

Healthwatch Advisory Board Public Meeting
Tuesday 14th February 10.30am-1.00pm
Cannock Chase District Council Offices, Civic Suite, Beecroft Road, Cannock,
WS11 1BG

PRESENT

John Bentley (JB)	HAB Chairman
Maggie Matthews (MM)	HAB Vice Chair
Abigail Bengel (AB)	Administrator/Information Officer, ECS
Beverley Dawson (BD)	HAB Member
Derek Hoey (DH)	HAB Member
Frances Beatty (FB)	HAB Member
Isabel Ford (IF)	HAB Member
Jack Barber (JB2)	HAB Member
Jan Sensier (JS)	Chief Executive, ECS
Nicola Gratton (NG)	Senior Lecturer, Staffordshire University
Paul Higgitt (PH)	Community Outreach Officer, ECS

In attendance: 14 members of the public including Victoria Gibson (VG) the ECS Research Manager and Elizabeth Learoyd (EL) the Healthwatch Wolverhampton Chief Officer

APOLOGIES

Bob Rankin (BR)	HAB Member
Carole Stone (CS)	HAB Member
Mike Dent (MD)	HAB Member
Susan Adey-Rankin (SAR)	HAB Member

		ACTION
1.	<u>Welcome and Introductions</u>	
	The Chair welcomed the Healthwatch Advisory Board (HAB) members and members of the public to the meeting. HAB members individually introduced themselves to the public.	
2.	<u>Apologies</u>	
	Apologies were received and noted as above.	
3.	<u>Minutes of the meeting held on 17th January 2017</u>	

	<p>The Minutes of the meeting held on the 17th January 2017 were agreed as a correct record by all Board members subject to the following amendment: Page 2, section 5 – Frances Beatty asked Mohammed Arabo (MA) for a short report on comms & marketing rather than just screenshot images on the presentation.</p>	
4.	<p><u>Actions from the meeting held on 17th January 2017</u></p>	
	<p>The actions from the meeting held on 17th January 2017 are updated on the action tracker. JB explained how the action tracker works and what the colour system means. He drew the public's attention to number 25 on the action tracker and asked VG for an update. VG informed the Board and public that the domiciliary care report is with the council and needs to be signed off before it can be circulated. JB then advised the public and Board to look at number 47 on the action tracker. He informed them that he has written to 3 CCGs asking about Procedures of Low Clinical Value (POLCV) and has escalated this through the Healthwatch hierarchy to ensure he receives the two outstanding responses.</p> <p>IF asked if Enter and View reps have had a meeting with the CQC to see how they write their reports. (JB advised he will find out.) [Post meeting note: JB agreed to make this part of the volunteer review day and will ask Jackie to invite CQC to discuss this] MM stated that the reports produced by Authorised Representatives differ from CQC reports as the CQC are looking at different aspects of the care home. The CQC also have access to differing information which may also influence the report. (MD to work with Jackie & Isabel on Enter and View reporting)</p> <p>FB then asked about the due dates on the action tracker. She requested that the HAB do not keep pushing back due dates and for outcomes to be posted on the website.</p> <p>VG gave an update on the fluoridation survey (number 65 on the action tracker) and stated that the survey will be sent to the Board for comments in the next week. (VG to email public member to update on the status of the survey)</p>	<p>JB</p> <p>MD/JO</p> <p>VG</p>
5.	<p><u>Quarterly Business Cycle of Meetings</u></p>	
	<p>The engagement activity update was presented by MM, BD, PH and DH. The presentation included an update on Enter and View, volunteers, engagement, advocacy, comms & marketing and Healthwatch projects for the Cannock Chase area. The presentation was well received by all.</p> <p>Weblink to presentation - http://healthwatchstaffordshire.co.uk/wp-content/uploads/2016/05/Engagement-Activity-Update-HAB-feb2.pdf</p>	
6.	<p><u>Guest Speaker</u></p>	
	<p>Guest speaker, Nic Gratton from Staffordshire University gave a presentation on Understanding Social Value. This was well received by both the Board and the public. (VG, JO,DF to meet with NG to explore joint working)</p>	<p>VG</p>
7.	<p><u>Public Listening Session</u></p>	

JS gave an update on the Staffordshire and Stoke on Trent Sustainability and Transformation Plan (STP). She mentioned that the Staffordshire and Stoke on Trent plan is available on the Healthwatch website along with a summary document. JS went on to say that there are some issues and concerns surrounding the plan such as the change from 3 A&E's in the county to 2 and being behind on achieving financial savings against the plan. JS also spoke about the Staffordshire and Stoke on Trent STP not having had a Chair since the beginning of November as John McDonald stepped down from this role. JS explained that this role is currently being recruited and hopefully the position will be filled soon. JS mentioned that in the meantime Penny Harris is doing a great job as Programme Director but the plan does need a Chair to take it forward.

