homes and whether this will influence the Enter &amp; View Policy, will Healthwatch look at these areas and is there a timetable in place? MP reiterated that decisions about carrying out Enter and Views are about what Healthwatch is trying to seek to establish; however, this would influence priorities to ensure it remains a priority into the future. If evidence shows Enter and View is effective to do Healthwatch will do it. The vast majority of issues regarding mental health are about people getting help in the community. RD noted that they would need to drill down into the negatives to know exactly which resources</p>		
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	<p>are needed then highlight to the public what Healthwatch are targeting and how it will be done.</p> <p>JD noted that Healthwatch are ahead of their expected figures and MP explained that they had set a stretching target which has already been met and there is more capacity to set this higher next year.</p> <p>Paul Charlesworth commented that it was good to see increased activities and outcomes but observed that calls to the Helpdesk were not so good with only two a working day. It was suggested that Healthwatch is a long way from being seen as the place to go if someone has a problem.</p> <p>MP explained that JP has initiated film projects around the value of the Helpdesk which will demonstrate to the public that the Helpdesk provides huge value and therapeutic benefit; the average call is between 30-40 minutes. Work will be done around putting information leaflets into every Adult Social Care pack sent out by SCC and focus on raising awareness more generally with the media.</p> <p>PG queried whether there was more that could be done on a networking basis with the other Healthwatches' particularly around looking at ideas they have already come up with to use in Surrey. MP noted that they have put lots of energy into building relationships with commissioners and decision makers and hope to get Healthwatch branding into letters etc. PG felt that commissioners and decision makes could save a huge amount of money by outsourcing some of their in-house activities to Healthwatch Surrey; there is a real opportunity to streamline the system within the new STPs.</p> <p>LO asked about work on access to GP appointments, the subject of which has reached national prominence, and would like to know whether Healthwatch Surrey's evidence is beginning to focus on what makes a good GP surgery and whether it's relevant to national debate? MP explained that the findings are yet to be written up but the team are engaging with very diverse groups; people are generally happy with their GP but with some exceptions. The team do hear positive information in terms of best practice and the variation can be great for example a GP practice in North London introduced 'Ask my GP Online' which reduced face to face appointments by 25%.</p> <p>PG felt that the material is presented well and the level of activity and impact is increasing; he encouraged the team to keep up the good work.</p> <p>Paul Charlesworth observed that it was good to see lots of reporting of outcomes now and can believe that HW is making a difference.</p> <p>LOmar has been very impressed with the work around Enter and View which has been a difficult task and felt Sam has been an excellent contributor.</p>		
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<p><b>8. Update on Thematic Priority Work</b></p>	<p>Jacque Pond wanted to focus on the thematic around Mental Health and early intervention and talk about two work streams that she is has started on.</p> <p>The first is a trial to capture more experiences in cost effective way. JP met with the Mental Health and Wellbeing Centre at Magna Carta school in Staines who will be holding a Mental Health and Wellbeing week. The week will be based on the word GREAT looking at one letter each day such as G = giving, E = energising etc. The school are well set up for this event and run a successful wellbeing programme with a group of Year 10 students who are trained in relating and talking to people. Healthwatch Surrey will be there on the Friday and the Year 10 students will be Healthwatch Champions for the day.</p> <p>A chill out zone will be set up where people can share their experiences and a text line (for the school only) is in place so students can text in their experiences. There is an Assembly each day and JP will give a 10 minute talk each morning about Healthwatch so by Friday she will have presented to all students in school.</p> <p>Two other aspects are accessing the parents through students and Headspace will be writing a blog which will be based around the Healthwatch Surrey day. JP will report back on outcomes from this.