

Minutes

Meeting: Healthwatch (HW) Southend Advisory Board
 Date: Monday 12th June 2017
 Time: Public Meeting 9.30-10.55,
 Location: The Boardroom, Balmoral Community Centre, Salisbury Avenue, W-O-S SS0 7AU

In Attendance: Leanne Crabb (Chair), Chris Gasper, Jan Symmonds, Kim Paterson (Minutes)

Public Meeting

No	Item	Action
1.	Welcome, introductions & apologies LC welcomed Harry, Bill, Mr Ali, Steve from the public to the meeting and Kelly and Ashley from SBC. No apologies had been received.	
2.	Minutes of Last Meeting	
2.1	3.2 There will be speakers from the Success Regime at the PPG this week so LC will ask about the 5% and feedback.	LC
2.2	3.4 There will be a care provider for each locality, one will be domiciliary care.	
2.3	3.5 Sarah has now left Healthwatch so the visiting the GP's has been put on hold until a new member of staff joins.	
2.4	6. Friends and Family will be put on the Agenda for the August PPG meeting.	LC
2.5	6. LC has asked the CCG for a proper list of hierarchy but has not received this yet.	
2.6	6. LC emailed Harry's document on mental health to various professionals including EPUT and thanked Harry for his work on this document.	
3.	2017-2018 Priorities	
3.1	Engagement with Children and Young People LC has been visiting each of the Children's Centres and handing out leaflets and letting them know what they might need Healthwatch for. This has meant that a varied group of families have been captured and in deprived areas. Healthwatch is moving into Centre Place Children's Centre which is on the Kursaal Estate at the end of June, Estuary Housing are also located there which will be useful. LC has visited Early Help at the council to understand the referral process for children and families needing some extra help, Healthwatch have been asked to do a survey with them to capture information, there are discussions taking place about a budget to help with this. LC attended the Southend College Open Day and spoke about students becoming volunteers for Healthwatch as part of their course and the teachers were very keen on this and will be in contact with us.	
3.2	The Essex Success Regime Due to purdah until after the elections nothing has happened with regards to the Success Regime. There will be a presentation at the next PPG	

<p>3.3</p>	<p>meeting. Steve advised that he is trying to find out from local MP what arrangements are for stabilising the team, what does this mean? CG advised that in the 2015 criteria it said all patients would be assessed and stabilised – if this isn't going to happen under a yellow hospital it doesn't fit the criteria.</p> <p>Access to GP Services Healthwatch are receiving a lot less calls about people trying to make appointments at their surgeries. The joint Primary Care Committee at the CCG is working hard to get all GP surgeries to offer the same appointments, out of hours appointments etc. CG – gave out questionnaires at his surgery last week and one of the questions was when did you make your appointment to attend today and most of them were same day appointments. Steve – advised there was a lady who needed an appointment on the same day but had not been able to book on line so drove to the surgery – this could have been a serious case. Bill – their reception received a couple of hundred emails a day and it is hard to find the important ones. Bill booked his last couple of appointments on line. Kelly Redstone – Consultant and Engagement Manager at SBC advised that surgeries have to respond to the needs of their patients with regards to available appointments. Digital messaging is the way forward but surgeries have to buy into this – Skype is not safe. CG – suggested that mailboxes can be set up to only receive emails from contact list.</p>	
<p>3.4</p>	<p>LC – would need to be careful as some people have more than one email address.</p> <p>Domiciliary Care In the last meeting LC said she would visit a private and a council domiciliary care to compare the two and the struggles in this sector. LC visited Doris Jones (Private) and Ashley Care (Council). A big difference is pay – private are better paid and therefore retention of staff is better. Also a comparatively bigger office based team at Doris Jones, helping staff feel more supported. LC spent a lot of time at Ashley Care shadowing staff and getting a feel for the problems they face on a daily basis. Staff phoning in sick, another member of staff has to fit these calls into an already full day, the staff are paid minimum wage and the hours aren't very good. Some contracts the managers are not aware from week to week how many hours need covering so some staff are not given enough notice to work or not given the hours to work – can't plan ahead. Staff don't get petrol to drive from patient to patient, due to central parking issues staff are asking not to work in central southend, they used to have permits for parking these have now been withdrawn by the council. CG – felt that if staff aren't getting minimum wage if their parking is not reimbursed. Healthwatch will raise their findings with the council. CG – felt public could ask about this at the next health and Wellbeing board meeting. LC – Ashley Care would like a councillor to visit and shadow staff to see the</p>	<p>LC</p>