JS then referred to the Stoke elections and said that the next round of public engagement events will be after the elections. She pointed out that there are still ways to get involved in the meantime such as the Ambassadors Programme or the patient reference groups. JS advised that no firm decisions have been made so now is a great opportunity for people to get involved and shape the plan. JS explained that the role of Healthwatch is to ensure the programme listens to the public and the feedback from the Conversation Staffordshire events will be given to the programme to incorporate into the plan.

JB then asked for the 3 main issues in Cannock:

Public – possible closure of minor injuries unit

Public – decommissioning of Together for Health

Public – travelling distance / transport to big hospitals e.g. a 20 minute appointment can take 6 hours out of your day if you haven't got a car

JB brought up the issue of STP boundaries.

A member of the public mentioned that it's difficult with Wolverhampton being the Black Country STP and Cannock being in the Staffordshire STP. JS then stated that Engaging Communities Staffordshire deliver both HW Staffordshire, HW Wolverhampton and HW Walsall and are looking to develop strong relationships with other STPs/trying to understand how the different STPs will fit together. JS also gave an update on the minor injuries unit. She stated that she went to the Healthy Staffordshire Select Committee and David Lawton from Royal Wolverhampton Trust said that he is committed to trying to keep the minor injuries unit open.

JB then moved the discussion back onto the relationship between Cannock and Wolverhampton. A member of the public mentioned there is a free bus service between Cannock and Wolverhampton which is very helpful. Another member of the public then added that the free bus service is fine if you live in Cannock but is still an issue if you don't live in Cannock. JB asked if colleagues from HW Wolverhampton and HW Walsall had anything to add in terms of the STP or local intelligence. EL from HW Wolverhampton mentioned that she went to the Patient Experience Forum at Royal Wolverhampton Trust and transport is very much on their radar. A member of the public who lives in Rugeley mentioned that Rugeley have the worst transport links to the major hospitals. She also mentioned that her GP surgery was not in the directory which was handed out in the meeting pack. **(PH/JS advised Healthwatch would take this on board when producing future directories)**

DH went on to ask JS about the STP engagement plan. He asked whether the engagement plan will be shortened due to it not starting until May or will everything be pushed back. JS

JS/PH

	<p>stated more will become apparent in the next few weeks and engagement will still carry on even though there aren't any public events until May.</p> <p>A member of the public stated he was concerned about the situation at Robert Peel Hospital. He said he is not being informed of what the STP plan actually is. He said if the public knew what was happening they would be in a better place to give recommendations. He talked about the Better Care Plan which he said had failed and expressed his concern that a bigger plan such as the STP should be rolled out slowly to check it works.</p> <p>JB then passed over the discussion to JS and asked if the plan is a 5 year plan, when does it actually start? JS explained that Healthwatch decided to be involved with the STP from the inside so as to have more influence. She stated that the STPs came from the 5 year forward view which is a vision for how the health service should move forward. It also stems from a 5 year plan for government funding for the NHS. The reason it's not being rolled out gradually is because if nothing changes the NHS will be billions in the red. She said the idea behind the STP is to get all the leaders from health and social care in all the 44 areas together to come up with a common plan to address the issues over the next 5 years. JS stated that the plan started year 2016/2017 so we are in the first year of the plan at present. She agreed with the member of the public that there is not currently a specific plan but there is a vision around what services should be changed and what investments should be made. She also stressed that to be able to invest in community services we have to cut back on other services.</p> <p>JB asked the public and the Board what positives there are in Cannock. Public – there are good community assets e.g. befriending services Public – in Rugeley we have a helping hands group which offers help to the public Public – Cannock Hospital is a centre of excellence for rheumatology</p> <p>JB stated that one theme coming from speaking about the positives in Cannock is that there is a communications issue between the big trusts and the small community initiatives. He said the challenge for Healthwatch is how to accurately list and signpost to these smaller initiatives. JB mentioned that if Healthwatch can make signposting easier for people it will. A member of the public then mentioned that at her local PPG there has been a suggestion that there will be physio and mental health services in GP surgeries and receptionists will do signposting which ties in with the STP and having more local services. MM then went on to mention that in Leek the GP practices already have physio etc which enables people to get treatment more locally. MM mentioned her role as Chair of the Patient Locality Group and stated they are working with CCG and GP practices to ensure people know there are services available locally in their GP surgery.</p> <p>BD took the discussion back to the STP cross boundary work. She asked two questions. The first: are the Chairs and Chief Officers of the STP footprint meeting each other to talk about the cross boundary issues and if not is there somebody we can ask to ensure that this happens. JS responded that probably not sufficiently and in a structured enough manner. (JS offered to feed it back to the STP Programme Board)</p>	<p>JS</p>
8.	<p><u>What we have done well/ what could we do better</u></p>	
	<p>Public – time and date is important to get more people to attend (JB to discuss at HAB business meeting in March)</p>	<p>JB</p>

	Public – less busy on slides and bigger writing [Post meeting note: presentation workshop to be arranged with HAB and COOs]	SB/BD
9.	<u>Any other business</u>	
	There was no other business arising.	
10.	<u>Date of next public Board meeting</u>	
	Wednesday 12 th April, 10.30am – 1.00pm, Newcastle under Lyme – Venue TBC	