

Minutes of Board Meeting held 12 February 2020

Present

Board Directors: Frances Russell (Chair), Mark Sharman (Help & Care Member Director), Helen Goodman, Jeremy Gardner, Steve Cooper, Alan Pickering.

In attendance: Sally Dartnell, Katrina Broadhill, Seth Gottesman (WSSC)

1. Welcome

FR welcomed all to the meeting.

2. Apologies

Apologies received from Emma Leatherbarrow (Help & Care Member Director), Linda Cairney, Martin Phillips

3. Register of Declarations of Interest

None.

4. Approval of Previous Minutes

Approved. FR thanked HG for reading over and clarifying the minutes.

4.1 Matters Arising

All actions have been **completed**.

5. Report

FR reported, for the record that WSSC has notified the CIC that it will be awarding the next Healthwatch and Independent Health Complaints Service (IHCAS) contract to us, subject to the 10-day cooling off period (which finished on 20 February 2020).

FR passed on thanks for the good job the team did with writing the tender.

MS asked if the scoring has been shared, so there can be learning for the future. SD will share the link with the scores.

See AOB for further contract discussion details.

ACTION: SD to share the scores from the tender with the Board members.

5.1 Insight and Evidence

KB highlighted:

- Level of insight has been maintained which is unusual for this quarter and reflects the hard work of the team.

- Need to remind the system that peoples' expectations are shaped by their experiences, as shown in the quote on page 2 - this may be something to use regularly to set context.
- Some of the stories about GPs show how supported some patients feel during challenging times and there is a more positive sentiment to the stories relating to GP care this quarter.
- Team has done some follow-up to the transgender issues around medication and have made some recommendations and will be following up on these. However, there is a national case around this that may change the landscape going forward. The CCGs are looking at a Local Commissioned Service to address the support needs for this community.
- Our formal submission to the Sussex-wide Independent Review of Children and Young peoples' Emotional and Mental Health Services, has not been published, as we want to evaluate the review report against this report and then publish.

An update bulletin from the Review has not been published for over two months. We have asked when the next one will be issued and have been told there will be an update soon.

5.2 Community Partnership Update

SD highlighted:

- CB, and now more widely across the team, are getting right behind the community partnership model. FR and SD are delighted with the success of this. CB also working widely with the County and District/Borough Councils, and other stakeholders. Encouraging mindfulness of synergies and the need for adopting a commonsense approach.
- We are building on previous work, with emphasis on going back and sharing what has changed. We are putting organisations in touch with each other.
- The report reflects a wide variety of coverage. Activity Map is updated each quarter.

HG commented that the continuous change across the map is impressive.

- We are delighted WSCC Public Health team have partnered with us on our pop-ups in libraries. Their team has found these very useful and have now adopted this approach themselves.
- KB shared feedback on the planning of a Saturday event in March for youth. It has been challenging to fill with stalls/organisations. Some of the commissioned youth services have declined - as they do not work weekends. This is useful feedback to the system who may need to be more flexible if they truly want to engage with youth.
- SC asked when we would have reached capacity for this working where we cannot do more? FR responded that we need to think about this in the new contract, and Community Partnerships will become our normal mode of operations. SC would like to revisit this in the future.

5.3 Performance Report Update

SD highlighted:

- Would have expected that at this time of the year we would have expected a dip but delighted that this has not happened and there is still growth.
- Planning the flexible capacity for “Hot Topics” has been very powerful.
- Slight dip in IHCAS but the team are dealing with very complex cases and changes in ombudsman practices continues to cause challenges.

6. Financial & Performance Sub Committee Report

FR/SD stated:

- The committee met for two hours on 27 January and examined these reports in detail.
- Pleased with quality of reporting.
- SC suggested it is time to refresh our Risk And Issues Log again in line with the new contract. SC will take a lead on this.
- AP highlighted that the financial data does appear phased. So, CIC spending shows an underspend, but this does not reflect our commitments.
- AP confirmed that H&C have spent their budget as planned.

