

Healthwatch Southend Advisory Board Meeting

Date: 28TH January 2020

Time: 17:00pm – 19:00pm

Location: Cambridge Road Children Centre

Present: Chris Gasper, Jean Broadbent, Sharon Auger, Nigel Lockley, Freddie Dawkins, Sammi Wise

Public: Julia Hooper, Jess Siggins, Ken Burch, Mr Ali, Alan Grubb, Tricia Cowdrey, Carol Plyward, May Hamilton, Chin Kylasapathy, Mike Riley and Lynda Pilling

Apologies: Mark Broomfield, Tracey Thompson, Ilda Stafa, Keith Morss, Ann Hepworth and Kim Drake (Little Heros)

Item	Description	Action	Date
1.	FD conducted introductions. All board members introduced.		
2.	SW gives apologies on behalf of those who were unable to attend.		
3.	No comment		
4.	<p>FD offers the floor to NL</p> <p>NL confirmed currently in conversation with HW England – Julie Turner, discussing HW team and service and how we go forward and highlights that we are facing some frustrations. NL to understand gaps, research good practice with HW Essex.</p> <p>NL working with FD looking at role of AB, decision making, engagement and specific volunteer roles.</p> <p>NL confirms FA host HWS and guidance and governance are followed by that of FA.</p> <p>Discussion had on absence of Strategic Manager. NL confirmed the post has now been filled subject to recruitment process and references. (Name not disclosed).</p>		

<p>5.</p>	<p>JH – What is the role of FA? <i>A – Statutory provision and funded directly by SBC.</i></p> <p>JH – Who commission FA? <i>A – Southend Council. FA is a hosting service.</i></p> <p>JH - How easy it to confront issues? <i>A - Different agencies have influences. Discussions are not straight forward process and HWS is complicated. Relationship between paid & volunteers are specific to HWS. Local community are serviced by HWS.</i></p> <p>JH – How much lee-way is there? (Introduction of JS) <i>A – HWS are accountable to the public, commissioners and the council. It is possible to achieve and work with challenges. We sought advice from HWEssex and use the spirit of working together and use transparency. We use FA volunteer process as we are accountable.</i></p> <p><i>CG – In 2013, new Government changed health services and wanted to look after patients and decided to fund local authorities to commission local HW's. In 2016, Sav's were hosting HWS, Thurrock have CVS and HWEssex are funded slightly different as they are a profit organisation.</i></p> <p>TC – Is this the complete board? Only 2 non FA staff. Is it safe? <i>A – No. Conversations had/ to be had with TC and MR to increase the board. Discussions had with SBC around the desire to push and build the board. NHS and Social Care are remodelling and we need to make sure we stand up for Southend</i></p>		
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	<p><i>as we have a responsibility for services to be delivered.</i></p> <p>MR – Why has no manager been in place and why has there been a gap? <i>A – The job went out for advert x2 in September 2019 and we had 1 applicant who withdrew. Following that questions were raised and proposals were taken from HWEssex.</i></p> <p><i>The proposed arrangement was not effective. NL confirmed current position of newly posted strategic manager who has interest, can lead the team, drive forward and the priority being the AB.</i></p> <p><i>JS – HWEssex is much larger and HW can be provided in different ways. SBC has to have a HW. HWEssex is a charity in its own right. HWS is run by an existing charity and therefor has an AB board instead of Chair board.</i></p> <p>Discussion had around HWS and FA being commissioned by SBC and whether we have the right to question what they are doing. NL confirms it does come back to governance and how SBC do have faith in the questions raised. It's mentioned the AB board come with a wealth of knowledge and relationships with other services and organisations. NL refers to the AP and HWS goals to go out and hear what the issues are.</p> <p>FD invited JH to join the HWS AB.</p> <p>JH – Are you at arm's length or advocate? <i>A – Arm's length. FA are paid to provide service. CG and FD are non-paid members. Role is to look at day to day running.</i></p> <p>AG – How does HW have money from SBC, is this not a detriment to the residents of</p>		
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	<p>Southend? <i>A – SBC wants HWS to be as good as it can be. FD and NL working hard in relation to HW and not in relation to FA. SBC brief in on roles and other locations and investments not in Southend.</i></p> <p><i>Discussion had on commissioning and funding.</i></p> <p>TC – How transparent has the recruitment process been? <i>A – Conversation had with HWEssex in relation to contract. Confirmed post now been filled and new strategic manager has met with the team, FD and CG and been supportive.</i></p> <p>TC – Is the contract being reviewed in September? <i>A – Yes.</i></p> <ul style="list-style-type: none"> - <i>Mr Ali submitted questions discussed and SA responded directly with the following, 'SA emailed the CCG 25/1 and received a reply that CCG expectation is all GP Surgeries are contracted to have a PPG – cannot advise exact numbers of how many are active but did have some information and listed 15 they were aware of.</i> <p><i>HWS emailed all Southend GP practices 27/1 - gave 7 day response time and asked how many have active PPG's, what is their scheduled meeting plan, i.e bimonthly etc and whether they have an appointed chairs. Out of 27 we have had 11 responses as of today 28/1. Will report to Mr Ali once all the replies are in.</i></p>	<p>HWS to attend local PPG meetings.</p>	
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	<p>JB introduction. Discussion has around PCN covering 20,000 registered patients and how this forms part of the 5 year strategy of Mid and South Essex.</p> <p>Member of the public mentions the use of BP machines with GP surgeries for patients to perform own BP before seeing GP. Discussion had to get on to CCG to get them active on this. Points discussed around location of BP within a surgery and not visible to patients and how due to costings the surgery would not move the machine. Suggestion that the machines should have an auto calculation on how often it is used if on trial.</p> <p>Discussion had on PPG's and how doctors are not interested.</p> <p>JB confirms as this is a new service with only a small number of GP's, we are unable to give answers.</p> <p>Proposal that PCN should have a website to share information and location of these BP machines.</p> <p>Conversation had around % of services which are effective could be help to avoid A&E. FD raises 'patient outcome' and further discussion to come.</p> <p><i>Mr A Grubb submitted questions raised – SA has responded with the following; We have</i></p>	<p>HWS to explore with public what they would like to see in their Gp's and what they would like them to do.</p>	

