

Notes from Citizens' Assembly Meeting

Held on 6th September 2018
In Taunton Rugby Football Club

Meeting Notes

Present:

Joanna Parker – Healthwatch South Gloucestershire and CHAIR	Margaret Abban – Healthwatch Cornwall
Peter Buttle – Healthwatch Wiltshire	Rachel Perry, South West Clinical Senate Project Officer
Trish Trim – South West Clinical Senate Administrator	Ellie Devine, South West Clinical Senate Manager
Kevin Dixon – Healthwatch Torbay	Kevin Dixon – Healthwatch Torbay
Patricia Godfrey – Healthwatch North Somerset	Patricia Godfrey – Healthwatch North Somerset
Ann Harding – Healthwatch BaNES	Ann Harding – Healthwatch BaNES
Sally Pearson – South West Clinical Senate Chair	Nick Pennell – Healthwatch Plymouth
Sunita Berry – Associate Director South West Clinical Senate Chair	Malcolm Watson, South Gloucestershire
Tessa Trappes-Lomax – Healthwatch Devon	Gilly Gotch, Healthwatch Devon

Apologies:

Clifford Puddy, Healthwatch Somerset	Lance Allen, Healthwatch North Somerset
Nick Ramsey, Healthwatch B&NES	

		Action
1	Welcome, introductions and business items	
	Round table introductions – attendance and apologies listed above.	
2	New Chair and Deputy Chair Update	
	JParker opened the meeting as Chair.	
3	Notes from the last meeting	
	Notes ratified.	TT
4	Feedback from Senate Council Meeting 19th July 2018	
	JParker and PButtle both attended the Senate Council Meeting on 19 th July 2018. The topic in question was ' <i>How do we become exemplars in looking after the Wellbeing and Mental Health of our</i>	

	<p><i>Children and Young People’s Mental Health Workforce in the South West?</i></p> <p><i>What is the support offer to the workforce and what practical steps can be recommended to implement this in the South West?’</i></p> <p>JParker presented the Recommendations and also recommended The King’s Fund Paper “Transforming children and young people’s mental health provision – our response” as additional background reading.</p> <p>https://www.kingsfund.org.uk/blog/2018/03/transforming-children-young-people-mental-health-provision</p> <p>PButtle outlined his presentation from the day and this brought about discussion regarding ‘safe places’ for Young People to open up in confidence.</p> <p>TGodfrey raised an issue that had become evident during a recent discussion with members of the Ambulance Service; that despite being very often frontline responder to incidents involving young people presenting with mental health issues, they are very rarely included in the planning and developmental meetings to contribute from their perspective.</p> <p>NPennell shared initiatives around the reducing ‘in bed’ demand agenda by improving access to early intervention within schools and colleges. He also championed the change in Plymouth where the Outpatient Young Person access point was moved away from the hospital to a location on the High Street which had made a transformation in young people availing themselves of the service.</p> <p>TrishGodfrey also commented on the drop in recruitment for suitably trained nurses since the Bursary system of funding Nurse Training was removed. These are a key group in this area of Health particularly in the community.</p> <p>NPennell – formal link between CA and the Mental health Network MHN around their recommendations. He will take this forward with Gail Bridgeman by email initially.</p> <p>EDevine reminded those present that the 19th July Senate Council discussion and Recommendations was specific to the MH Workforce and that other aspects of YPMH will be best dealt with by the Mental Health Network.</p> <p>ED and TT-L will liaise regarding the relevant Healthwatch paper that will be uploaded to the Senate website.</p> <p>SBerry also flagged that the imminent NHS 10 Year Plan will give critical priority to MH and a new strategic framework.</p> <p>The discussion continued around clarity of what “reducing demand” means.</p>	<p>NP</p>
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	<p>Schools have already been flagged and are receiving DH resources to support Young Peoples' MH but maybe some resources need to be aimed at after school / extra curricula activities.</p> <p>The Council Recommendations were endorsed by the Citizens' Assembly.</p>	
5	<p>Next Senate Council meeting 27th September –Topic and CA input</p> <p>EDevine outlined the Question for the next Senate Council meeting 27th September. The aim of this meeting is to deliberate “To what extent are providers in the South West able to deliver the national commissioning pathways for colorectal cancer patients?</p> <p>What are the key areas for pathway redesign and provision of service that will improve the quality of experience & timeliness of treatment for patients across the region?”</p> <p>The prompt for this Council topic was driven from within Council membership around the challenges that impair the consistent rollout of the National Pathway Guidance and the need to embrace and implement the guidelines given the challenges, locally.</p> <p>The Cancer Alliance are also working towards solutions with the Senate and have some funding available to contribute to compliance. JParker welcomed any collaboration from involved charities and is keen to participate in any aspect that she can contribute as were several CA members present.</p> <p>Both JParker and GGotch will attend the Senate Council Meeting to contribute to the topic.</p> <p>SPearson, SBerry, are collaborating with the external clinicians attending to formulate the afternoon groups' discussion.</p> <p>EDevine to email the draft Council agenda to the CA members present.</p>	ED
6	<p>Clinical Reviews and Senate Council topics</p> <p>EDevine had completed the Stage Two Clinical Review Report: Bath, Swindon and Wiltshire Maternity Transformation Proposal around Maternity Services but there is still one piece of work that requires sign off.</p> <p>Weston clinical Senate review will be held on 20th November 2018. CA members were asked if there could be some members to attend the review, KDixon, JParker, NPennel will be available to attend and contribute. JParker commented that it is a good opportunity for some 'buddy up' training for future clinical Senate reviews. SBerry also commented that the presence of CA members on a review panel is inclusion of the public's viewpoint which is a powerful inclusion for any review.</p> <p>Possible future reviews : looking at Care in the Community proposed from New Devon CCG.</p> <p>Also Mental Health around mother and baby units, CAMHS.</p> <p>29th November 2018 Senate Council will be around Urgent Treatment Centres. The topic has popped up whilst considering related topics. There is also compliance for Principles and standards which Sustainability and Transformation Partnerships (STPs) and local commissioners should</p>	