7. Independent Director and Staff Feedback

7.1 Health and Wellbeing Board (HWB)

Quite a well-attended Board at Southwick. Great opportunity to present our Youth Pack. The whole agenda was shaped around young peoples’ services and health, which meant that our presentation dovetailed with this.

Next meeting is due to be around aging-well and we had hoped to report on our work with care homes but the homes that WSCC’s team recommended we work have declined to be involved. We have taken this issue back to WSCC for support, and to consider if there is an alternative project that would add value.

7.2 Health and Adult Social Care Scrutiny Committee (HASC)

KB attended her HASC on 9 January 2020. The main agenda item for this meeting was Adult Social Care (ASC) where the findings of the commissioned consultants, Newton (who have worked with 42 other local authorities) were presented and the options put forward by Kim Curry (KC), accountable Director would be putting forward to the full cabinet.

- The findings suggest ASC in West Sussex face significant issues and resolving these will need investment.
- Disappointingly there was very little user/carers involvement and

therefore views around best *outcome* were only seen through a professional lens. KB raised this issue and asked HASC to recommend that the next steps do involve local people in the co-design at an early stage. This was acknowledged by KC and confirmed that this would be the case.

Under forward planning:

- KB asked what had happened to the Task & Finish Group's work around Low Vision and the chair agreed to follow this up give an update at the next meeting. (KB has separately got an update from 4Sight, as this links to following up on some recommendations.)
- KB raised that HWWSx are receiving more concerns from resident who are struggling to find an NHS dentist and there appear to be areas in the county where there are no dentists offering appointments to new patients.

Subsequent to this we have published an information and advice guidance and have been in discussions with NHSE's senior commissioner for dentistry services across the region.

HASC has changed from a *select* to a ***scrutiny*** committee, following a review. New local guidance has been issued and as a result we envisage this becoming a more focused and relevant committee going forward.

7.3 Safeguarding Adults Board (SAB)

Martin Phillips, our Independent Board Director representative on SAB had sent apologies. No report at this time.

KB mentioned that a sub-group of the SAB had raised concern that the Direct Payments PA market is unregulated and there is an opportunity to work in partnership to understand their concerns and the concerns of those who employ PAs.

7.4 Stroke Task & Finish Group

JG said that in the last few months the management for this workstream has changed. The co-chair has left. The meetings are now chaired by Penny Ford.

The *case for change* did not come to the December meeting but in January version 15 was discussed and JG has provided formal comments and stated he feels it still needs quite a bit of work and a change of focus. Example: one of the main points that unless we change the reconfiguration the cost nationally would be £91b. It is not until page 33 that you find out the impact in West Sussex.

There are areas like process that are missing, and this means there is a lack of transparency and it includes unhelpful data.

Early supported discharge plan to introduce new support during Winter had not received approval and this is now going to be rolled out in the new financial year (April 2020).

A communication plan has been put to the group, but this is more like a framework. KB raised the point that we need to challenge how this plan interacts with other workstreams/projects and engagement.

JG summarised that this work appears to be moving in the right direction but very slowly.

7.5 NHS Long Term Plan/Integrated Care System

Cancer Programme Board

This Board should meet monthly but this has not always been happening and meetings have been cancelled at short notice.

SD has fed back that the patient voice is not being given prominence at this stage where terms of reference, appointments and membership are still being agreed. Local Healthwatch across Sussex have submitted an insight briefing and a detailed case study for learning.

SD is part of a collaborative meeting this afternoon with Professor Dame Lesley Fallowfield leader of the Shore C centre at Sussex University who is leading on national cancer work. In earlier discussions she has said that the information from NHSe is quantitative and does not have the right level of detail. This should add weight to our push to have the patient voice at the centre of this workstream.

SD has also been invited to meet with the West Sussex NHS Cancer Action Group who have been using our patient insight. Next meeting 17 March.

