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| **Date:** | Tuesday 24th October 2017 | | **Location:** | Guildford Baptist Church, Millmead | **Time:** | 2pm – 4pm | |
| **Present**: Peter Gordon (PG), Jason Davies (JD), Deborah Mechaneck (DM), Kary Backhouse (KB), Wanda Jay (WJ), Lynne Omar (LOmar) | | | | | | | |
| **Apologies**: Mark Sharman (MS), Laurence Oates (LO), Richard Davy (RD) | | | | | | | |
| **Other HWSY Attendees**: Kate Scribbins (KS) Matthew Parris (MP), Lisa Sian (LS), Samantha Botsford (SB), Jacquie Pond (JP) | | | | | | | |
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| **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. | | | |  |  |
| 1. **Declarations of interest** | | The following updates to the declarations of interest were noted;  LOmar has joined the patient advisory group at Royal Marsden Hospital. PG is now Chair of the Queen Elizabeth Foundation.  **Action: LS to update the declarations of interest with the amendments for LOmar and PG** | | | | **LS** | **23/01/18** |
| 1. **Questions from the Public (previously tabled)** | | No questions were received from the public this quarter. | | | |  |  |
| 1. **Approval of the previous minutes and matters arising** | | The minutes of the July Board meeting in public were approved by the Board and signed by PG. | | | |  |  |
| 1. **CEO Report**   *Including review of Q2 and financial summary*  *Quarterly Activity and Outcomes report* | | KS gave an update on Q2 activity. She attributed good progress made in the last quarter to having a stable staff team with all positions in post.  Confirmation was given that Surrey County Council have now extended the contract for Healthwatch Surrey for 2 additional years.  **Communications**  During Q2 Healthwatch has seen strong results from the communication and awareness campaigns. Eagle radio ran between July – Sept and during this time we have seen 33% increase in the experiences shared with us directly through the website/helpdesk/email. A promotional video related to the Healthwatch National Awareness campaign #itstartswithyou in July was viewed over 3000 times. The challenge now will be to maintain this awareness growth.  **Volunteers and engagement**  Q2 has seen an increase in volunteers and the Surrey Heath group is now up and running. Engagement has had significantly larger numbers of experiences and the commissioned work for Epsom St Helier 2020-30 has been completed and the report sent to the Trust. The team are now evaluating the Epsom 2020 work and recording any learnings.  **Sexual health services in Surrey**  During Q2 Healthwatch responded to an emerging issue surrounding changes in sexual health services in Surrey. The issues for patients surrounding the closure of the Blanche Heriot unit became apparent during engagement with them. Issues around a lack of patient engagement and consultation into the changes were highlighted to Healthwatch Surrey. We sent 1 informal letter and 2 formal letters to gain understanding of the engagement and consultation that took place prior to the decision to close the Blanche Heriot unit.  Following an unsatisfactory response to the 3 letters the matter was escalated to the Adults and Health Select Committee. This led to the recommendation that the Committee establish a task group to review the implementation phase, consultation process and lessons to be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.  PG asked how they responded to the letters, KS confirmed that the response was factual but limited and therefore required another letter requesting further information.  JD asked who sits on the Adults and Health Select Committee and KS confirmed that it is elected councillors.  DM enquired as to the rationale given for cutting the service, KS explained that it was due to a funding cut to sexual health services in Surrey. They feel they are meeting requirements with reduced budget, more outreach work, online consultations, postal tests etc.  DM asked if there were any other options, KS confirmed there was only 1 bidder for the contract.  PG concluded that it is not ideal but hopefully now they will be thinking about changes differently in future.  **New Business**  KS confirmed that the Epsom 2020-2030 work was now completed. The Surrey Heartlands STP new business is confirmed and we will be recruiting and supporting Citizen Ambassadors to bring the service user perspective in the STP work streams. This is an exciting and positive development for us.  The members of public attending the meeting, asked some questions relating to the CEO overview;  Carol Pearson (Surrey Coalition) said that she supports the work Healthwatch Surrey are doing regarding the sexual health services and to keep the pressure on as she is not convinced they are learning from engagement. People can shape services early even when there is limited budget. This will be relevant for Substance misuse services that will be facing cuts.  MP said that the partner update meetings will give an opportunity to work together on this challenge.  PG stated that Jason Gaskell (who is representing VCFS on the Health and Wellbeing Board, HWBB) raised the importance of early engagement. PG suggested that Carol liaises with Jason Gaskell about that and PG thanked Carol for her support in getting VCFS representation on the HWBB.  Robert Oulton (Compass) asked how members of the public will be chosen for the STP work stream. MP confirmed these would be recruited and that we can put him in touch with Natallie Hoare when the recruitment begins shortly. Carol Pearson asked whether they will be volunteers in the posts and MP explained that the role would be paid to ensure we get as diverse input as possible.  Sam Sooi raised a point that he felt Patient Participation Groups (PPGs) were not transparent and they were exclusive as the surgeries won’t tell you how to access or join them. LS explained that wasn’t the case for all PPGs and in fact some surgeries would welcome willing members. LS said she would follow up with Sam outside of the meeting to discuss the problems he was having with his PPG.  **Action: LS to contact Sam Sooi outside of the meeting to discuss PPGs.** | | | | **LS** | **ASAP** |
