

Board Meeting in Public

Date:	Tuesday 22 nd January 2019	Location:	Cranleigh Village Hall, Village Way, Cranleigh, GU6 8AF	Time:	2pm – 4pm
Present: Peter Gordon (PG as Chair), Deborah Mehanek (DM), Laurence Oates (LO), Lynne Omar (LOmar), Don McIntosh (DMc), Andrea Lecky (AL), Maria Millwood (MM), John Bateson (JB).					
Apologies: Jason Davies (JD), Richard Davy (RD), Tacye Connolly (TC)					
Other HWSY Attendees: Kate Scribbins (KS), Lisa Sian (LS), Zoe Harris (ZH)					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	PG opened the meeting, welcomed those present and noted the apologies.		
2. Declarations of interest	PG, MM and LO noted changes to be made to their declarations of interest. Action: LS to update the declarations accordingly.	LS	30.04.19
3. Questions from the Public (previously tabled)	No previously tabled questions had been received from the public this quarter.		
4. Approval of the previous minutes and matters arising	The minutes of the 30 th October 2018 Board meeting in public were approved by the Board.		
5. Q3 CEO Report & Q3 Activity and Outcomes report	<p>CEO report KS discussed the highlights of the Q3 CEO report.</p> <p>Note: an amendment to the number of new volunteers stated on the first page of the CEO report which should read 8 not 14 for the quarter.</p> <p>The new staff have been getting embedded in their roles during the quarter, particularly volunteering and engagement. We have been gathering pace on recruitment of volunteers and a training session was held to increase competence and confidence for volunteers when engaging with the public. This quarter we also saw Surrey Heath volunteer group appear on the ‘source of experiences’ that were brought to the escalations panel for the first time.</p> <p>Helpdesk and Advocacy have received lower calls/referrals than hoped and we are planning a project to visit PALS to ensure all literature is up to date and look to increase traffic to these services through Q4. We also have Eagle radio campaign and bus advertising during February which we hope will drive awareness and traffic to the services.</p> <p>We are delivering well against the annual KPI targets across all areas, except for the communications-related ones. This is largely due to the fact we haven’t had a Communications Officer in post during Q3. Although the communications are tracking red against our ambitious</p>		

	<p>stretch targets we set for the year, when we compare to the last year we are still outperforming across all metrics. How we measure and track the communications metrics will be reviewed in February Board meeting.</p> <p>The Enter & View report and subsequent work around Abraham Cowley Unit was an important piece of work we did during Q3. Our work on this continues and we will now work to assess when best to go back in to the unit.</p> <p>Q3 Activity & Outcomes Report</p> <p>PG noted some changes/improvements to be made to the opening paragraph on pg. 3 of the report.</p> <p>JB questioned the way we present the data on pg. 9 and whether the way we collect the data may skew what appears on the page.</p> <p>PG suggested the last paragraph on pg.12 be re-worded.</p> <p>Action: LS to make the changes discussed and review the content of pg.9 in the quarterly report.</p> <p>PG asked that the ‘5 principles of good engagement’ referred to in the Outcomes page be re-circulated to the Board.</p> <p>Action: KS to recirculate the ‘5 principles of good engagement’</p>	<p>LS</p> <p>KS</p>	<p>30.04.19</p> <p>30.04.19</p>
<p>6. Thematic Priority update</p>	<p>LS gave an update on our thematic priorities:</p> <p>Care Homes We have begun the scoping of the next Care homes project to be completed by (July 2019). Tessa, our research officer, has pulled together a list of 19 possible project ideas following conversations with system partners, engagement findings and discussion with other local Healthwatch. We have then scored the ideas against a number of ranking criteria. Tessa will review the scoring and make a decision on which idea to progress upon her return from jury service.</p> <p>Mental Health We are finalising our paper which is the response from commissioners to our Mental Health report ‘How to help..’ This should be signed off for publication this week. We are in the early stages of planning the next project for our mental health project. Any ideas or suggestions for more focussed investigation can be emailed to research@healthwatchesurrey.co.uk</p> <p>Hospital Discharge The checklists are now in Royal Surrey, Milford and Haslemere hospitals and we are in discussion with other trusts to raise awareness of the checklist. We were intending to produce a report based on feedback from the feedback forms handed out with the checklists but to date haven’t received any feedback. We are planning a trip to the</p>		

