

Board Meeting in Public

Date:	Tuesday 18 th October 2016	Location:	St Saviours Church, Guildford	Time:	2pm – 4pm
Present: Peter Gordon (PG), Jason Davies (JD), Laurence Oates (LO), Wanda Jay (WJ), Deborah Mechaneck (DM), Mark Sharman (MS), Kate Scribbins (KS), Lynne Omar (LOmar) arrived later in the meeting.					
Apologies: Kary Backhouse (KB), Richard Davy (RD)					
Other HWSY Attendees: Matthew Parris (MP), Lisa Sian (LS), Lucy Finney (LF) [LF Solutions, taking minutes]					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	PG opened the meeting and welcomed everyone.		
2. Declarations of interest	<p>There were no new declarations of interest. PG reminded Board Members to update their declarations of interest should they change at any point. It was agreed that the declarations of interest would be circulated with the papers for each of the Board meetings in public and LF will contact Board members following the Board meeting to check these are up to date.</p> <p>Action: Contact Board Members to confirm declarations of interest are up-to-date and circulate these with the Board papers for meetings in public.</p>	LF	
3. Questions from the Public	<p>There were no questions tabled from the public.</p> <p>PG explained to those members of the public present that there would be an opportunity to ask questions at the end of each item.</p>		
4. Approval of the previous minutes and matters arising	<p><u>Accuracy</u> The minutes of the previous meeting on 19th July 2016 were agreed as an accurate record.</p> <p><u>Matters arising</u> There were no matters arising.</p>		
5. Chairs Report	<p>PG felt that Quarter 2 had been quieter personally, and believed this was probably due to KS and the staff team working well towards delivering the Strategy. PG passed his thanks to JD for the work carried out in his absence during a period in September.</p> <p>PG gave the following account of his activities:</p> <ul style="list-style-type: none"> ● A commissioner meeting had taken place in July with a new commissioner followed by the monitoring meeting on 4th August which proved positive and encouraging. ● Internal Communications Strategy meeting took place on 8th August. ● Undertook pre-leave handover meetings with KS and JD. In PG's absence JD Chaired the September Healthwatch Surrey Board in Private and KS attended the September Surrey Health and Wellbeing Board. 		

	<ul style="list-style-type: none"> ● Discussed potential accommodation contacts at Guildford Borough Council with Paul Charlesworth and having followed this up there are opportunities to see if the Borough Council can assist. Meetings will need to be arranged. ● Signed off the Healthwatch CIC Accounts. ● A meeting was held with a number of voluntary organisations following a letter received from them regarding concerns about System consultation. As a result PG has raised the issue privately with three key people at Surrey County Council (SCC) and met with one Clinical Commissioning Group (CCG). Further meetings will take place to gauge what might be done to address these concerns. PG noted that these concerns do mirror some issues perceived by Healthwatch Surrey or raised by others with Healthwatch Surrey. ● The October meeting of the Surrey Health and Wellbeing Board ran a 'Pilot Integration Tool Facilitated Workshop' run by the Local Government Association (LGA) dealing with Surrey System's readiness, capability etc. to deal with integration of health and social care. ● PG and KS met with Julia Ross, Chief Officer of North West Surrey CCG to discuss the evolving Surrey Heartlands STP and consumer engagement and input into it. PG noted that he felt KS had established a good relationship with Julia. 		
<p>6. CEO Report</p>	<p>KS reported the following: (please refer to the CEO Report circulated with the papers)</p> <ul style="list-style-type: none"> ● It had been a busy quarter with lots going on and new staff recruited. There is increased activity and the team are powering ahead with new initiatives. ● A celebration day for the Community Cash fund was held in Dorking Halls to celebrate the work of last year's recipients and announce the 2016-17 winners. There were ten successful projects chosen from 45 applications (an increase of 20 applications in 15/16). ● Engagement work is going well and Jackie and Jade have made several contacts and engaged with the public at a number of high footfall provider and public locations across all Districts and Boroughs in Surrey. ● There has been a large increase in the number of volunteer hours in the last quarter, mainly due to increased project work. ● SECAmb has recently been placed in special measures and following this Healthwatch attended their Quality Summit in late September. It transpired that SECAmb find it difficult to deal with so many organisations and therefore it has been agreed that all Southern Healthwatch's will work as one when dealing with them. There is an extensive offer of help from Healthwatch to SECAmb to improve the quality of their engagement etc. should they wish to take this up. ● There has been a big increase in web traffic and media presence which is encouraging. ● The new Communications Strategy has been ratified by the Board and will be launched on 1st November 2016. 		