| 1. **Volunteering strategy update**   *Board asked to note progress and agree next steps* | | In the May Board meeting the new volunteer strategy was presented and the recommendation made to start the first group in Surrey Heath. It was agreed that progress on the strategy would be evaluated in the October Board.  KS explained that Natallie Hoare had written the strategy and the paper for the Board but was unable to attend the Board meeting in person, so KS would present the paper on her behalf.  The Surrey Heath group is up and running, is currently working on terms of reference and has been attending engagement events and meetings on behalf of Healthwatch Surrey.  The group have decided to have a ‘rolling leader’, taking turns to lead the group. Natallie has been carrying out feedback sessions with individuals and groups, this does take a lot of resource so how volunteers are appraised (when there are 6 groups across Surrey) will have to be reviewed.  So far the group have not felt ‘cut off’ from the wider team (which was an initial concern when setting up the groups) as they have been involved in wider project work and events not specific to Surrey Heath. It will be important to continue this going forward to avoid the group becoming ‘too local’.  In summary, with Surrey Heath developing well the proposal is to press ahead with the second group in Guildford & Waverley (G&W). This location has been chosen as there are already active volunteers and a prospective leader and G&W is part of the Surrey Heartlands STP.  The aim is to have G&W up and running by Christmas to then set up a further 2 groups at the same time in the new year.  LOmar raised a concern that we are resourcing 2 localities not Surrey wide and need to be mindful of being locality based. KS replied that we are covering Surrey wide already with our engagement and MP and SB are looking at where we are hearing less to focus our engagement.  PG added we are doing the ‘whole’ already and the groups will supplement this to give us additional local knowledge.  KB enquired as to the size of the volunteer groups. KS confirmed Surrey Heath is 6 people. PG added that Surrey Heath is the smallest CCG and that other groups could have more people.  Robert Oulton asked about what the groups do. MP replied that they do engagement, project work, listening events, commissioner meetings etc.  PG added that as KPIs have not been identified how do we know things are going well? Is there a new business case / cost benefit analysis?  **Action: Some thought to be given to the KPIs to measure effectiveness of the volunteer groups.**  PG asked how do we give the groups significant recognition? Could they present to the Board when we are in the area? It is important that they feel integrated and have recognition.  KS confirmed that Natallie is currently working on a recognition programme and how that can work for teams as well as individuals.  PG asked how do we raise the profile with commissioners and providers to make sure they know the sanction of volunteers? JD added it would be good for them to attend the commissioner ‘what we’ve heard’ meetings. KS confirmed that this is definitely the plan so the volunteers can report back on the experiences and themes they are hearing locally.  The recommendation to proceed with setting up the next volunteer group in Guildford and Waverley was **approved by the Board**.  PG asked the team to pass on thanks to Natallie for all her hard work. | | | | **NH/KS** | **23.01.18** |
| 1. **Influencers Strategy**   *Board asked to endorse strategy and approve associated recommendations* | | MP presented the Influencers strategy to the Board seeking endorsement of the strategy and approval of the recommendations.  The aim of the strategy is to support the mission to become trusted, credible and respected. The strategy identifies key people needed to move us towards our goal and vision and generate income for Healthwatch Surrey.  MP explained that this is the first time we have had a written strategy and this paper is simple and pragmatic to make it more useable than our previous tool. As the goal for the relationships are ever changing the strategy proposes a quarterly RAG rating to assess the goals.  The strategy has already been used recently;  It sparked a conversation with KS and SCC regarding the 5% year on year decrease in budget. It also helped focus the key message for us when attending the Surrey Coalition AGM.  LOMar questioned how the relationships will be reviewed. MP explained that the strategy allows us to reduce a 200 person list to be reviewed quarterly, this needs to be explored practically but not unmanageable like our previous technique.  DM asked whether a gap analysis had been conducted to identify where we have gaps we don’t engage with. MP confirmed that there are some gaps identified through the strategy. JD said that it is important it becomes built into the way we work.  PG felt that what is missing is an owner for the relationships and in the localities could the volunteers have it built into their roles? Ownership needs considering and building into the strategy.  **Action: Ownership of the relationships to be considered and added to the influencing strategy.**  DM added that there needs to be a discussion about the skills required of the individual responsible for the relationship.  PG had a question relating to the ‘Existing Funder’ key message, are we realistically saying they shouldn’t be putting us on a reducing contract or are we looking for new revenue streams, and is this realistic given the pressures. Are we being creative in our goals?  LOmar said that new funding should be innovative and in addition to core contract work, not filling the stopgap short fall in funding.  PG felt that with the retendering in 2 years we will should relook at the service specification and develop that with the council, the 5% is not the point but rather what is the job to be done. We need to be clear on the real issue?  MP said he would follow up on the goals discussion outside of the meeting.  **Action: MP to follow up on goals discussing with PG outside of the meeting**  The Influencers Strategy was **approved by the Board** subject to the related actions. | | | | **MP**  **MP** | **23.01.18**  **23.01.18** |
