

Minutes

Healthwatch Peterborough Public Community Meeting

Held on: Wednesday 24 June 2015

At: Italian Community Association (ICA) The Fleet, Fletton, Peterborough, PE2 8DL

Time:

09:30 -10:00 welcome/networking (refreshments available)

10:00 -12:00 Community Meeting/reports/updates

13:00 -14:00 - Dementia Friends training (Jennifer Hodges)

Attendees and apologies

Directors: David Whiles (Chair) Gill Metcalfe, Louise Ravenscroft, Gordon Lacey, Gill Metcalfe

Management Group: Dennis Pinshon, Jean Hobbs, Rosemary Dickens, Nicky Hampshaw, Suzie Henson-Amphlett, Geoffrey Bovan, Annette Beeton, Dennis Pinshon

Apologies: Gill Bachelor, Ian Arnott

C&P CCG:

Jane Coulson acting on behalf of Jessica Bawden (apologies given)

Sue Stephenson: Development Officer Pboro LCG

PSHFT: Lesley Crosby acting on behalf of Jo Bennis (apologies given)

UnitingCare: Jane Fannon: Communications Mge

CPFT (formally CCS): Wendy Endersby, Head of Patient Engagement

Peter Skivington and Sue Turner (carer)

Welcome -David Whiles

1. Welcome & Introductions; Apologies; Declaration of interests; none
Minutes of 21 May 2015 accepted as correct version

Action by	Area/action	Completed/further comment
AB	Send letter to C&P/SL CCG re: info/Patient Exp. PSHFT	Completed and Sent Update requested from both SL and C&P CCGs
AB	PSHFT Complaint Questionnaire/reports	Final report (including action plan) published on website
AB	Minor Illness and Injury Unit (MIIU)	ONGOING need to monitor service provision and site. Appeal to members to collect and escalate any feedback to HWP.
AB	Annual Report	Make amendments/additions as noted. Submit and distribute
AB	Bowel Cancer screening tests. Local data shows lower uptake.	Parked. Awaiting local project work update.

Kings Fund Report shared with Directors/Management Group for feedback.

GM: commented:

- A lot of HWs had been given support by their commissioners (local authority) for setting up structures and accountability; not sure this was the case for our local Healthwatch. Had support, but not practical.

- It appeared that next year the community will be used as a measurement of the impact; we need to look at what we can do to increase general community awareness
- We need to look carefully at volunteers, a recommendation that audits and looking at how they are working are important, we have done this to an extent GM and MR, not in the annual report but is work that we have done.
- Independence is very important, a great worry that some HWs roles were being taken over by organisations with other agendas.

AB: How a LHW would be measured was addressed by the developed reflective audit carried out at our AGM, findings in Annual Report (AR). First step for auditing what our stakeholders felt, agree this needs to expand to community. Support from commissioners has been minimal, possibly due to the way we were commissioned (transitional, not from scratch). Very little support from HWE in setting up. HWE are now providing some useful support/templates/policies etc. Rather use other LHWs to share their work to support network than created by them.

GM: Audit of the reports that we have received from volunteers over the last year would also be useful. Kings Fund were very disappointed that LAs and CCGs feedback to them was so low they could not include this information as it would have been identifiable.

AB: Our strategic relationships section of the AR is testimony to how well we engage with our stakeholders.

MR: Constantly surprised at the number of people that haven't heard of HW, maybe we need to think about going out more broadly to raise awareness.

AB: concerned about some of the publicity opportunities missed by HWE to raise awareness of the network, this would be a prime opportunity to promote the role of LHWs.

SHA: Commissioners and similar organisations need to take a role in increasing awareness of LHW.

JC: Part of the management training and staff induction is ensuring that staffs are aware of the roles of key stakeholders.

AB: If you do attend meetings where people are not aware of LHW - request their orgs. detail to follow up, may benefit from having a presentation from HW about our role and how to get involved.

GL: There has been a misunderstanding that HWE is the whole thing.

AB: why concerns about their media rarely mentioning the local network of local Healthwatches - not even their publications have this information. Reviewed four complaints docs, only one use word 'network' but did not explain what this was.

Action Plan updates (Chair)

DRAFT Annual Report has been shared electronically; second draft shared hard copy at meeting for attendees to amend/contribute **ACTION:** AB to amend as necessary

Project/work stream - Updates - Angela Burrows

Projects:

MIIU - update Response for publication pending.

