

Notes from Citizens' Assembly Meeting

Held on 21st February 2019
In Taunton Rugby Football Club

Meeting Notes

Present:

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| Joanna Parker – Healthwatch South Gloucestershire and CHAIR | Nick Pennell – Healthwatch Plymouth |
| Rachel Perry, South West Clinical Senate Project Officer | Ann Harding – Healthwatch BaNES |
| Trish Trim – South West Clinical Senate Administrator | Kevin Dixon – Healthwatch Torbay |
| Malcolm Watson, South Gloucestershire | Patricia Godfrey – Healthwatch North Somerset |
| Mike Hodson - Healthwatch Somerset | Gilly Gotch, Healthwatch Devon |
| James Sanders SWCN Comms team | Tessa Trappes-Lomax – Healthwatch Devon |
| Lance Allen - Healthwatch North Somerset | |

Apologies:

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| Pat Eagle, Healthwatch Gloucestershire | Margaret Abban – Healthwatch Cornwall |
| Ellie Devine, South West Clinical Senate Manager | Peter Buttle – Healthwatch Wiltshire |

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| 1 | Welcome, introductions: feedback from Senate Council meeting and latest news | |
| | Round table introductions – attendance and apologies listed above. JParker welcomed JSanders from the South West Clinical Networks Communications Team, who was filming the meeting to promote the Citizens' Assembly through the SW Clinical Senate website. The video will also be available for use as a tool when explaining the role of the Citizens' Assembly to Healthwatch organisations. | |

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| | <p>NPennell gave a summation of the last SW Senate Council Meeting (29th January 2019) around the topic of <i>What are the opportunities and limitations for community pharmacy to contribute to prevention, help identify people at risk and manage long term conditions?</i> The Council Recommendations will be circulated when complete. NPennell found the various presentations interesting and varied and noted how engaged the Pharmacists and speakers were in the topic.</p> <p>He, himself, fed back on the discussions that had been held at the CA meeting of 10th January and also from research he had undertaken of articles in relevant journals on the subject. It was very well received by those present who noted that patient engagement needed to be improved in community pharmacies. CA members offered their comments/questions on the subject which included: AHarding: Bath University has done a lot of work on the subject. TTrappes-Lomax: Local pharmacists vary in terms of quality. Also, is there a conflict of interest for local pharmacies due to the money being made from dispensing? GGotch: Concern that computer systems do not link up and that pharmacists only have records of what they have dispensed. Also, scripts are being sent further afield and it doesn't sound as if GPs are involved at all. Notes and Recommendations will be posted on the Senate website. Notes from the meeting will also be circulated to CA members.</p> <p>KDixon raised that the relationship with and role played by the CA in SW Clinical Senate business should be promoted and published in as many relevant reports as possible to raise the profile. JParker will adapt an article written by KDixon for the Torbay Healthwatch Annual Report 2017/18 to contribute in all Healthwatch organisations' annual reports.</p> | <p style="text-align: center;">RP</p> <p style="text-align: center;">JP</p> |
| | <p>Previous meeting notes (circulated)</p> | |
| | <p>Matters arising: corrections to the record of attendance and apologies were flagged to be amended in the Notes of 10th January 2019.</p> <p>There were accuracy corrections to various Healthwatch updates to ensure clarity and correct record from the previous meeting.</p> <p>KDixon feedback on the “Patient Experience Insight Summit: Demonstrating Responsiveness to Feedback” event. Paul Spencer South West Local Lead Patient Experience Manager expressed interest in attending a CA meeting.</p> <p>RPerry to invite Paul Spencer to present at our next Citizens' Assembly meeting.</p> | <p style="text-align: center;">TT</p> <p style="text-align: center;">RP</p> |

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| | <p>KDixon fed back on the visit to the Houses of Parliament to meet Sarah Wollaston, Chair of the Liaison Committee and the Health Select Committee in the House of Commons. Business of the day meant that Sarah was unable to join the event but there were other senior MPs present.</p> <p>It was a very good opportunity to raise the profile of Healthwatch groups and also an opportunity to promote the idea of organised area Citizens' Assemblies, along the model of the SW Clinical Senate's Citizens' Assembly. Both Sir Robert Francis, Chair of Healthwatch England and Ollie Grice would be interested in attending a CA meeting if it could be arranged.</p> <p>RPerry to invite Sir Robert Francis and Ollie Grice to a future Citizens' Assembly meeting</p> | <p>RPE</p> |
| <p>Clinical reviews updates</p> | | |
| | <p>The current status of Clinical Reviews has not changed very much from what was fed back at the 10th January CA meeting and is shown in the table below:</p> <p>It should become clearer throughout the Spring of 2019 what will come to a full Review Panel and RPerry raised that CA participation is sought for participation.</p> <p>Some members have participated in previous Clinical Reviews and "buddying up" with CA members who haven't as yet, is seen as a good way forward to help prepare for what is entailed.</p> <p>Everyone present is very keen to do both buddying up and to be represented on Panels; being 'the voice of the public' to seek and ensure clarity of clinical issues and terminology for greater understanding of the review and proposals for service users.</p> <p>JParker and RPerry to circulate questions around nursing workforce that may need to be raised during Clinical Reviews.</p> <p>Previous panel members raised the issue around the volume of reading required and noted the need for a clear Executive Summary and potentially a lay summary written in plain language that allows the reader to clarify the fundamental elements of the proposals. RP has emailed EDevine to raise this concern and she has noted this.</p> | <p>ALL</p> |

