

# Minutes of Board Meeting held 11 September 2019

## Present

Board Directors: Frances Russell (Chair), Mark Sharman (Help & Care Member Director), Helen Goodman, Martin Phillips. Jeremy Gardner

In attendance: Sally Dartnell, Katrina Broadhill

## 1. Welcome

FR welcomed all to the meeting.

## 2. Apologies

Emma Leatherbarrow, Linda Cairney, Steve Cooper, Alan Pickering, Anne Cole.

## 3. Register of Declarations of Interest

None.

## 4. Approval of Previous Minutes

Approved, with a correction to that JG did not give a verbal update on the Stroke Task and Finish work and this should change to state 'JG is attending the Group and has provided the following update'.

### 4.1 Matters Arising

All actions have been **completed**.

## 5. Report

### 5.1 Insight and Evidence

KB highlighted:

- the increase in Mental Health insight which is due to the engagement the team has been doing with children and young people, and in the community. This is a trend that we expect to continue in the next quarter from the engagement work we are doing under this priority.
- The point around extended hours appointments not being offered, and that influencing discussions have taken place to push for more awareness and promotion within frontline GP teams.
- The continued positive volume of insight has meant that the Team has been able to supply a briefing with a considerable amount of insight, to support Sally in our Cancer Programme Board discussions.

- The Patient Led-Assessment of the Care Environment (PLACE) national programme will mean visits to many hospitals throughout September and October and this will enable us to revisit the recommendations we have made as part of our Hospital Visiting programme.
- Team is currently preparing a briefing to go to the Sussex-wide Independent Review examine the Children and Young Peoples' Emotional and Mental Wellbeing Services. This is taking time because we have a large volume of insight.
- MP highlighted the need to work with Patient Participation Groups (PPGs), and how we could make the most of them and help them to understand their role better. KB spoke of the planned priority work, to start next year, and that the *feedback month* work will actively involve some PPGs.
- Board agreed the need to remove the *wherever it is taking you* from the Advice & Information strapline.

KB gave an update on the work the Team has been doing around the public consultation on the proposal for Mental Health in-patient beds in West Sussex, which has involved: attending engagement and communication oversight meetings (fortnightly), attending public events (3 out of 4), engaging with community groups around this consultation and their views. Details insight has been captured so that we can reference what has been heard against the analysis output from the consultation.

KB also recently met with Tim Loughton MP, as he has created a new mental health website, to influence the content and has asked that the public consultation is included as a matter of urgency, as he has a large mailing going out which signposts people to this new resource.

KB report that a paper for escalating insight and concerns around the issue of single-sex wards in mental health hospitals is being finalised to go to Healthwatch England.

## 5.2 Community Partnership Update

SD stated there is fantastic synergy between this work and the operational team's. The schedule of pop-up Listening Events in Libraries is having a great impact. Both the WSCC Public Health and Community Teams are very pleased we are doing this and wish to piggy-back off this work, recognising the raised profile and increased insight this is generating.

Community groups are telling us they are very confident in working with us. We have established partnerships based on trust and respect and they tell us that our independence means they do not feel threatened by us (in this competitive market). Even where initial relationships were based around our Community Fund grant projects, we are finding organisations continuing to work with us after the project and reporting has completed.

KB shared she was able to use the *Pop-up work* in a coastal area to inform a CQC inspection visit, offering more than the usual volume of insight because of the ways we are working.

SD detailed the work that we are doing in Rural North Chichester (Midhurst, Pulborough and Petworth and surrounding areas). This is around the development of the Community health hub, and that it is being well

received. Healthwatch filmed an update from the Clinical Director to help ensure the local communities are aware of and part of the development. Impact from the Task and Finish Group so far is that what they have heard from the community around transport being a key to issue, which has meant they recognize they need to change clinic times to fit in with transport.

SD reported that we have again been asked to present at the National Healthwatch England Conference in Birmingham 1-2 October. We will be sharing the development of the Decision Making Tool Kit in partnership with The Disability Trust which we have made available nationally to all Health and Care professional to support vulnerable people to get the care they need. Based on our low level of funding we also applied for and have been accepted for a bursary to cover both of us to attend and present.

Caroline's work with small businesses is doing well and getting to people where they are is doing what we thought it would, e.g. raising awareness and giving information.

AP had asked FR if we were picking up more volunteers through our work with young people. KB said this is exactly what has been achieved and reported 3 volunteers have been recruited, and others young people have provided short-term project volunteering, which we are now using at events (and will be in the Youth Pack).

## 6. Financial & Performance Sub Committee Report

SD stated that:

- The committee met for two hours on 7 September and went through the reports thoroughly.
- Members all thought this quarter was a good one and performance was superb with continued growth.
- We continue to get exceptional contribution from volunteering. We have not adjusted the formula for calculating this for 4 years so we are probably under reporting on the indicative financial value of this.
- Team is now working with the Work Plan format (if using icons to identify progress) and this is evident in the Performance. The Work Plan has incorporated the HWE Impact Toolkit and we are consistently using this method now. The system is feeding back that it finds this helpful.
- JG acknowledge the style and flagging it as being very good. SD said that Maggie, one of our volunteers was very supportive and helpful to this work and our thanks go out again to her.
- MS raised the point that the ICHAS numbers are continuing to increase but it was pleasing to see that cases were being resolved. Board again noted that in order to ensure our services are available equitably to all who may need them and avoid a waiting list for cases, we must make it clear to individuals when we have taken the support as far as we can. IHCAS is for advocacy and has no power to force the health system to make changes.
- Board discussed the need to be clear on our role when supporting the system to work on key work streams (such as programme development, serious harm, and

quality). Also agreeing, that it is right we continue to challenge ourselves about the support stopping when our input no longer has value (for example when the focus has to be clinical).