	<p><i>already had a response from the Medicines Management team within the CCG for Mr Grubbs enquiry. Mr Grubb was referring to a particular medicine for himself. This particular drug was out of stock by manufacturer until November 2019. Mr Grubb raised the question again today but was not specific about the drug this time. I re-asked the medicines management team today 24/1/20 about the particular drug Mr Grubb made the initial enquiry about. They verbally confirmed the drug will be at the wholesalers in the UK next Monday and available to pharmacies Tuesday next week. However another particular drug Mr Grubb enquired about is about minimum 2 weeks more before available in the UK but no guarantee. As HWS we are only able to enquire about specific medication availability, we cannot enquire about the general availability of all medications.</i></p> <p>FD highlights another case study where an issues was identified with a supply issue of medicine.</p> <p><i>Kim Drake submitted questions raised – SA answered with the following response; HWS will raise this with the CCG via the complaints lady and also establish the correct platform to raise knowledge about the wheelchair referral criteria with the practitioners who make the referrals.</i></p> <p>Query raised around the issue with referrals and diagnoses and as to whom makes the decision following Kim Drakes question.</p> <p><i>JH introduction and submitted questions. What is HealthWatch going to do/support the failures locally within the CCQ to get children assessed and supported? How is Southend</i></p>		
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	<p><i>Healthwatch going to work with us (SEND) to address these horrendous failures?</i></p> <p>Children with additional needs being failed. JH refers to a case study where the case has now reached the Ombudsman who are investigating. JH comes with a wealth of knowledge with a Barrister degree and trained journalist.</p>		
6.	<p>TC introduction to AB. TC is a cancer patient who is also a carer. Her previous roles include; social worker, vast experience in Havering, worked with Harp, Trust Links, Practice Education and Consultancy. HWS could benefit from knowledge and help with plan.</p> <p>MR introduction. Previous and current roles include; transport for SEND, 13/14 years of hospice ambulance services. Currently St John's Ambulance Area Manager. Trainer and assessor and volunteered over 3000hrs. Passionate about Southend and the areas needed improving. Focused points; honesty, transparency, communication and best practice. Working towards getting people out of A&E.</p>		
7.	<p>JB Introduction Discussion had on recent engagements. Last quarter figures include; 92 enquires compared to the 97 last year. 23 active complaints.</p> <p>Key focuses; raise profile and highlighted to public HWS presence at drop in centres i.e Civic Centre, Hubs and Royal Shopping Centre. Working towards working in partnership with Southend Hospital regarding complaints and</p>		

