

Board Meeting in Public

Date:	Tuesday 23 rd January 2018	Location:	Wyatt Room, Wilfrid Noyce Centre, Godalming.	Time:	2pm – 4pm
Present: Peter Gordon (PG as Chair), Jason Davies (JD), Laurence Oates (LO), Richard Davy (RD), Lynne Omar (LOmar)					
Apologies: Mark Sharman (MS), Deborah Mechaneck (DM), Wanda Jay (WJ)					
Other HWSY Attendees: Kate Scribbins (KS) Matthew Parris (MP), Lisa Sian (LS)					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	PG opened the meeting, welcomed those present and noted the apologies. The meeting was declared quorate as 5 directors were present.		
2. Declarations of interest	The following updates to the declarations of interest were noted; LO advised changes to his interests that he had sent to LS the day before the meeting. Action: LS to update the declarations of interest with the amendments for LO	LS	24/04/18
3. Approval of the previous minutes and matters arising	The minutes of the 24th October 2017 Board meeting in public were approved by the Board.		
4. Questions from the Public (previously tabled)	No previously tabled questions had been received from the public this quarter.		
5. CEO Report <i>i. Including review of Q3, financial summary and influencing plan</i> <i>ii. Quarterly Activity and Outcomes report</i> <i>iii. Quarterly update on progress on thematic priorities (focus on GP appointments)</i>	CEO report KS talked through the highlights of the Q3 CEO report which featured; <ul style="list-style-type: none"> - An increased focus on our project work now that we have Natasha Ward, Project Officer in post. This quarter we published the GP online, Epsom@Home, Safe Haven Impact, and awareness raising for Epsom St Helier 20-30 reports. - Significantly higher levels of engagement, meaning we have already exceeded our annual target by the end of Q3. This has been helped by using our volunteers (Surrey Heath area) in our direct engagement work. - The Community Cash Fund – Let’s Celebrate event at Dorking Halls celebrating the work of the previous winners and announcing the new fund winners for 2017/18. - The work we did around concerns for wait times for CAMHS being raised with the media and the Adults and Health Select Committee. - The successful recruitment of 7 Citizen Ambassadors into the Surrey Heartlands Health Partnership (STP). 		

	<p>- The Horizon Scanning work we did in preparation for the work plan 2018/19 looking at what is changing in the system and things on the horizon to consider in our plans, to ensure we have the right resources in the right place.</p> <p>PG mentioned the challenge we received from Chris Grayling relating to the ESHT work, where the local MP felt we had lent credibility to a project which had no prospect of receiving funding. PG & KS made clear that Healthwatch Surrey’s role was independent and non-political. Given ESHT were intent on engaging with the public we wished to ensure peoples’ views were collected appropriately. The result of the meeting was amicable recognition of each other’s views and agreement to disagree.</p> <p>LO commented on the rigorous and hard work the team put into the assessment and recruitment for the Citizen Ambassadors. KS thanked the Directors for their involvement in the process.</p> <p>RD challenged the diversity in the recruitment for the CA role and felt that there could, in future, be a greater effort to ensure more diversity of applicants in the search for future Citizen Ambassadors.</p> <p><u>Quarterly Activity & Outcomes Report</u></p> <p>There were no questions of detail relating to the Q3 Activity and Outcomes report. JD asked whether the Q3 report was routinely circulated to stakeholders and if not, it should be. LS confirmed that at present it wasn’t sent directly to stakeholders only on the website, ‘What we’ve Heard’ and commissioner meetings.</p> <p>Action: Quarterly activity and outcomes report to be circulated to stakeholders</p> <p><u>Thematic Priority Update</u></p> <p>Hospital Discharge – The new report is about to be published, a common theme was identified around people not knowing what to ask when being discharged from hospital. Next steps will be to look at working with hospitals to develop a ‘discharge checklist’.</p> <p>Care Homes – The program of 20 visits has begun which will involve visiting homes over meal times to understand the residents’ experiences of mealtimes.</p> <p>Mental Health – This is in the planning phase, working with the Independent Mental Health Network to plan the drop in and focus groups to talk about services they are/have received as well as inpatient care and care planning.</p> <p>GP appointments – LS provided a more detailed overview of the work that had been carried out on GP appointments, which has been a priority since Healthwatch began. This is an area we routinely hear</p>	<p>LS/LTK</p>	<p>24/04/18</p>
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	<p>most about, which is expected given it is the service most people access.</p> <p>The reports and work done to date all highlight common themes around frustrations with booking systems for appointments, continuity of care and communication issues for those with additional communication needs. The more recent work around raising awareness of online booking services served to help those that may not be able to use the phone to book appointments and also to alleviate the pressures on the phone systems for GPs.</p> <p>The awareness of Accessible Information Standard and our services remain important areas for Healthwatch Surrey to progress through our awareness raising and communications work with GPs/Practice Managers and PPGs. We are now working with HW Hampshire to monitor a communications card initiative they are trialling in West Hampshire to see if the idea could work in Surrey.</p> <p>Following the overview of the thematic priorities, Carol Pearson expressed an interest in helping with the development of the ‘discharge checklist’ to incorporate the views of those that have complex impairment when being discharged.</p> <p>Action: MP to follow up with Surrey Coalition to discuss their involvement in the ‘discharge checklist’</p> <p>In relation to GPs, Bob Hughes raised the point that there is a lack of awareness for SMS and how cheap it is to implement for deaf patients within GP practices. Carol Pearson also raised the point that it would be useful for those with communication needs to be flagged up at the stage of booking appointments.</p> <p>PG suggested that Bob and Carol feed those specific experiences in to Healthwatch through the database, so the issues can be tackled in the same way as any other member of the public.</p>		
<p>6. Annual Planning process for 2018/19</p> <p><i>Board is asked to consider, note and comment on draft work plan and note next steps/timeline</i></p>	<p>KS introduced the first draft of the 2018/19 Work Plan for review.</p> <p>The Healthwatch mission and vision remain unchanged and KS explained that a number of strategies fed into the thinking behind the current work plan; the mapping and influencing strategy, the awareness raising strategy, evidence and information gathering review, volunteer team building strategy.</p> <p>KS asked the Board for any questions they may have relating to the paper.</p> <p>PG asked for assurance that there was an action plan below the strategic level work plan, with appropriate budgets attached. There was a discussion around the need and shape of this. Assurance was given, and the next iteration of the work plan will include more details on KPI’s put in place to measure and monitor success.</p>		