	<p>A member of the public asked about income generation, what makes Healthwatch Surrey special and what added value does it bring to the system? KS replied that the challenge for Healthwatch looking at new income is to identify what can add value in a different and unique way. Different offerings have been developed and internal work tested on Surrey Digital Roadmap group for Healthwatch to be sure and confident about what is being offered. Healthwatch Surrey is not perceived as the 'go to' organisation for good quality engagement and this perception needs to be addressed.</p> <p>PG noted that when Healthwatch was established it was supposed to look for further income generation and this needs to be kept close to what Healthwatch are and do. When asked by LO whether the Board were providing sufficient resources for work to be carried out KS confirmed they were and that the team were doing a great job.</p>		
<p>7. Quarterly Report</p>	<p>LS explained that this was the second time the new version of the Quarterly report had been presented and the team have taken on board comments received regarding accessibility; therefore plain text and Word versions of the report are available.</p> <p>LS 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"> ● Looking to engage with the 'working well' and attended a 'give blood' session to speak to these people. ● The 'Let's Celebrate' event for the Community Cash fund was held on 22nd September and included presentations from the winners. ● The Community Cash Fund for 2016/17 was launched in July and the assessment panel reviewed over 45 applications and awarded funding to 10 projects from a budget of £7,500. ● The summer Listening Tour spoke to 998 people at 27 events across the county. ● Volunteer hours amounted to 320, almost double that of any previous quarter with volunteers taking part in Enter & Views as part of the Care Home Project. ● SECAmb is in special measures and the team continue to work closely with Healthwatch colleagues across the South-East region, the lead commissioner locally and the CQC to seek reassurance for the public that improvement is made at pace. ● Healthwatch Champions have helped 402 people through 5 Citizens Advice Offices across the county. ● Independent Health Complaints Advocacy supported 153 individuals during Q2, 56 of which were new referrals. ● The Healthwatch Helpdesk handled 172 calls this Quarter. ● Case studies outlining how Healthwatch has helped the public were read aloud as well as an experience and outcome. ● A VOICE IT with the Live at Home Scheme in Redhill highlighted issues in incontinence service which will be escalated through Healthwatch's 'What We've Heard' meetings. ● New connections have been made with people working in the voluntary and faith sector. 		

	<ul style="list-style-type: none"> ● 2068 individual experiences have been reported, 22% of which were positive and 71% were negative. ● The most frequently mentioned service is General Practice (559); services with the highest proportion of positive experiences included Cardiology and Orthopaedics and services with the highest proportion of negative experiences are Ophthalmology, Mental Health (child and adolescent) and nursing care homes. ● The most frequently mentioned topic is safety of care and treatment. ● Experiences from local people have been shared with senior decision makers. ● 8 particularly concerning experiences were escalated to various organisations including the CQC, Adult & Children Safeguarding Teams and CCGs. ● Looking ahead the next VOICE IT event will take place on 1st December 2016 at Epsom Methodist Church with a theme around hospital discharge and a project looking at ‘the patient journey when visiting a GP’ will be starting. <p>The Board took questions from the public.</p> <p>During the Quarterly update LS gave details of an experience and outcome where, following the merger of two GP practices people were experiencing difficulties in the way appointments were made which was impacting patients. Healthwatch were inundated with stories which were reported to the CQC and NHS England who subsequently visited the practice to find improvements were needed and implemented a plan. The Board were asked whether Healthwatch will go back to the practice to check on improvements and LS confirmed that NHS England have given their assurance they will monitor the practice, the CQC will return to follow up and Healthwatch will work with the Patient Participation Group to ensure people are satisfied and things are working well.</p> <p>When issues regarding Policy and Procedure are reported, Ian Stronge (member of the public), asked whether Healthwatch follow up and request the provider or commissioner to re-think these? MP explained this does not happen in all cases as Healthwatch deal with over 2000 experiences in a year, however they would encourage the individual to make a complaint and in doing that affect change.</p> <p>This led to a conversation regarding advocacy with MP explaining that Healthwatch provide independent advocacy services to support a person through a complaints process when they have been approached by the person to do so, however this would be a different process if the team met the person at a public event/venue. It was noted that often people don’t want to follow up a complaint, but want to feel that it has been heard and reported. When a complaint is made Healthwatch can support and reassure through the complaints process.</p> <p>The Board were asked whether Healthwatch could be a proxy complainant and MP explained that they cannot complain on a</p>	
--	--	--