Non-clinical Cancer Services (Wellbeing Centre/RHMC) (AB)

HWP (JH/GM) will be at race for Life on 7th July at Ferry Meadows doing phase two of the research. Delighted the drive for participation during design stage. **GM.** Beales are happy to support this initiative and to host the survey. 14th July pm a fashion show at Beales with makeovers and raffles, (AB/GM).

Complaints Handling-

All reports/responses will be on website beg July. PSHFT: CRG update

Prisoner Engagement Project - (CQC/HWE) update (AB)

HWE have purchased the project, we are delivering on 14th July London.

Engagement/involvement:

System Transformation

Saturday Cafes, 27th 10-12 June in Peterborough, a drop in facility explaining why it's looking at the whole system and also to find out from people what the issues and barriers are to focus what areas need to be looked at. Will also be meetings as a more formal public involvement.

111/OOH Consultation: update/overview (GL) on hold, Royston engagement events to follow.

Hydrotherapy

Leading way for self management. Short report from management £30K savings from people funding themselves to use the pool, excellent to highlight the impact of self management.

Enter & View Programme (update) PSHFT Joint LHWs E&V overview (AB)

Response received from Jo Bennis - shared with other HWs for comment/action.

Further unannounced planned for MIU autumn

Schedule of E&V at care homes from September (new CQC regulations - rating notices etc) as they are currently being inspected by the CQC, following this they have to display their CQC rate as well as the action plans. We are planning visits, in part, to ensure this requirement is being met.

GL certain grading/reports should be mandatory for all inspected sites to display very clearly, this would need to be tackled nationally. Escalate to HWE. **ACTION**

Children/Young People engagement (Videoscribe MH/Primary Care) (Jennifer)

AB shared overview of our work with engaging with young people with the Patient Forum Group.

JH presented at the H&WBB on 18 June. More schools to follow.

Millfield Patient Info Stand - pending

Soft Intelligence/activity - Management Group update

Feedback and activity confirmed since previous meeting date

MR: Older People's Partnership Board (OPP) now been taken up by a newly formed directorate wanting to use the group more formally to address issues raised. Julian Base from public health gave presentation highlighting a number of areas that overlap with the work we cover and was recommend that we request presentation given to HWP. DW. Many of the slides have come from the 2014/15 public health report is on the www.MOD.gov website by selecting Peterborough as well as the PCC website through the HWBB papers and includes some very interesting and informative statistics and sections. Talks about building a health city and the range of ways they can tackle this (schools, workplace, etc.)

MR:said that the Primary Care Transformation Programme team had approached PPGs to seek patient representatives from Peterborough and Borderline practices interested in helping to deliver the Prime Minister's Challenge Fund Programme.

SM: What has happened to the ENT triage? It appears there is still a backlog. JC. It is due to start any time and I will confirm a date for this. **POST MEETING NOTE:** Jane Colson: (shared response with Susan) new ENT triage service started on 15 May. Some changes are currently being made to Choose and Book on how the referrals are being submitted.

Soft Intelligence/activity - Director Update

Feedback and activity confirmed since previous meeting

DW: Finances 14/15 has been signed off, £153K with a surplus of over £4k and this can be carried over to 15/16. We also have over £7k surplus from the previous year therefore approx £11k available. We will be getting the same amount of funding for 15/16, but we do not know what we will receive for 16/17. We suspect that we will have to retender.

DW has requested that HWE writes to DoH to give LHWs and indication of whether the funding is going to change.

DW: System Transformation - it does need some more momentum.

JC: Phase of engagement is partly due to the slow down as there was an acknowledgement that public engagement needs to be completed before it goes ahead and then public engagement is tagged on at the end which will not be useful. They are looking to extend the original deadline.

AB. Some concern that PPGs and others are not aware of the programme, the use of the Cafes will hopefully address this and ensure local awareness and involvement.

LR CAMH is not in the same time frame, needs addressing in faster timescales.