	<p>wards at Royal Surrey this week to investigate further why we may not be receiving feedback. We are also looking at alternative ways to get feedback, perhaps a mail out to GPs and Care Homes to get their feedback.</p> <p>Focus on Care at Home We are exploring the question ‘In Surrey do domiciliary care users have a voice?’</p> <ul style="list-style-type: none"> - Does the system empower users to express preference and needs? - Are those preferences and needs acted upon in care planning and delivery? <p>Key findings;</p> <ul style="list-style-type: none"> - No statutory barriers to the user making their voice heard - Providers demonstrated understanding that they need to comply with requirements - Providers appear to listen and respond where possible - The voice of the user often comes through Care Workers/informal contact with agency staff - Agencies do appear to provide complaints policy - Agencies do handle complaints according to their policy <p>However,</p> <ul style="list-style-type: none"> - We found that there is no independent organisation dedicated to domiciliary care users - Care user surveys vary in frequency and content and agencies don’t find them useful - Complaints policies are long and complicated no simple complaints procedure <p>Although no recommendations are being made until phase 2 has been completed, this report raised the following questions; are the care workers given mandatory training in person centred care/client listening? Is there a domiciliary helpline/organisation or charity, if not should there be? Should SCC reconsider their engagement KPIs? Should agencies be mandated to make client-friendly complaints procedure?</p> <p>Phase 2 of the research will involve interviewing care workers and care users. We have begun recruiting for interviewees and some interviews have taken place. The rest will continue when Tessa returns to the office.</p> <p>Action: LS to recirculate the Care @ Home interim report to the Board</p> <p>The Board commented that in the second phase it may be difficult to find users to interview in their homes, as they are harder to reach through usual means. It was suggested that perhaps speaking to their family and friends, GPs or PPGs may help with the recruitment in this phase.</p>	<p>LS</p>	<p>ASAP</p>
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	<p>PG praised the Phase 1 report and the findings, and commented that there will definitely be interest in the findings and recommendations of phase 2 of the report.</p>		
<p>7. Annual refresh of thematic priorities</p>	<p>KS explained that the thematic priorities are reviewed annually, the individual priorities each have a 3- year cycle. MP has done a lot of work on gathering intelligence, pulling together a long list of potential priorities, having these reviewed and ranked by volunteers and staff, then overlaying the rankings with additional criteria as outlined in detail in the paper.</p> <p>The result of the process revealed that whilst there was strong support for keeping all priorities, there was more support for mental health and hospital discharge than care homes. Which led to the recommendations that we;</p> <ul style="list-style-type: none"> - Stop thematic project work in July on Care Homes - Replace with a new priority around complex health conditions and joined up care - Refocus hospital discharge and mental health to take account of the new issues which have emerged through the process <p>LO commented that he was in agreement with the paper but would like to see ‘sharper’ rationale around the Care Homes priority being dropped e.g. what we have achieved to date...why we feel we have done what we can on this priority etc.</p> <p>Action: MP to follow up with LO if necessary, regarding his comments on the justification of the dropping of the Care homes priority and ensure a clear rationale is given on our website which demonstrates activity to date in this area.</p> <p>The Board endorsed the recommendations to make changes to the priorities as outlined in the paper.</p> <p>There was a question from the public regarding Mental Health and whether the re-organisation of Mental Health within Surrey Heartlands will affect the Mental Health priority, perhaps we could look at services now and see how they change in future? KS responded that we would be considering and discussing with the system when planning our work for the mental health priority.</p> <p>There was also discussion, sparked by a member of the public, regarding asking GPs about the impact of hospital discharge when social care is not in place. Often GPs end up involved in this situation as the patient is discharged back to the GP. PG commented that it could also be of benefit to speak to PPGs about this.</p>	<p>MP</p>	<p>30.04.19</p>
<p>8. Volunteer strategy</p>	<p>The Board was asked to endorse the approach to continue building the volunteer groups and the associated next steps as outlined in the paper.</p>		

	<p>PG asked the question as to whether the Board were included in the volunteer hours and recruitment figures. ZH confirmed the Board were included in the volunteer hours but not the recruitment figures.</p> <p>Action: to speak to JD regarding the distinction between Board and Volunteers can we include in the volunteer statistics or do we need to do separate them out.</p> <p>JB asked how we manage under performing volunteers and what the process for this is. It was agreed this would be covered under the volunteer policy in the private session of the Board.</p> <p>The strategy was agreed with a review planned in Sept 2019 in light of the re-tender.</p> <p>PG asked about the KPIs for volunteering, LS confirmed these would be included in the work plan coming to the Feb Board meeting.</p>	LS/ZH	ASAP
<p>9. Action Log</p>	<p>The green actions were approved to be removed from the action log.</p> <p>Action: LS to send spreadsheet of Escalations Panel dates to Board</p>	LS	ASAP
<p>10. Public questions not already dealt with</p>	<p>There were no further questions.</p>		
<p>11. Any other business</p>	<p>1. KS advised that she had shared a paper for information prior to the Board meeting. It related to Health and Wellbeing Board (HWBB) members commitment to share information to help improve the health and well being of people in Surrey. All HWBB members had been asked to sign up. HWSy had signed in support of the initiative.</p> <p>2. Ks update the Board that membership of the HWBB has been under review over the last few months under the new Chair, Tim Oliver. Membership has been extended to include providers and those involved in the wider determinants of health, e.g. housing, education, environment. The new Board has not yet met, our place remains unchanged. Amy Morgan from SCC is helping the HWBB with the agenda and strategy and we hope to have a more regular opportunity at meetings than in the past to share ‘What We’ve Heard’.</p> <p>3. Healthwatch England has received money from NHS England to conduct engagement on the 10-year plan. Local Healthwatch within the STP areas will receive grants to conduct engagement and HW England will combine to produce a national report for NHS England. Timing: Feb confirmation with report in June 19.</p> <p>With no further items of business, the Public session of the Board was closed at 3.55pm.</p>		

Board Meeting in Public

13. Date of next meeting	The next meeting in PUBLIC will take place 2-4pm, Tuesday April 30th 2019, Reigate Baptist Church, Sycamore Walk, Reigate, RH2 7LR		
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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:	