Sussex Health and Care Partnership's Communication & Engagement Network

KB advised she and SD attended a large event last week, that was put on by Sussex CCGs, so stakeholders could contribute to a new model of engagement.

At the recent Network meeting it was agreed that there needs to be a more locally focused group for West Sussex (which is the model already operated in East Sussex).

The Terms of Reference (ToFR) for the Network do not represent a new model of working and without this it is unclear what will be different. We have commented on the ToFR.

Other ICS workstreams - we are working collaboratively with the other Sussex Local Healthwatch to ensure we have LHW representation/input to every ICS workstream. SD is mapping this.

7.6 Midhurst Task & Finish Group - Community Health Hub

SD updated that this work seems to be moving slowly now and the hub has been pushed back with a change in leadership.

The Primary Care Network progress has been affected by the GPs rejection of the draft specifications.

KB advised that CBs engagement last year has had a positive impact and the issues of transport are being taken seriously. SD and CB have concluded that

our engagement input is now likely to draw to a close. FR will continue to attend as HWWSx volunteer representative with a local interest.

8. Policies and procedures update

Contract award letter states we need to supply copies of Business Continuity, Safeguarding policies and Insurance.

SD stated that our recent safeguarding experience has suggested we need to revisit this policy with WSCC and how we adapt it to recognise the challenges we faced when following it.

ACTION: SD will seek to review the safeguarding Policy with WSCC team to ensure it dovetails and all stakeholders are clear how we deal with particular cases, where responsibilities lie and that there are no gaps.

9. Any other business

Contract update:

FR reported that the tender was written in a different way to how we currently deliver the services. Accordingly, we are going to need the next couple of months to work with commissioners around the monitoring and reporting on the Contract, as well as what the Board will need going forward. Next meeting is likely to be around the new contract.

FR went on to say it needs to be recognised that we have taken a cut in income to win the contract and therefore this needs to be reflected in what we are doing.

SC suggested there is a baseline established through our reporting and we do not want to lose sight of this, but instead build on this.

FR suggested we use the April sub-committee to test the thinking going forward.

SD suggested there is a lot of duplication around the Insight and Evidence Report and the Partnership report, and this is an opportunity to consolidate a single powerful report.

Seth Gottesman stated that there is a lot of WSCC monitoring to populate and they need the input of services in developing this. He said our HW service has led the way around changing reporting. New CEO of WSCC is very supportive of community sector and their involvement in driving change.

SD stated that the opportunities for the future are with our influencing platforms that the Independent Directors and team attend.

We need to do some thinking around where our resources are best used, as we continue to be invited to a growing number of meetings/committees. It was agreed that prioritisation will be critical.

Healthwatch working across Sussex

FR fed back that we have met and there are clearly things we can do better. SD stated that we have had some constructive meetings with the other HW in Sussex

and agreed that we do not duplicate attendance across the workstreams.

Future meeting dates for the Board

SD has scheduled the future dates and KB has flagged some now clash with HASC. These will be revisited, shared with the Board and published.

LIVI

KB asked the Board to talk to their networks about [LIVI](#) a video consultation service (commissioned in the North/Middle of West Sussex as a support to GPs) and how this is presented to patients.

ACTION: ALL to review and speak to people about LIVI - case studies on how it is working would be helpful.

10 Questions

None.

11 Future Board meeting dates:

Wed 13 May 2020
Wed 2 September 2020 (revised date)
Wed 18 November 2020 (revised date).
Wed 10 February 2021

Formal quarterly Board meetings are held in public at the Billingshurst Community Centre. Members of the public may attend or submit agenda items or questions in advance.

12 Action Plan

Item Number	Action required	By Whom	Notes/ Completed
11	SD to share the scores from the tender with the Board members.	SD	
12	SD seeking to review the safeguarding policy with WSCC team.	SD	
13	ALL - review LIVI and feedback.	ALL	