Healthwatch Stoke-on-Trent Advisory Board
Tuesday 20 April 2021 – Virtual meeting
Public Board Meeting Minutes

	Item
1	**Welcome and Apologies** Present Mike Dixon (MD – HAB)) Lloyd Cooke (LC – HAB Chair) Ruby Greene (RG – HAB) Kirsty Lewis (KL) Miche Hayter (MH) John Irons (JI) M.A. Qureshi (MAQ) (Joined 11am) Attendees were representing a TRANS support Group, living with long term conditions – kidney and mental health. LC welcomed RG to their first HAB meeting and RG introduced herself and gave a brief summary of her life journey.
2	**Declaration of Interests** None
3	Minutes and Action log from Public Board Meeting held on 20 April 2021 MD and SF agreed last minutes were a correct record. Minutes MD, P1, asked about the proposed Autism pathway for children and adults including transition project that was proposed to be picked up by the Mental Health Group supported by Hilda – is there capacity to still deliver on this? SF sadly it does create a capacity issue for us, can be looked at in the priorities settings but may need to be parked for now and see if we are able to create any capacity later in the year. MD, P2, he has put Laura J in touch with the researcher but Laura still waiting so MD will chase up. MD, P4, re HAB recruitment. LC said 2 had shown an interest but subsequently declined the offer to join. Another person who wished to join has a job now that prevents them from committing. MD will chase up another person. SF we need to open up the recruitment to the whole community now. LC did say that maybe our guests today might like to consider this opportunity. MD said he had responded to SF re the Decision Making Policy the previous evening – SF said it appeared there was a way forward. MD that's all sorted then. Action record SF went through the Action record and updated where items hadn't already been picked up in the minutes.
4	**Work Programme Project Updates** SF commented that the previous year had been quite successful in meeting the majority of the work programme including undertaking additional mini call outs, providing a brief summary of them including the min x-ray report attached to this agenda for approval. It puts us in a good place to decide our work programme for this year. The only exception is the work with the 'seldom heard/hard to reach' communities that needs to carry on as a golden thread through all our work this year to build meaningful network relationships with groups rather than treating them as ticky box achievements. MD the x-ray report is more about imaging rather than x-ray and its missing an opportunity to have a greater focus on x-ray services? Could this be picked up as a wider work programme. SF we could discuss it under item 7. MD I know we do have to work with the imaging department but it would be good if we get the chance to think about picking this work up.
5	**Meeting feedback reports by HAB members/ staff/ LHM** LC introduced the item and explained its purpose .LC said he continues to attend the CEOs/Chairs Exec meeting of what was the former STP now called the ICS about redesigning the health service in Stoke/Staffordshire replacing in time the CCGs. That HW role in this is making sure that the voice of the public is heard and that the people in positions of power remember that. SF provided some further insight into the make up of the proposed areas covered by the ICPs within the ICS and the PCNs that are collections of GPs. There was some debate that maybe some parts of Shropshire could become part of the ICS. A debate was held about the practicalities of the legislation being passed and the work continuing within the ICS to be ready for the transition from the 6 CCGs into the ICS. RG – Has been attending the vaccinations meetings – there is a reluctance from some people to have the vaccination due to myths and media reporting – they are working with different people to ensure we maximise vaccine uptake. RG reported that the systems is working with community leaders and religious centres to hold pop up clinics to assure people that the vaccines are safe. Religious leaders are giving assurances, even dispensation from normal standpoints. Public figures like Lenny Henry for example are appearing in promotional videos. RG attends each week.

