

Minutes of the Board Meeting held on 8th May 2019

Present

Board Directors: Frances Russell (Chair), Mark Sharman (Help & Care Member Director), Alan Pickering, Helen Goodman, Martin Phillips, Linda Cairney

In attendance: Sally Dartnell, Katrina Broadhill

1. Welcome

FR welcomed all to the meeting

2. Apologies

Emma Leatherbarrow, Jeremy Gardner, Anne Cole

Christine Field has resigned due to family pressures. The board still has the required number of Independent Directors so no current vacancy, but this will be reviewed later in the year. Healthwatch West Sussex board will hugely miss her input, expertise, awareness and network which has been greatly valued in her time as a voluntary independent board director.

3. Declarations of Interests

None

4. Approval of Previous Minutes

Approved with a correction to a case number on the Safeguarding Adult Board item.

4.1. Matters Arising

- KB to add trends to future report – complete **closed**
- SD to discuss partnership representation with CB – complete **closed**

5 Reports

5.1 Insight and evidence Report

FR fed back that the quality and content of the reports is superb.

KB fed back that she had some response from Crawley, Horsham & Mid Sussex CCG about the item on female Asian GPs. The board discussed whether we are giving enough detail about the “Why” in our reports? Discussion agreed that it is not the role of Healthwatch to answer questions but to raise issues.

The trend for growth in volume of insight continues to rise. Insight obviously also reflects the areas of work in that quarter.

AP questioned whether we see seasonal variations – it was felt that we do not. However, KB and the volunteers who monitor and analyse each item of insight have noticed that the depth of sentiment is changing with a growing negative sentiment. Misdiagnosis, miscommunication, expectations around referral times, letters that make no sense are very common and consumer frustration is clearly coming through in the insight.

Access to appointments is an issue. However, we can see two practices located near each other and one is really positive and one really negative so there is still a significant variation in practices. CCG data is often averaged and doesn't give the granularity that shows this.

CCG co-commissioning reported that Extended hours appointments are not being filled. However, Insight and Evidence has found that many people are not aware of them and not being offered them despite GPs believing they are being offered. Assumptions are being made about patient behavior.

The Healthwatch team have been able to share good practice evidence which has been shown to help the whole leadership team within GP practices (clinicians and practice manager, reception manager).

The emergency of Primary Care Networks will impact on GP practices. KB said that the team are strongly sensing a change in approach with regard resolving boundary issues – NHSE, CCGs, PCNs, STP etc. Seems to be greater willingness to collaborate.

Long Term Plan focus groups – mental health was chosen. Strong lack of provision for adult community mental health. Report will be published end of May.

FR had an informal meeting with the Chief Exec of the Community Mental Health Trust and was able to flag the issues we are hearing. This was much appreciated and she welcomed the insight. She told us that staffing vacancies are a huge issue and constraint – in particular mental health nursing and social work.

5.2 Community Partnerships Update

Community Partnership Coordinator is in contact with Borough, District and Parish councils, has had a slot on local radio and has connections to parish and district magazines.

SC asked if we could we do more if we had more people in this role and whether there was an issue with the role being a potential single point of failure. SD felt the answer to both was yes, but no more so than for all of our other roles. Our small team is resource constrained and all roles work closely together and provide cover and support when on leave. The Healthwatch relationship with Community organisations are not just individual to individual – they are also organisation to organisation and raising awareness for the longer term.

The board asked whether our Community Partnership Role was at odds with the VCS role.

SD reported that we work collaboratively with the VCS organisations and our strength is being independent and that we are no threat to individual organisations. Our work is about mutually beneficial partnerships, not seeking to replace existing community organisations.

Disabilities Trust tool kit – launched this week for the use of parents/carers and healthcare professionals. The team have already been able to show how an IHCAS case could have been avoided if these had been available previously. Healthwatch will work to raise awareness of the toolkit availability – free to download from the Disabilities Trust website.

HG asked about Community Partnership links with other members of the operations team. KB explained that this cross working was strong (recent Broadbridge Heath Leisure Centre event was given as an example).

KB showed the board the new young people's resources being developed. This have been tested with young people in school groups and found to stimulate useful discussion and insight.

Healthwatch have been part of the Community Based Solutions Consortia meeting with WSCC regarding the inclusion of Social Value as a factor within all Future WSCC Procurement.

Priorities

- The board approved the priorities resulting from the April workshop which KB has developed as a workplan

5.3 Finance and Risk

- Full review of Finance Reports, Performance Report and Risk Register took place at the sub-committee meeting on 29 April. AP and SC reported back that they were satisfied with the reports.
- It was observed that West Sussex Communities are benefitting from a significant uplift in the amount Healthwatch are spending on Engagement, Community Partnerships and Raising Awareness above the core funding received from WSCC. This is enabled by the reinvestment of income generated by Social Enterprise work from the Community Interest Company.

NHS Long Term Plan – Thanks to the work of the team and volunteers, Healthwatch West Sussex achieved a high level of survey responses. A report of the findings of these responses will be published as soon as the data is available from Healthwatch England.