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| | | JP RP |
| | South West Clinical Senate Assembly 7th March 2019: CA contribution | |
| | <p>RPerry thanked CA members for suggesting various speakers and then gave an overview of the Programme. The conference theme is: “3 types of Knowledge: Research, Data and Experience “ Keynote speakers are Kevin Fong who will help launch the day and Adam Kay who will end the conference programme. CA members welcomed the patient centred aspect of the Programme particularly where patients are telling their own stories and experiences and are looking forward to attending.</p> | |
| | South West Clinical Networks and Senate Annual Conference feedback: Network Link Volunteers | |
| | <p>The theme for the 2019 Conference was: Influencing the NHS 10 Year Plan through innovation and technology CA members who had attended fed back on their experience of the day. A mixed bag of reactions to the format and speakers for the event.</p> <p>GGotch brought up that questions from the plenary could only be raised through Slido which maybe inhibited delegates from asking questions.</p> <p>All seemed to like the Roadmap format of strategic planning introduced by Leanne Summers, Digital Strategy Delivery Lead: NHS England in her presentation. There was discussion around when the NHS App (the new, simple and secure way to access a range of NHS services on a smartphone or tablet) will fully launch nationally (dependant on many more digital hubs coming online).</p> <p>Senate Citizens’ Assembly members took turns to speak to delegates at our marketplace stand which demonstrated the platform the South West has for participation and patients’ voice being heard and helping to influence large scale changes that involve the several south west STPs.</p> <p>RPerry will circulate presentation slides.</p> <p>N.B. It was emphasised that without Hearing Loop technology being available for the day some presentations were hard to follow and members</p> | RPE |

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| | <p>were reassured that it will be available at the SW Clinical Senate Assembly Conference on March 7th.</p> | |
| <p>Survey Monkey Evaluation: objectives for the year ahead</p> | | |
| | <p>RPerry presented on the main responses to the recent Survey Monkey Evaluation carried out to help the CA and RPE to set some goals for the coming year 2019/20.</p> <p>The majority of members see the value of the CA and appreciate the time and 'space' to attend these regular meetings and also see it as a well represented and a cohesive body who work well together.</p> <p>The responses to the question <i>How could we improve your experience of being a CA member?</i> are noted below:</p> <ol style="list-style-type: none"> 1. An ongoing challenge but we're gradually becoming more recognised as a core part of social change. Perhaps more emphasis on what we can offer to social care, public health, and preventative work at community level. Not our core remit but where we can make most impact and reduce pressure on the purely clinical. As a Regional assembly, we're unique... 2. Sometimes it feels as if we have a lot to discuss and debate and there is limited time at our face-to-face meetings, so we tend to 'skim' rather than 'delve'. I'm not sure how we address this, other than maybe have small working groups on issues and use conference calls and skype to do this. 3. Training for clinical reviews. Forward planning for large projects (annual plan) occasional speaker to give 30 minute discussion about current affairs in NHS eg winter bed problem, drink and alcohol and mental health related progress. 4. Encouraging Healthwatch to be more communicative so that I can be better informed and therefore more involved at meetings 5. Having a clearer focus / maybe mission statement on what we want the CA to achieve 6. The experience is already good, however, I think that if we want to be able to bring public engagement to the table we need to give our local Healthwatch organisations more time to gather information. 7. Encouraging members to be more concise <p>The filming of the meeting today by JSanders (SW Clinical Networks Communications Team) will be edited along with a face to face interview with JParker to feature on the SW Clinical Senate Citizens' Assembly section as part of the ongoing promotion of the CA and what it achieves. The Communications Team also intend to widen the circulation of the SWCN & Senate Bulletin (monthly communication) and going forward the CA and it's business will get to a wider audience.</p> <p>JParker will liaise with JSanders to produce an article for the bulletin.</p> | <p>JP/JS</p> |