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6	**Intelligence/Feedback update – public issues** The main story is the ICS – whose senior system leaders have been doing the rounds of strategic meetings briefing them with the same presentation. It mostly focusses on place, ie delivering services in each locale that the people there need. They are billing it as enhanced primary and community services. SF says he has been challenging the meetings re where is the voice of the public going to feature in shaping the plans, so they meet the needs of the place not just the clinical view point from the population health management algorithms. SF curious about how the two different Local Authority leaders will see what they feel is the right approach for each of their respective populations – will be very interesting. SF saying he has been told the guidance for involving the public hasn't been issued yet, this does ring a few alarm bells that the system isn't thinking local. It was commented on that the meetings for the introduction of the PCNs felt more like being informed than engaged with, so this is worrying. MH saying when they do communicate they need to make sure it is in understandable terms and not high level or complicated terms.
7	**Decisions to be made by the Advisory Board**
7a	Escalation to HW England/ CQC – none
7b	Publish a report/ agree a recommendation made in a report Public Experience of X-ray Services – SF had spoke on the report earlier, HAB approved the report and recommendations.
7c	Request information from commissioners/ providers - none
7d	Which premises to Enter and View and when (Completion of the Enter and View visit checklist is required) LC briefed the meeting on the role of E&V and the usefulness of this statutory power. SF said he was looking for HAB to agree to a delegated process for this year. RG explained where things had moved with the planning for the Virtual Visits. SF said because where we choose to visit is classed as a relevant decision under the Health and Social Care Act 2021 guidance re Healthwatch's role. MD said he sympathised with the operational difficulties this can present and believed this could be done by consulting with the EV volunteers then reported to HAB. SF ventured that we now had an E&V rep on the Board – RG, who could act as the liaison between HAB and volunteers and agree with SF where and when to visit then report back to HAB at subsequent meetings. LC reiterated this and HAB agreed to RG being the E&V liaison member.
7e	Decision about subcontracting/ commissioned work - none
7f	Whether to report a matter concerning your activities to another person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services - none
7g	Which health and social care services HW is looking at for priority project LC introduced the item and referred to the four documents circulated to HAB ahead of the meeting. SF spoke to the results of the work programme survey paper 8, how it was formulated and based on intelligence received over the last several months, these are framed and presented in service areas. The report was shared on screen. SF showed the overall results, then how they broke down into more detailed feedback for each of the three areas that came in as peoples highest concerns, which were GP surgeries, hospital services and mental health, and how these broke down into specific areas of concern for each of the 3 overall service areas. SF – we have used the survey results to produce three reports setting out the reasons why I think they should make up the work programme for this year. LC asked the HAB how much details they wanted as this was based on an open survey so was representative – an almost democratic public decision in each case. LC opened it to the floor. MH asked for more detail as they were interested in was this just listening to the majority or was it based on deeper issues. SF spoke in detail about the rationale for the Primary Care proposal and how it was different this year to previous years and in the sense of the proposal of the ICS redesign of primary care. SF framed this with the amount of issues we had collected through the year about GP surgeries re appointments and communications and this was new news this year. That each report contains the full intelligence about each one and how it links to wider intelligence and other systems priorities and why it is worthy of doing it. RG spoke about her recent experiences accessing primary care and how it is the first point of access. MAQ highlighted how the phone systems can present difficulties for people with long term conditions or language barriers plus how seeing a different GP each time can be a barrier. MD spoke to all three papers that they are very broad in scope and need refining and narrowing down so they are more specific. LC summarised the feedback. SF spoke about how these are broad areas and will be fully scoped out to determine the precise area of focus. The three areas were accepted as the work programme topics for the year.
7h	Refer a matter to Overview and Scrutiny committee – none

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7i	Breach/s of the decision-making process – none			
8	Health and Social Care Issues from the public LC said members of the public had raised some issues through the discussions so far, is there anything else additionally anyone wanted to raise and will go round the screens: KL – nothing thanks currently. MH – GP appointments you can only ever discuss one issue at a time / multi-disciplinary team meetings don't exist been trying to get one for several years / mental health access is terrible, I waited several years and it took an attempted suicide for me to get CRISIS care / complaints process and missed deadlines, got a big complaint going through PALS, Chief Exec is now involved due to a one year wait to be diagnosed with stage 4 lymphoma, they've taken 14 months so far to respond to me following an initial meeting with them. The CE has already implemented two hospital wide changes in processes re my complaints one was that no one should ever be told on their own again about having stage 4 cancer if I've got anything to do with it. Two – the politics of a Doctor entering a ward when they want to see their patient, the renal Doctor wasn't allowed to come to a ward to help me get intravenous fluid to stop my kidney failing because of the politics on the ward – I literally had to make a phone call from the main desk on the ward to get that resolved. Three – they need to get it clarified very carefully for patients the difference between general anaesthetic, semi knock out, mini knock out, local and none. That's from personal experience. JI – the issue with DR only seeing you for one issues, if you live with multiple issues you need to be looked at as a whole person, its not helpful at all. The doctors surgery have told me I can no longer phone up to order prescriptions. Its okay for me as I can get online as I have access to a computer btu many people don't or are computer literate – it's a backward step. Doctors need to understand that you do need to human interaction, and you can't do it all virtually. I was treated for prostrate cancer last year, treatment was fine but had problems at the beginning with communication in arranging appointments and letting you know – they caused delays with their processes. MAQ – nothing to add but will 'Ditto' MH and JI with their points. LC – checked with JI and MH that he could use their comments to feed into the system. They agreed. LC - thanked RG and MD for joining us and special thanks to MH, JI, MAQ and KL for joining us.			
9	Any other business			
10	Date and Time of Next Meetings: • 01 July 10am • 21 October 10am • 25 Jan 10am			

Chair – Healthwatch Advisory Board Chair

CEO - Chief Executive Officer