6. Independent Director Feedback

Health and Wellbeing Board (HWB)

- Has launched its strategy which has had really positive feedback. Next meeting is in June

in Chichester and will include HWWs to talk about our Community Partnership work. Healthwatch are part of the planning group for this board and it has been agreed that Healthwatch will have a presentation topic at each meeting.

Health Adult Scrutiny Committee (HASC)

- Local Government Elections meant this hasn't met recently.

Safeguarding Adults Board (SAB)

- MP – since the new head of safeguarding was appointed, there is stronger governance which is excellent. However, MP is concerned that there is a balance and that the board seek to hear from real people so that they can keep it personal.
- Care Home concerns have meant they have a new sub group who aim to use soft intelligence to spot things going wrong before they reach crisis.
- SAB have appointed HW to give an independent third party view of a particular home of concern. Healthwatch are able to undertake an *Enter & View* visit and turn a report around within a week.
- Homes can have a CQC good report but when an *Enter & View* team go in more gently and have quite chat with staff and residents Healthwatch find we can hear things which help flag concerns which can then be addressed.

Stroke Task & Finish Group

- JG - ongoing and meeting monthly. Much discussion and unclear on progress

Sustainability Transformation Partnership (STP)

- Circulated a message to say they are looking to merge the CCGs to be co-terminus with LA so one for whole of WS and Surrey back to Surrey. Could happen by autumn. Will have more staff and reporting realignment but this is a positive change. CC are pleased to have a co-terminus NHS partner. Looking to save 20% from running costs.
- KB – we have been invited on the Integrated Care Partnership Development board.
- ICS (Integrated Care Systems) will start to replace STP

Midhurst Task & Finish

- Continues to move forward – an evaluation of the site is being completed. The Lead, Emma Woodcock's vision is now widely accepted for what services should look like
- Final cohesion has to happen to bring together funding and agreements
- Healthwatch team have done a video interview with Emma and this will be showcased so that the awareness from the public meeting can be used more widely

8. Policies

None reviewed. A draft "When we can't help" policy is being considered by the team after this has been found to be beneficial to all parties in Healthwatch Hampshire.

Action – KB to adapt and circulate draft policy

9. Any Other Business

KB told the board that WSCC are meeting around Adult Social Care visions and strategy launch – part of discussion is around coproduction. An ASC Stakeholder reference group (a self regulating group) has been created and Healthwatch have been asked to join. Does this compromise our ability to be independent and to challenge? It was agreed that KB should attend and then take a view on whether Healthwatch could add value.

MS reported that Help & Care have taken over the provision of Healthwatch Portsmouth who went into liquidation with 24hrs notice meaning Help & Care took over delivery in a week. It was felt this was of interest because many West Sussex residents go to Queen Alexandra Hospital. The provision also includes IHCAS. It was agreed Healthwatch West Sussex will look to ensure that the two organisations can share cross border insight more effectively.

National Volunteering week in June 1 – 7 June. KB explained that the team have prepared a 7 day series of posts for our Social Media channels and asked that the board add their support by following, promoting and sharing these to increase awareness of volunteering opportunities.

10. Questions

AP asked whether Local Community Networks (LCNs) still existed. KB and SD explained that they are still functioning in the south of the county and are likely will be divided into PCNs (Primary Care Networks of 30 – 50K people). PCNs will become providers. MS added that they will need to have their strategies submitted by 14th May. This then gives them access to resources, social prescribers, MSK support etc from 1 July. Each must appoint a clinical director and a protocol to avoid conflict of interest.

There have been concerns elsewhere about “orphan surgeries” – every GP practice has to join a PCN by this time. Emphasis is on supporting communities. General feeling is that this is going well in West Sussex.

MP asked about visits to the Healthwatch Website and whether the statistics are good or mediocre. KB explained that we are conscious we will be migrating to the new Healthwatch England website in September so we aren't investing more than the necessary effort in pushing to our website at the current time, rather focusing on developing social media presence.

LC asked how can NEDs/Independent Directors can support our social media and whether professional *Linked-In* networks were useful? KB reported that as a result of the recent “Communications Huddle” and Digital Leader training across the Help & Care teams more expertise is being shared on this.

Action – KB to share Healthwatch logo for Linked In with the board and details of how to support communications.

SC told the board of his links to Chichester College and offered support to help develop links to young volunteers in Worthing College. KB would like to showcase YP resources at next board meeting.

Action – Caroline to contact SC in relation to this work.

There being no other questions or business the meeting closed at 11.35pm

11. Future Board meeting dates:

Board Meeting dates (all 10 am – 1pm Billingshurst Community Centre)	Board Workshops 10am start
Wed 11 September 2019	Wed 3 rd July 10am – 12 noon
Wed 13 November 2019	January?
Wed 12 February 2020	July?
Wed 13 May 2020	

ACTION PLAN

Item Number	Action required	By Whom	Notes/ Completed
8	Action –KB to adapt and circulate draft “When we cant help”policy	KB	Published following circulation without feedback
10	Action – KB to share Healthwatch logo for Linked In with the board and details of how to support communications.	KB	Complete
10	Action – Caroline to contact SC in relation to this work	KB/SC	Ongoing