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| <p>In response to the survey question <i>“What would you like to see more of in meetings?”</i> The following comments were returned:</p> <ul style="list-style-type: none"> • Speakers • Relevant training • Highlighting of local activities HW are involved in and how to get hands on funding • Sharing more information on the key patient/public issues that we see in our areas • To ensure HW activity always has a place on the Agenda • A topical subject covered by a speaker and discussion • Opportunity for more in-depth discussion. Maybe more opportunity for topic pre-reading would help? Horizon scanning from a PPI perspective. • Perhaps a broader national/regional idea of priorities so we can coordinate our response and where we can make most impact. NHSE's Paul's involvement was useful, for example. <p>RPerry asked members to flag their main aspirations for the CA going forward.</p> <p>LAllen flagged the statutory objectives laid down for Healthwatch organisations to adhere to and also feels that Commissioners and Commissioning are the main audience for CA influence. JParker feels that those organisations and Commissioners do not ‘notice, appreciate, understand’ CA input as a public voice.</p> <p>KDixon commented that the current Healthwatch area mergers, due mainly to budgetary constraints, can have a debilitating effect on the ‘wellbeing of individual Healthwatch groups so a pan SW Organisation such as the CA is more pertinent than ever before. The impact of alternative funding (particularly projects’ funding will also determine the direction that Healthwatch organisations go forward.</p> <p>NPennell championed the way forward of more involvement by individual CA members (and this has already begun to emerge organically) in aligning themselves to a specific health focus and Clinical Network as a ‘specialisation’ e.g. Mental Health Network (NPennell is very much involved with this aspect already) .</p> <p>Cancer Alliances have expressed a desire to have a ‘nominated CA member to participate specifically in an event they are holding in April. RPerry to provide the details to GGotch and MWatson.</p> <p>LAllen expressed an interest in a closer relationship with the Diabetes and Cardiovascular Network.</p> <p>JParker will align herself more closely with the Maternity Network liaising through Ann Remmers, Clinical Director, South West Maternity Clinical Network.</p> <p>This could feed in to an even more effective participation in Senate Council Meetings where the topic overlaps any of the specialised Network affiliations.</p> | <p>RPE GG/ MW</p> <p>LA</p> <p>JP</p> <p>JP</p> |
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| | <p>Looking outwards; these affiliations should also “play out” in Healthwatch communities.</p> <p>MWatson agreed with being more focussed; part of a ‘Mission Statement’ possibly for clarity of purpose? Potentially a workshop to drill down CA business more specifically – “our role”?</p> <p>KDixon suggested more communication and interaction with the Peninsula Healthwatch group (representing Isles of Scilly, Cornwall, Devon and Torbay).</p> <p>LAllen commented that when the next Green Paper on Social care is published (expected 2019) there would most probably be drivers informing CA business going forward.</p> <p>JParker wants to set up visits to Healthwatch organisations where CA isn't represented in order to ensure representation at CA from across the South West.</p> <p>RPE to contact Sam Baker from Swindon HW about representation at Senate Council meetings.</p> | <p>RPE</p> |
| <p>Senate Council Meeting topic generation: Trans and non-binary</p> | | |
| | <p>JParker starts the discussion by feeding back on a Healthwatch England report from April 2018: “Trans Health, Care and Wellbeing”.</p> <p>It flags that in spite of other reports dating as far back as 2015 such as “NHS England working to improve communications with people who are transgender or non-binary” very few recommendations have percolated through to become policy within NHS organisations in England. This is also backed up from a Stonewall Report LGBT in Britain - Trans Report from 2017.</p> <p>Against this inactivity are some harrowing statistics cataloguing depression, self harming, substance and alcohol abuse and higher rates of suicide flagged through demographic comparison.</p> <p>Lack of support and discrimination when Transgender and non-binary people access services results in non-engagement, further spiralling the health issues and vulnerability of this group.</p> <p>JParker feels that most probably it wouldn't be a topic for a Senate Council meeting but strives to raise awareness where possible and urged other Healthwatch members to do so in their own areas.</p> <p>Any changes will need to be underpinned by training the workforce in the specific issues around LGBT, sensitising people to consider this a group with special needs.</p> <p>Raising awareness of the terms in which transgender identify personally is crucial; although Transgender activists acknowledge too, it is a complex area, which can be difficult for those less than fully versed in a vast range of terms to negotiate.</p> <p>Diversity training will start to play a part in changing attitudes.</p> <p>Identified themes could become apparent if the various Healthwatch areas raise the awareness of this group in their area populations and help to</p> | |