</p> <p>Healthwatch will go back to the school at the end of June and present to the Year 10 group in order to grow relationships and work in partnership with them.</p> <p>The week will attract a lot of press and TES (Times Education Supplement) will come on Friday; there will be lots of different opportunities for engagement, promotion and relationship building. JP will next look at primary schools in the area.</p> <p>The school recently developed their own App called 'My Teen Mind' and Healthwatch Surrey has the opportunity to have a permanent section on the App. PG suggested a Healthwatch Surrey App may be beneficial and MP noted that Healthwatch Hampshire had been working on one and he speak to them to see how they are progressing.</p> <p><b>Action: MP to contact Healthwatch Hampshire to ask for an update on the progress of their App.</b></p> <p>The Second steam of work is regarding Safe Haven's which have been set up across Surrey and are generally open from 6-11pm specifically for people with MH issues with qualified staff on site at all times. JP visited the Redhill Safe Haven in December to gather experiences from people about mental health particularly on discharge plans after an inpatient stay, looking at accommodation on discharge and the GP journey. The Report on this work is expected at the end of March and Healthwatch will have engaged with each Safe Haven in Surrey and hope to have a good mix of people's experiences.</p>	<p>MP</p>	
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	<p>JP explained that she felt a sense of family and support at the Redhill Safe Haven for which Richmond Fellowship should be applauded for their work.</p> <p>PG asked how transferrable the school activity will be to other settings and what would be needed to roll this out? JP suggested creating a template when the day has taken place that could be taken elsewhere. JP would want to be present at school Assembly's to raise awareness but when transferring to another college or school the idea would be for them to run it themselves and students will have ideas about how they want to do it.</p> <p>LOmar suggested that raising awareness will unearth issues in school and asked about support in place to help cope with these. JP explained that there is already safeguarding in place set up by the Mental Health and Wellbeing Department at the school and they are well set up to deal with these.</p> <p>PG noted that there may be other voluntary sector organisations who may want to partner with Healthwatch Surrey on this.</p> <p>Paul Charlesworth is a Trustee of Oakleaf and offered assistance and also possible access to another school; JP will speak to Paul regarding this.</p> <p><b>Action: JP to contact Paul Charlesworth regarding the work on mental health in schools.</b></p>	JP	
<p><b>9. Action Log &amp; Previous Minutes</b></p>	<p><u>Accuracy</u> Page 6 – the end of the third paragraph reads 'KS is working to expand the team', however it was noted there is no programme for this and they are not currently recruiting.</p> <p>Subject to the changes above the minutes of the previous meeting on 18<sup>th</sup> October 2016 were agreed as an accurate record.</p> <p><u>Matters arising</u> There were no matters arising.</p> <p><u>Action Log</u> All actions have been completed and it was agreed that all completed items could be removed.</p>		
<p><b>10. Public Questions (arising from the meeting)</b></p>	<p>Nick Markwick asked that when working with an NHS or private provider funded through Health and Social Care whether Healthwatch ask if they are compliant with the Accessible Information Standard?</p> <p>MP commented that there is a team meeting shortly which will discuss how Healthwatch interact with providers and will review this. When Healthwatch have interactions with providers it is usually reflecting on experiences and this may include issues with information but they have not specifically asked about this.</p>		



## Board Meeting in Public

	<p>The Learning Disability project visiting dentists will cover accessible information and it was suggested that this could be part of the standard questions asked.</p> <p><b>Action: Discuss 'the Accessible Information Standard when interacting with providers' at the next team meeting.</b></p>	MP	
<b>11. AOB</b>	<p>PG noted the difficulty reading various reports on the iPad due to the colours and backgrounds used. PG asked the team to be mindful of this when producing future documents.</p> <p><b>Action: Staff Team to review colours and backgrounds used in Reports.</b></p>	Staff Team	
<b>12. Date of next meeting</b>	<p>The next meeting in public will take place on Tuesday 25<sup>th</sup> April at the Hythe Centre in Staines from 2pm.</p>		

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.

<b>Minutes approved by: (please print)</b>	
<b>Signature:</b>	
<b>Date:</b>	