

MEETING	Healthwatch Cornwall Steering Group
DATE	30 September 2014, 10am - 1pm
LOCATION	Red Cross, Truro

1. ATTENDANCE

Chair: Jeremy Preedy (JJP)

Chief Executive: Debbie Pritchard

HC Partners: Nicki Sweeney (Health and Wellbeing Service, CRCC), Jeanette Toy (Carers Rights), Emma Williams (Age UK Cornwall), Ellie Wright (Young People Cornwall)

Board Members: John Evers

Steering Group Members: Shirley Polmouter, Geraldine Taylor

Operational Staff: James Buist, Josie Purcell, Eileen Rix, Jody Wilson

Apologies received: Margaret Abban(HC), Charlotte Gamble (HC), June Hackett, Debbie Iles (Disability Cornwall), Graham Taylor, Sandra Tregidgo, Sandra Ward

2. ITEMS COVERED

1. Tracey Roose, Age UK Cornwall and NHS Kernow - Penwith Pioneer and Living Well

2. Steering Group evaluation

3. Research Updates:
a. Research Topics
b. Individual task groups

4. Further items to consider:
a. Poltair response
b. Special Inquiry - Hospital Discharge

5. Any other business



3. DECISIONS MADE

Item	What discussed?	Action
1	<p>Tracey Rose gave the group an overview of the Living Well programme that she is managing and how it ties in with Penwith Pioneer.</p> <p>She talked about the journey from the Age and Ambition events hosted by Age UK Cornwall where people were encouraged to add to a 'Wall of wishes' and conversations were had about how services could be built around an individual. This developed into 'Changing Lives' which focusses on having conversations with socially isolated individuals to find ways of engaging them in their community and enhance their quality of life. This started with the Newquay Pathfinder project which worked with 100 people to coordinate statutory and community services and support, improving their quality of life and reducing their reliance on health and social care services. This has now also been rolled out across Penwith and is soon to be started in East Cornwall - there is a target of 1000 people for Penwith. Individuals are identified through referral from their GP or community nurse and will qualify through having 2 or more long term conditions with overarching 'frailty'. Paid Age UK Cornwall staff and volunteers conduct the guided conversations and co-ordinate the intervention required for the individual.</p> <p>Funding has been solely through Age UK Cornwall with other organisations providing resources 'in kind'. Funding will run out in October 2015 so all those involved are working hard to prove that this model works and would be appropriate for statutory investment. There are over 40 Key Performance Indicators which are complicated to capture.</p> <p>Healthwatch Cornwall can help by working with Living Well to help identify any gaps/trends/information about what support is or isn't available to enable people to lead more fulfilling lives.</p>	<ul style="list-style-type: none"> ➤ DP to keep in contact with Tracey Rose and discuss further how HC might support Pioneer and Living Well.
2	<p><u>Steering Group Evaluation</u></p> <p>The group looked through the analysis of the Steering Group Questionnaire and focused on the following questions:</p> <p>Q5 - Should we change the style or content of our meetings?</p> <ul style="list-style-type: none"> • Most feedback points towards a desire to make the meetings more action focussed. • Suggestion made that the expert partners provide a short update containing relevant reports, trends, themes and 	<ul style="list-style-type: none"> ➤ Expert partners to provide SG update ahead of future