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| | <p>build a good picture of what can be improved locally in the absence of a top down effectiveness in leadership to change the systemic discriminations felt by this group.</p> | |
| | <p>A selection of Healthwatch updates</p> | |
| | <p>Healthwatch, Torbay, KDixon Discussions are ongoing on the possible merger of Plymouth, Torbay and Devon Healthwatch - and its implications Cross-Devon Healthwatch are working on the Devon STPT. There are ongoing concerns about domiciliary care. 45 care workers were interviewed anonymously as part of research into this and stories provided were shocking. The Torbay Digital Inclusion initiative has attracted funding to extend the offer to Devon: https://healthwatchtorbay.org.uk/digital-project/ Public consultations on service redesign for Learning Disability & Drugs & Alcohol have been completed Devon CCG has offered to financially assist the development of the Patient Participation Network The Youth Consultation has been completed with 2,000 responses. They are now looking at a Youth Health & Wellbeing Board based at South Devon College. Healthwatch is working on a Torbay Advice and Information (Benefits, debt, social care etc) Network. They are working with the Torbay Development Agency on regeneration of Paignton Town Centre They have joined a Consortium on a major Arts Council application looking at Arts and Communities</p> <p>Funding up until the end of March 2020 contract will be rolled on with existing budget until then. Their existing manager has finished in post and so far has not been replaced because of the uncertainty post 2020. Simon Parnham has been recruited to a Deputy Manager role. The possible merger between Plymouth/Torbay Healthwatch organisations has come to nothing to date but the STPs footprint does ensure close working already with Healthwatch Devon. Health and Wellbeing –6 local centres proposed; 2 are live now. Brief is to encourage people to support their own healthcare. It's too early yet to garner patient feedback but is eagerly awaited.</p> <p>Healthwatch Devon, Tappes-Lomax Staff shortages continue to impact on business but hopefully the consolidations will ease that.</p> <p>Healthwatch Plymouth, NPennell Organisational change continues to be an issue; Plymouth is part of any future mergers and consequential revision of contracts. The Plymouth members have realised that they do not always “close the circle” which has resulted in reviewing past subjects. There is also a move to try to gain better engagement from a younger demographic to participate.</p> | |

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| | <p>Healthwatch North Somerset, Lance Allen / TGodfrey</p> <ul style="list-style-type: none"> • Public “consultation” (this had a very narrow, cost reduction scope) on Healthwatch commissioning by N Somerset Council ended on 21st February. They will now decide on how to re-commission services, potentially combining with Bristol and South Gloucester. The current contract ends in October 2019. • Several staff changes, but new staff have been recruited on temporary contracts in the light of re-commissioning plans • HW NS are currently working on revisiting the Enter & View in the 27 GP practices in N Somerset to see if suggested changes resulting from the reports have been implemented. • HW NS are involved as PPV representatives on the recommissioning of Community Services across the BNSSG STP area • HW NS have completed a CAHMS survey and are in the process of compiling a project report • Future plans at the moment are to look at patient experience in the transitioning of services both from a hospital to home point of view and also from juvenile to adult point of view • HW NS are actively involved both in the public consultation on the Healthy Weston plans and also the STP wide Healthier Together programme • HW NS have also been involved as PPV representatives in the procurement of Urgent Care services which go live in March with a new integrated 111/Out of Hours/GP model <p>Healthwatch South Gloucestershire - JParker</p> <ul style="list-style-type: none"> • 3Rs (recovery, rehabilitation and reablement) Pathway 2 Enter and View (E&V) completed (report in the public domain), although an E&V to the Grace Care Centre will be undertaken in the next quarter. This Centre has replaced the facilities for 3Rs that was provided in Thornbury Hospital. • E&V to North Bristol Trust (NBT) Elgar House Enablement Unit completed (report now in the public domain), still to follow through with some patients post discharge. There appear to be some delays with discharge from this unit which may be due to lack of availability of domiciliary/community care and support. • Work continues with Prevention and Self Care survey. • Hivewatch (E&V with people with a learning disability from The Hive) have completed E&V visits to a GP surgery, a Minor Injuries Unit, a Day Centre, a Care Home and to NBT A&E department. Reports are in the public domain. Two workshops for people with a learning disability have been held to share the learning with an emphasis on Visiting your GP, Annual Health Checks and Reasonable Adjustments. One more E&V to a GP surgery is planned and a bid for funding for further work has been submitted to The Lottery funding stream. | |
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| | <ul style="list-style-type: none"> • Focus Groups with people over the age of 65 have begun to explore Frailty, Falls, and Falls Prevention to link with South Gloucestershire Council Ageing Better Strategy. • A HwSG volunteer attended the Healthwatch England (HwE) sponsored meet your MP Parliamentary reception in Westminster on 21 January 2019. <p>Healthwatch B&NES, AHarding Our workplan involves</p> <ol style="list-style-type: none"> 1) Non emergency Patient Transport 2) Prescriptions & prescribing policy 3) 3 conversations - the roll out a new way of working for social care 4) The STP for B&NES, Swindon & Wiltshire <p>1 &2 will be done by Focus groups 2 in conjunction with Age UK HW B&NES have also allocated some money(Community Pots) to various local groups to undertake research/surveys on various topics.</p> | |
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Next Citizens' Assembly 2019

- 25th April
- 27th June
- 5th September
- 7th November