	<p>PG also commented that it was important, in relation to new business, that we devote the resource and budget needed to achieve our goals. PG also suggested that within the ‘Other’ section of the work plan we add, ‘Board & Staff succession planning to be addressed’.</p> <p>Action: KS to update the ‘New Business’ and ‘Other’ section in the next draft of the work plan.</p> <p>The Board approved the first draft of the Work Plan.</p> <p>The next draft is due to be sent to the Directors for consideration at the Board Meeting on February 20th 2018 – to include KPIs, first draft of associated budget and draft SLAs changes.</p>	<p>KS</p>	<p>20.02.18</p>
<p>7. Annual refresh of Healthwatch Surrey’s thematic priorities</p> <p><i>Board is asked to consider, note and approve the recommendations</i></p>	<p>MP introduced the thematic consultation paper and report. This is the first time implementing the new process, which aims to build further on the independence/ perspective of local people of what we are working on.</p> <p>Details of the consultation findings can be found in the ‘Our Priorities, what you told us” report. (www.healthwatchsurrey.co.uk)</p> <p>Based on the findings of the report the following recommendations were made to the Board.</p> <ol style="list-style-type: none"> 1. Retain the priorities which are mid-way through an initial 3-year cycle through 2018/19: ‘Amplifying the voices of Care Home residents’, ‘Investigating the experience of Hospital Discharge’ and ‘Early Intervention in Mental Health’. - Approved by the Board 2. Replace the priority area ‘Improving the experience of making GP appointments’ - Approved by the Board (caveat that the CCG/Local teams continue the GP/PPG work) 3. Adopt a new priority area which responds to the theme suggesting that ‘care services for vulnerable and older people living at home need to improve’ (ES11) - Approved by the Board 4. Further refine the issue defined within the existing ‘Early intervention in Mental Health’ priority area, and undertake projects to respond to the theme suggesting ‘there is a lack of support for people living in the community with mental health issues’ (ES8) - Approved by the Board 5. Adopt the principle that at least one Healthwatch Surrey project in 2018/19 should have significant input from carers, people with learning disabilities and people with autism in 		

	<p>order to respond to concerns raised in the public consultation (within one of our existing thematic priority areas).</p> <p>- Not Approved by the Board*</p> <p>*For recommendation #5 it was felt that this should be a focus of the outreach engagement work relating to Learning Disabilities and Autism rather than a priority.</p> <p>There was discussion around the importance of the GP work given it is our longest standing priority, but the consensus was that as long as work in this area was continued, through the HWSy awareness raising activity and local volunteer team priorities, then the Board was happy for this to no longer be a thematic priority.</p> <p>Paul Charlesworth added that he has an interest in Learning Disabilities and that Public Health document Surrey as being worse than other areas for health inequalities, so he hopes that this is an area where we can run a project.</p> <p>Carol Pearson added that she was pleased that Healthwatch were continuing to focus on Mental Health as a priority.</p>		
<p>8. Action Log</p> <p><i>Board is asked to review progress, agree closure of completed actions and agree additional actions as required</i></p>	<p>The actions marked green were approved for removal from the Action Log.</p>		
<p>9. Public Questions not already dealt with (arising from meeting)</p>	<p>There were no further Public questions.</p>		
<p>10. AOB</p>	<p>With no AOB items, the Public session of the Board was closed at 3.45pm.</p>		
<p>13. Date of next meeting</p>	<p>The next meeting in PUBLIC will take place on Tuesday 24th April 2018 2-4pm at the Conference Hall, Soper Hall, Caterham.</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.

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