	achieve when establishing Urgent Treatment Centres (UTCs) as part of their local integrated urgent and emergency care system by December 2019.	
7	Mental Health Network Update re work going forward	
	<p>NPennell , as the link person between the Mental Health Clinical Network and the Citizens' Assembly, gave an update. He is continuing to get more involved in the Mental Health Clinical Network work with the intended outcome to share in and disseminate good practice and learning experiences across the South West. How stakeholders access and use these services feeds into the development of practice. He requested any feedback from other CA members would be very welcome. KDixon commented that involvement is currently topical with Healthwatch England are focussing on MH. PButtle liaising with ReThink (doing IMCA~IMHA work, advocacy) is happy to enquire if he has permission to anonymise patient experiences to bring to the discussion. Patient stories are very powerful in any process. NPennell very open to capture that data. He flagged the recent NHSE letter "recognising considerable investment" which had a response deadline of 31st August – early feedback to the 11 questions asked is available. This deadline is flexible. SPearson commented that Mental Health workstreams have identified that they want to engage with stakeholders and are promoting the work of Senates in work such as this. It is raising the profile of the Senate to be included in seeking advice.</p> <p>Actions: CA members to feedback via RPerry their responses to the 11 questions. (1st draft to RP by 12/09/18) and to coordinate receipt of 3 priorities from each CA member re MH. Send to TT for compilation.</p>	<p>PB</p> <p>ALL</p>
8	Vision for the future of the Citizens' Assembly	
	<p>JParker outlined the success of having created a good solid base of representation for the SW CA. It is active in Senate business, Councils, reviews but is this work reflected to the public? How can we raise public awareness? NPennell suggested adopting the same model that he has with the Mental Health Network across other Networks. Changes in NHSE mean CA core membership requires flexibility particularly in the light of possible changes to Healthwatch organisations.</p> <p>Use of technology to ensure to be more inclusive across the whole SW area e.g. inclusion of Isles of Scilly Healthwatch (RPerry to explore). If we go down this road will it require a change of venue around efficacy of internet provision? Tweets and Blogs – JParker will explore use of Blogs going forward and NPennell raised that a good parameter would be a 'calendar' of Blog topics so that it will be more organised and assist in preparation of future meeting topics.</p>	<p>RP</p> <p>JP</p>

	<p>SPearson flagged that it shouldn't be overlooked or underestimated that the CA has a USP (Unique Selling Point) in that CAs are the only vocal point for the population to have a say. Stressed this is a key part in representing patients' interest and already invaluable links in to the statutory organisations in the SW.</p> <p>Discussion around reaching a wider demograph to inform the above. Members feedback if their individual Healthwatches' are proactive in their representative's role for the CA~ highlighting varying levels of involvement. With some members unclear where their discussions/achievements are noted or recorded. Devon Healthwatch seems particularly unresponsive. JParker suggested she visit a Devon Healthwatch meeting to raise the CA profile?</p> <p>PButtle is delivering a 5 minute slot at his next Healthwatch meeting outlining the work done by the CA and the Senate to help build engagement.</p> <p>JParker summarised, flagging that various networks feedback to the Academic Health Science Network s locally; the NHS Retirement Fellowship, Patients' Associations, Royal College of Nursing – all could be good forums to raise CA profile and for useful collaborations. JParker asked if everyone avails themselves of the Patient Experience Library as a resource? T Trappes-Lomax will follow up as the bureaucracy around access has proved offputting. Possibly explore one off 'Pay As You Go's to access it. SBerry commented that the CA's strength lies in their broader experiences to feedback rather than research data.</p>	
<p>9</p>	<p>Membership including discussion about inviting provider organisations' governors to join CA membership</p>	
	<p>MWatson had asked for this proposition to be discussed and considered. He started by outlining where there are existing crossovers between roles (he also has the role of UHB Trust governor).</p> <p>He outlined that a Board of Governors has the remit of monitoring the performance of non-executive Directors, which in turn monitors the performance of the whole Trust- hence would be a good fit with the CA.</p> <p>Discussion then followed about the impact and logistics of their inclusion. There are twelve Foundation Trusts in the SW area so were each one to send a representative to the CA it would immediately double the membership. This could destabilize the group and would impact on costs for the meetings and would that be warranted in relation to the "value added" aspect of their inclusion?</p> <p>Members also felt this addition to members from this source may infer a politicised aspect to the CA and also their focus on the operation of 'their' Trust could inhibit and skew the CA's currently broader view.</p> <p>The primary relationship for the CA are the Healthwatch groups and widening the membership could dilute the strength of that focus.</p> <p>MWatson accepted the point of view of the CA members and said it could be revisited in the future.</p>	

10	Health watch updates	
	Members gave updates from their local Healthwatch branches.	

Next Citizens' Assembly 1st November 2018

DRAFT