Reports from Mge Gp/Directors/Staff			
	Date	Meeting	Author/attendee
1	21.5.15	MH Stakeholders mtg	Ian Arnott
2	07.5.15	Patient Reference Group	Gordon lacey
3	26.5.15	Quality Assurance Committee(QAC) Mtg	Gill Metcalfe
4	26.5.15	CQR Mtg	Gill Metcalfe
5	04.6.15	Patient Reference Group	Gordon Lacey
6	13.5.15	OOH/111	Gordon Lacey
7	10.6.15	Adult Social Care Quality Group	Jean Hobbs
8	11.06.15	Older People Partnership Board	Margaret Robinson

UnitingCare - Update - Jane Fallon

Joint Emergency Team (JET), referral from GP, service now running across Cambs and Pboro, still not 24/7 due to recruitment issues but this will be expanding as soon as staffing allows. This service has already preventing unnecessary hospital admissions for people over 65. Bringing forward the introduction of services in the community to support people at home and prevent hospital admissions. Populations over 65 growing rapidly and if this group carries on being admitted at the rate that they are this will not be sustainable. There is going to be a lot of work to raise awareness, across the board, to highlight the issues of unnecessarily admitting older people to hospital, campaign will be launched in July.

AB: Please share campaign material at earliest opportunity.

JF: Case studies are going to be a big, if HWP could help identify people that are happy to share their stories it would be very helpful.

GL: progress with single tel number?

JF: Currently in use by GP, in the next month this will be extended to care homes and following that it will be accessible to the general public.

GM: How are you going to ensure that there is equity across the areas you cover?

JF: We can provide the service on the same basis across our geographical area but while being flexible for the needs in each area, I can give a more substantial answer next month.

C&P CGG Update - Jane Coulson for Jessica Bawden

The Prime Minister's Challenge fund: The LCG has not bid for that money, it is the GPs - they are looking at using a hub model to provide longer access to GP services, it is the GPs as GPs not as commissioners. It may be useful for HWP to have a presentation on this work. Pboro and borderline won this money, it is not Cambridgeshire wide. Two year operational plans have been refreshed and backed by the governing body, will send link.

Peterborough patient forum has struggled to get full representation, a meeting has been held to discuss the role of the forum and the role of HWP and how we can work together on projects when appropriate.

PSHFT - Update - Lesley Crosby for Jo Bennis

LC: ED - Improving performance picture, all GP referrals go to a Medical Assessment Unit therefore reducing the amount of patients coming in through ED and improving the patient pathway. Hit 95% dropped twice but definite improvements within the ED.

Started 7 day a week palliative service, good impact on the care given to palliative care patients.

Right to die, choice of where to die, have found that more people choosing to die in hospital, this is a credit to the care that they are receiving and feeling that their families are also cared for in this

setting.

CQUINS, initiatives put in by CCG, government and community colleagues, a carer CQUIN has started in Peterborough but is only funded by one of the CCG (residents covered by the other CCG are at risk of missing out on the initiative). PSHFT are currently looking at how all carers and relatives will receive more information about support in the community and additional support that is available to them. A quarterly report will be shared on this work.

30 more international nurses arrived and welcomed last week and are now completing their induction.

The Trust's public general meeting is being held on 23rd July and really welcome HWP and public to attend, topic to be focused on will be Dementia to showcase the work surrounding Dementia patients over the last year.

AB. Agree will attend the APM.

AB: How is hospital responding to Government announcement that migrants from outside the EU not earning £35k after 6 years of living in England, will be deported. It will be law by April 2016.

LC. it is assumed that there will have to be exceptions in that ruling for people working public facing, not just the NHS but other essential services that the public and the British economy rely on.

CPFT/CCS - Update - Wendy Endersby

Thank the reps that came on the PLACE. The feedback was really valuable to us and will be published around September. Gathered a lot from the visit and there is a focused piece of work across the whole trust looking at the quality of food that will be running over the next month and looking at what is the best option across different units as well as implementing some proper standards surrounding not only the food itself but also how it is delivered and the provision. Reviewing other aspects of the feedback from the PLACE audit and how changes can be made. Adult and older people's transformation, trust has made a consultation doc which will run for 45days with staff, it's expected that the neighbourhood teams will be running in the autumn time this year, it is planned to be three in Peterborough. Some minor issues have been identified by staff moving over the CCS but overall there is a feeling that services are being run efficiently and staff are happy with the structures.

Communications to/from HWP

Number of patient communications - all responded to

AOB

AB. It would be beneficial to know where the three Peterborough neighbourhood teams will be based - will highlight Qs to UnitingCare at July mtg.

PS: Three visits to City Care Centre due to problems with hearing aid, complained about it and the response was that they could not do anything about it and a new battery would have to be fitted every day.

WE: (CPFT) will take issue and provide response. Peter agreed to share his details so she can review his case.

Infections, every time you have a meal or get on the bus they put antiseptic gels on your hands.

12:00 FINISH (followed by light lunch and Complaints training)

NEXT MEETING: 16th July 2015