	<p>person’s behalf without their permission, particularly as issues can be complex and identifiable. However, if there is a trend which is serious they will approach the PPG or provider.</p> <p>Ian Stronge expressed concern that resolutions to issues may not be communicated well or widely to the public and suggested that Healthwatch encourage practice managers to issue press releases highlighting what has been brought to their attention and how this has been resolved.</p>		
<p>8. CIC Accounts</p>	<p>During the September Board meeting in private the Healthwatch Surrey Board (inquorate) recommended approval of the Healthwatch Surrey CIC Accounts for the year ended 31st March 2016. Board Members subsequently approved the accounts via email which were agreed and signed off by the Chair.</p> <p>The Accounts are now available in the public domain and KS will ensure they are uploaded to the website.</p> <p>Action: KS to ensure Healthwatch Surrey’s Accounts are uploaded to the website.</p>	<p>KS</p>	
<p>9. Update on Thematic work</p>	<p>MP updated the meeting about progress made against the work plan highlighting key deliverables due by June 2017:</p> <ul style="list-style-type: none"> ● Nearly all project work has been scoped and business as usual activity is taking place such as meetings, escalating issues etc. ● MP gave an example of a good outcome where the commissioner and provider were not aware of experiences on a ward at Epsom Hospital. These experiences captured by Healthwatch were escalated to Surrey Downs CCG who undertook a quality visit to the ward in question. ● Care Home Project: The team and volunteers are half way through Enter and View visits as part of the Care Home Project looking at activities provided to residents to enhance their quality of life. Healthwatch do inform the provider prior to a visit and actively seek the views of relatives and carers. When the Communications Strategy is up and running, broader communication will be possible. MS commented that Enter & View is one part of the ‘toolkit’ available in a process. The report on the project will be available in January 2017. ● Healthwatch are participating in the Adult Social Care Quality Review and are reporting to a forum focused on Adult Social Care. The Fact Sheet of providers, based on learning from the project, will be available in June 2017. ● The NHS Complaints project has yet to be scoped (early 2017). Healthwatch Surrey will be hosting a Surrey wide complaints and experience Managers forum where Managers come together to hear about issues from the perspective of a person who has gone through the complaints system. ● Working with 6 other Healthwatch’s regarding the Frimley Health System as they discharge to several different social care pathways. 		

	<ul style="list-style-type: none"> ● The Voice Network has been looking to generate awareness regarding hospital discharge being an issue by humanising it and conveying the personal impact. More evidence to be gathered. ● In addition to the Work Plan Healthwatch are potentially looking at being involved in evaluating the Epsom Integration Project – a Clinical Assessment Diagnostic Unit which will discharge people when they are medically stable, not medically fit, meaning they will need further care but not necessarily in hospital. ● Mental Health: concerns have been highlighted to Healthwatch about in patient settings, however more evidence is required to find out about inpatient services. ● The team had been scoping a further mental health project, working with the Independent Mental Health Network regarding a specific issue with CBT (Cognitive Behavioural Therapy), however the evidence now suggests this is not a concern and more scoping work is being undertaken. ● GP Appointments: currently looking to engage with 20 seldom heard groups to build an individual portrait of a person’s journey through the GP appointment booking process. Evidence may be added to the JSNA or used as a tool for comms. ● Work with PPGs is progressing, however there is still more to do. ● Healthwatch Surrey have been approached by Healthwatch Hampshire about a potential A&E project – specifically looking at GP access and why people attend A&E. ● Challenges ahead include responding to the demand for more timely information and evidence from commissioners, establishing new and even more effective methods of regular public engagement and tackling how to make Board participation as effective as possible.” <p>Regarding Enter & View visits into Care Homes, the Board were asked whether any carers with a relative takes part in the team visits as this ‘lived experience’ would be invaluable? KS commented that some volunteers may be users or carers of those who use adult social care but may not specifically be in a care home. The team have been approached by someone whose relative has been in a care home for several years, however it is unlikely they will be up to speed for this project. KS is working hard to expand the team.</p> <p>The Board discussed the availability of information across the country in relation to what different Healthwatch’s are working on. KS explained that there is nothing reliable available, however Yammer is good for sharing information in addition to meetings of Healthwatch’s across the South.</p> <p>The Board Members discussed whether helpful evidence was gained from talking to people whilst they are inpatients in a mental health setting or whether it would be more beneficial taking place following an admission. MS felt that certain areas of work may be more challenging, however did not mean that it could not be done with a little creative thinking.</p>	
--	--	--

Board Meeting in Public

	Several suggestions were made from the public; Ian Stronge suggested Healthwatch enlist people who use mental health services and their carers to the volunteer team and visits take place out of hours. Alison Dolton felt engaging with GPs would be helpful as they become the 'gatekeepers' of care when a person is discharged from mental health services.		
10. Action Log	The Action Log was updated (see attached).		
11. Public Questions	There were no further questions from the public.		
12. Date of next meeting	<p>The next meeting in public will take place on Tuesday 24th January 2016 at the Wilfrid Noyce Centre in Godalming from 2pm.</p> <p>The next meeting in private will take place on 14th November at Astolat from 9.30am.</p> <p>Dates for the 2017 meetings will be circulated with the minutes.</p> <p>Action: LF to circulate meeting dates for 2017 with the minutes.</p>	LF	

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:	