| 1. **Mental Health thematic priority update** | | JP updated the Board on 3 work streams within the mental health priority.   1. **Magna Carta School**, we received 189 completed postcards from the children involved in the mental health wellbeing day. The data was analysed and feedback to Magna Carta school in August. The findings were also sent out to every secondary school in Surrey along with a request for information on the work being done in schools in relation to mental health. (JP passed around the postcard that was sent to the schools). One of the findings was that whilst Magna Carta is doing all it can during term time there was a lack of support during school holidays. As a result of this Magna Carta are looking at the possibility of clubs in the school holidays. Babcock4s who provide mental health training for schools have also received the results and noted any gaps for their training. 2. **Mental health discharge journey**, the plan is to hold drop in sessions to understand the discharge journey. Leaflets will be handed out in November/December raising awareness of drop in centres with the sessions taking place in Feb/March. The report will be due in May 2018. 3. **Surrey Youth Focus ‘Big Chat’** is in the early stages of development but will entail focus groups of children talking about mental health before people become users of services. Groups of children will be identified and the sessions will look at how they can support each other.   The question was asked regarding the outcome of the Magna Carta holiday clubs.  **Action: JP to let the Board know the outcome of the Magna Carta out of hours’ school clubs.**  PG asked how does the Surrey Youth Focus fit with our mandate, what we learn, where will we take it? Need to be clear whether it’s under commissioned responsibilities or other funded revenue stream.  **Action: NW to ensure this is clear in project initiation document**  Carol Pearson said she would be very keen to work together on the mental health discharge journey project, to get as many people talking. She would be keen to promote through the network and Focus. It is important to know what the perfect discharge looks like and what should be expected before you know what is missing. | | | | **JP**  **NW** | **ASAP**  **23.01.18** |
| 1. **Enter & View and escalation panel:**   *Board asked to approve recommendations* | | SB explained that the Enter & View panel was last reviewed in April when the panel was renamed the Escalations panel. It was agreed in April that an update would come to October Board.  Since then the panel has been meeting monthly, with representatives from the Helpdesk, Volunteers and Board members. SB reported that the new threshold on service providers made it clearer what was being brought to the table and easier to make decisions.  PG asked who was on the panel and SB handed around the terms of reference that detail the membership.  JD added that he feels the Escalations panel is at the heart of what we do and that the paper is impressive.  PG asked that if we were looking at an acute hospital would we pick up a serious issue if overall the hospital sentiment was fine. SB said that we have had examples of that where we have pin pointed problems for example in the A&E of a hospital.  The following changes to the working methods of the escalations panel and the amendments to the Enter & View policy were **approved** **by the Board**;   * Escalations panel meeting frequency to be changed to monthly * Targeted E&V visits recommended by Escalations panel * Pattern of concern about Service Provider identified through Thematic Escalation Report * Healthwatch Surrey to work collaboratively with service providers through reactive engagement events * Actions related to serious cases of concern to be recommended by Escalations Panel. | | | |  |  |
| 1. **Action Log** | | The action related to Diversity should remain amber until the session has happened and the action related to Data protection training should also remain amber.  The remaining green action points were approved to be removed.  **Action: Lisa to amend the Diversity and data protection action points to amber and remove the green actions.** | | | | **LS** | **23.01.18** |
| 1. **Public Questions** | | Sam Sooi asked a question regarding our participation and interaction with District & Borough (D&B) councils and whether we have a list in which we participate.  PG responded to say that there is representation at the HWBB from D&B councils though their remit is more wellbeing than health/public health. | | | |  |  |
| 1. **AOB** | | WJ raised the concern that libraries were stopping concessions for the over 70’s namely being able to order free books and fines. She felt the elderly should be encouraged to read for mental wellbeing.  PG explained that this wasn’t the forum to tackle individual concerns and that WJ would need to log the feedback as part of the normal process as a member of the public, to be gathered and reviewed in the same way as any other evidence.  With no further business the meeting was closed at 3.50pm. | | | |  |  |
| **13. Date of next meeting** | | The next meeting in public will take place on Tuesday 23rd January 2018 at the Wilfrid Noyce Centre, Godalming. | | | |  |  |

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.

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