## 7. Independent Director Feedback

### 7.1 Health and Wellbeing Board (HWB)

FR updated on the children and young peoples' workshop at the last seminar and HWBs approaches was on how to tackle the rather distressing report on WSCC services.

HWB has also been looking at its members and this is going to cabinet for agreement.

HWB has spent some time looking at WSCC relationship with the community and voluntary sector and how it can better work with them and procure from them. Good discussion but what is happening on the ground appears to be the opposite to what was agreed needs to happen (no co-production, looking at what works and doesn't work, creating ways of support the sector etc.)

KB said the HWB has received the Broadbridge Heath Listening Tour report and it is hoped that this will be discussed at the next meeting.

### 7.2 Health and Social Care Committee (HASC)

FR reported that HASC has not met since our last meeting but there are two meetings planned and one of these will look at the mental health proposals.

### 7.3 Safeguarding Adults Board (SAB)

MP stated he feels they are struggling, as there has been a significant increase in safeguarding concerns (+73%). Despite trying, he has struggled to get information about the time these are taking and the impacting this is having.

MP said that on paper the governance for the SAB was much better.

MS asked if the Board has used the Healthwatch strategy power to request information within 21 days. Response was not to date, and it was agreed this would only be used as a last resort.

MP also raised concern over the financial assessment decision and KB reported that a *making a difference report* on the work Team has been doing in collaboration with other organisations to influence WSCC will be published. She ran through the changes as a result of this work.

### 7.4 Stroke Task & Finish Group

JG reported that things seem to be moving exceptionally slowly. In July, there was a request to comment on the Case for Change document. The August meeting did not take place and there should be a meeting at the end of September.

JG fed back on the Case for Change, and summarised it as not being fit for purpose if given to a non-clinical or wider clinical audience.

The group were meant to have received a communication document in January 2019, but this hasn't happened. Tom Gurney is meant to be coming to the next meeting.

JG reported there has been some progress with earlier discharge, with a business case giving information on planned changes and these should come about quite quickly.

#### 7.5 NHS Long Term Plan/System changes

SD reported the Sustainability and Transformation Partnership (STP) has changed its name to Sussex Health and Care Partnership and is moving towards an Integrated Care System.

We have not heard an outcome from whether there will be a joint strategic director for commissioning, despite SD participating in the interview process

KB has been asked to put in a letter of support for the merger of the CCGs in West Sussex. Board agreed to a letter being sent supporting this approach.

#### 7.6 Midhurst Task & Finish Group

SD has been going to the meetings due to potential conflict of interest, but FR can now go back to the meeting, as it is clear she is representing Healthwatch (and not as a local person).

SD said that CB and KB's team have been really effective at engaging with the public and keeping the information flowing with opportunity for feedback.

We expect the Community health hub to begin delivering some services by the end of the year.

## 8. Policies and procedures update

None.

## 9. Any other business

### **Contract update:**

FR/SD reported that there has been an email from our Commissioner explain that the Healthwatch contract decision had not been made in August as planned due to a long agenda. Clarification on the process is now expected at the end of September but is likely to be a competitive tender and we have been asked to prepare TUPE information. This is frustrating and difficult for the team to plan around as we were originally told a decision about procurement would be made in March 2019.

The Board noted that there has been no co-production or partnership working around this, and it is disappointed that there has been no discussion around what works and doesn't work.

SD stated that we responded to the *expression of interest* in June and have had no

response to this.

**Chair Update:**

FR stated that she wishes to step down Chair in March 2020. She went on to say it feels like the right time to do this at the end of the initial 7 year contract which she has been part of from the beginning. Happy to continue to chair till then or step down sooner. Board wanted to make it clear that they do not want FR to step down before March 2020.

**Help & Care Update:**

MS updated that Help and Care are making more innovative changes to support the eight local Healthwatch.

## 10 Questions

None.

## 11 Future Board meeting dates:

Board Meeting dates (all 10 am - 1pm Billingshurst Community Centre)	
Wed 13 November 2019	
Wed 12 February 2020	
Wed 13 May 2020	

## 12 Action Plan

Item Number	Action required	By Whom	Notes/ Completed
5	Remove the <i>wherever it is taking you</i> from the Advice & Information strapline.	KB	<b>Complete</b>
7	KB said the HWB has received the Broadbridge Heath Listening Tour report and it is hoped that this will be discussed at the next meeting.	KB	Constructive meetings held with both WSCC and HDC a response is being prepared.
7	Letter of Support to Adam Doyle, for the merger of CCGs in West Sussex to be written from Board and sent ASAP	KB/SD	<b>Complete</b>