3.5	<p>day to day problems – LC to find the name and invite them to attend with a Healthwatch board member.</p> <p>Kelly – staff at SBC are having their permits revoked as well, she agrees a formal letter from Healthwatch to a councillor asking them to visit Ashley Care with perhaps CG from the board would be a good idea.</p> <p>Harry – why did you choose Ashley Care? LC advised that had received a number of complaints regarding them. Harry suggested going through their records as to calls where patients had refused the care appointment – 8 years ago they failed at this.</p> <p>LC said that they have a system where the carer dials in when get to the appointment and again when they leave from the patients’ phone number.</p> <p>Mr Ali – would expect a report at these meetings of what improvements have made to people of Southend – you have spotted some problems with domiciliary care how have you resolved these, more people will attend these meetings if you report on what have done.</p> <p>LC – happy to take feedback – Bill has brought problems before about domiciliary care. The councillor will be contacted and invited to attend and the issue about parking will also be asked and feed back at the next meeting.</p> <p>Mr Ali – suggested an item be added to the agenda – What have done.</p> <p>LC agreed to add for next meeting.</p> <p>Steve – Healthwatch are getting themselves in a good position and need to be engaging more with the public.</p> <p>LC – this is hard due to budget and being a small team but are trying to work hard at this. There are still a lot of people who don’t know about Healthwatch but this is improving each month.</p> <p>Patient Participation Groups</p> <p>Queensway and two other new surgeries attended the last PPG meeting.</p> <p>Harry – glad Queensway is now represented, good to have someone representing the towerblocks in Southend.</p> <p>LC attended the Breast Cancer event at CG surgery and said good information was given out, this shows how a good PPG helps the services at a surgery.</p> <p>Kelly – National Association of patient participation Groups have great resources that are worth looking at.</p> <p>Mr Ali – Practice Manager said had not received minutes of last PPG meeting. Mr Ali is pleased that Tony Burke is attending now.</p> <p>LC to contact the Practice manager and check she is happy for Tony to carry on attending.</p> <p>LC to supply number of surgeries and how many engaging at the next Board meeting.</p>	LC
4.	<p>Retention Period of Records</p> <p>Now moved from SAV’s to Family Action need to decide how long to keep records.</p> <p>LC has checked with Family Action head office and Healthwatch England to be in line with everyone.</p> <p>18 months was agreed before destroying the records.</p> <p>LC advised can keep data anonymously after this time.</p> <p>They won’t destroy any data to do with trends.</p>	
5.	<p>Staffing</p> <p>Sarah – left and now has a Full time role somewhere else.</p>	

	Deborah has been recruited and will start the beginning of July. She will go back into the Hub to do some face to face work.	
6.	<p>Questions from the Public</p> <p>Mr Ali – pleased someone from the council is here today. What is LC understanding of Complex Care Coordinator – LC advised was aware this role exists as they have attended several meetings. Coordinator is there for the patient and helps free up time for the GP. They have a variety of backgrounds, ie. Health, clinical. How are the individuals identified? GP's gave a list of their most complex patients. Mr Ali has a couple of friends feel should be on the list – LC advised he could ask for them to be put on the list, or a family member could.</p> <p>Kelly – could ask through Carer forums as the answers are likely to be known already.</p> <p>Bill – is a complex care case and received a visit last week, GP/Cardiology and council help all in one package – feels this is a sensible use of resources.</p> <p>Kelly – will book some time out of the meeting to catch up with LC, Kelly is supporting the Youth Council as well and feels that they would be interested in attending our meetings if the time was 4pm or in the holidays.</p> <p>Ashley – SHIP website – gave out some leaflets explaining what SHIP is, useful tool, a mapping service is being worked on to get the app more mobile.</p> <p>Mr Ali – suggested these meetings are emailed to Practice managers then more members of the public may attend.</p>	LC
7.	<p>Date of Next meeting</p> <p>Kim P to circulate the date of the next meeting once the venue has been arranged.</p>	KP/LC