	<p>working alongside PALS.</p> <p>Marketing Comms – Newsletter Exploring avenues and looking at working with Council and Care Homes. Carry out Enter and View. Discussions had around reducing waiting times and this has been referred back to H&WB and HW Scrutiny. AP reflects SBC goals for Southend. LTP is now referred to Mid and South Essex Health and Care Partnership. The report is still in draft and was due back in December.</p> <p>FD invited the public to take away the AP to read, review and feedback.</p> <p>Discussion had on AP.</p> <p>JH – raised a concern on the language used within the AP – ‘Learning Disabilities’. Proposed we use the language ‘Neuro Diversity’</p>	<p>AP to be updated</p>	
<p>8.</p>	<p>Public discussion had around the lack of / no support for parents by appropriate Social Care Teams and children not receiving treatment for their autism-related mental illness.</p> <p>Questions ; TC – You have goal 4 and then you jump to Asperger’s. Where are the young people?</p> <p>Public conversation then had around EWMHS and the lack of staff to provide support and how GP surgeries use locum doctors who are only ever around for 6 months.</p> <p>JH – <i>Psychiatrists at EWHMS on a six month</i></p>		

	<p><i>temporary contracts who never renew and children are left with no continuity.</i></p> <p><i>I have been told by a child psychiatrist that she has 200 children under her care.</i></p> <p><i>It is my belief that there is often one temp psychiatrist at EWHMS when the requirement is for 2 permanent ones. Therefore, children are often only seen and « assessed » by ex-social workers or Occupational therapists who are not competent to assess the mental health of a complex child.</i></p> <p><i>As I am sure HealthWatch are aware, the vast majority of our autistic children suffer mental illness with no NHS support. Very often, those who do manage to connect to EWHMS live to regret it more than if they had not. As do their parents.</i></p> <p><i>A poll taken from Southend SEND Parents members shows a frighteningly low satisfaction rate (2 out of 30)."</i></p> <p>Suggestion raised by Mr KG that HWS conduct engagement events doing things in the park with SBC approval. MR did advise however risk assessments would need to be in place for this type of activity including having other services such as paramedics on sight and health and safety officers, first aiders. There are limitations.</p> <p>JB confirmed HWS is not a provider of activity but is aware there is a Pre Swim club for over 60's.</p> <p>AG mentions this has now been cut by the council and people were using this a socialising platform and now are becoming socially isolated.</p> <p>FD – Currently there is social prescribing at</p>	<p>SA to gather all event details and forward to JB.</p>	
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	<p>Garson with GP referrals 12 week plan of free swimming.</p> <p>JB advised Active Life currently provide 12 week free programmes for those who wish to get healthy and active.</p> <p>TC highlighted a concern with care homes not received payment. A case study showed a patient who had an outstanding bill of over £25k which should have been paid by Social Care. Believe they use a payment system called 'Vibrant'. Engagement – Gay Winter Pride at St Marks.</p> <p>FD thanks everyone for attending and closes the public meeting.</p>		
9.	<p>Next Healthwatch Advisory Board meeting is Tuesday 21st April 17:00pm -18:00pm. Location: 40-42 Cambridge Road, Southend-On-Sea SS1 1ES</p>		

Glossary of Abbreviations:

SBC: Southend Borough Council

AB – Advisory Board