	<p>activity ahead of the meeting.</p> <p>Q7 - Should we change the chair annually?</p> <ul style="list-style-type: none"> Decided that this should be biannual and not annual, as long as the current Chair is happy to remain in situ. Ops team to email group to see if any 'lay' members would be interested in nominating themselves to be deputy chair. <p>Also general discussion regarding the following:</p> <ul style="list-style-type: none"> Terms of reference needs to be updated to reflect current membership. Membership needs to be monitored in terms of whether the group is representative of current issues being heard, and those not being heard. External speakers - there is an interest and desire to have external speakers come to the group but consideration needs to be given to how this would be accommodated into the existing meeting which is already containing a packed agenda. Group felt it would be useful to provide the individual task groups with supporting guidance. 	<p>meetings</p> <ul style="list-style-type: none"> ➤ OPS team to email SG to invite nominations for Deputy Chair. ➤ OPS team to update Terms of Reference and circulate. ➤ OPS team to discuss future agenda's with Chair.
3a	<p><u>Research</u></p> <ul style="list-style-type: none"> Urgent Care - the survey has been finalised and will be distributed online via Survey Monkey and also 5000 sticky leaflet envelopes will be dropped via a stratified sample across Cornwall. 300 have already been completed through engagement at college fresher's fayres. James is seeking support from anybody involved in HC to help distribute them into households. The goal is to have 5000 completed by the end of the year, and analysis complete early in 2015. <p>NHS Kernow are interested in the results as they are currently planning the future out of hours GP services.</p> <p>HC have also discussed holding a workshop for people involved in the planning and running of out of hours care services to come together to have a discussion about future provision. HC are looking to host this in early Spring 2015.</p> <ul style="list-style-type: none"> Place of death - HC have commissioned Activmob to conduct an engagement project looking at people's ability to choose where to die and these wishes being 	<ul style="list-style-type: none"> ➤ SG encouraged to share Urgent Care survey link with contacts.



	<p>carried out. This is likely to conclude in December.</p> <ul style="list-style-type: none"> Personal Budgets - Disability Cornwall are leading an investigation into the current situation with regards to people living with personal budgets in Cornwall. DP is also attending an 'integrated personal commissioning' meeting that may tie in with this. The 'steer' for this area of work is still yet to be determined. 	
3b	<p><u>Individual Task Groups</u></p> <ul style="list-style-type: none"> Domiciliary Care - SP fed back to the group. The group has not yet pinpointed what it's area of focus will be as it is a massive topic area. Need to do further research to determine what the current issues are and determine what to focus on, trying to identify where HC can achieve most impact. <p>A letter has been sent to commissioners inviting them to meet with HC on 30 October to discuss this area of work. NHS Kernow have confirmed attendance.</p> <ul style="list-style-type: none"> Transitions - Graham Taylor will be leading this area of work, apologies given for today's meeting. There is currently a review of CAMHS (children and adolescent mental health services) and also Learning Disability services so the group have decided that a potential area to focus on is the transition of young people with multi-disciplinary conditions as there appears not to have been much focus on this area. <p>GrT has attended a Transitions event in Taunton.</p> <ul style="list-style-type: none"> Dementia - Geraldine Taylor (GeT) is leading this group. She has attempted to contact some GP surgeries with a view to getting some information about dementia patients but has found it tricky to get up to date contact details. JJP suggested that Carol Steer at NHS Kernow might be able to assist with this. <p>The group has not yet met to discuss the focus for this area of work but Nicky Cope from CRCC has been utilising her connection with the Memory Café network to get some information about peoples current experiences. Some initial fact finding seems to indicate some positive experience with Admiral Nurses but not so positive regarding home support.</p>	



	<p>JB mentioned that there appears to be lots happening locally - e.g. meetings and conferences - relating to Dementia and is keen to ensure that representatives from the group are taking part in these.</p>	
4a	<p><u>Poltair</u></p> <p>DP is disappointed with the response from NHS Kernow detailing the next steps in the Poltair Hospital Consultation. The response does not appear to provide any new information. There are no results available for current bed use and the information is not forthcoming.</p> <p>West Cornwall Healthwatch have written an open letter asking for clarification around the process.</p> <p>DP asked the group what do they think HC should do now as NHS Kernow appear to have gone back on their original schedule and are not being open with current information. The consultation resulted in a commitment to continue to provide the same number of beds as before closure but this has been put off until 2016. West Cornwall Hospital appears to be at 90% capacity and there are limited community beds.</p> <p>Group suggested that a Freedom of Information requesting the necessary information might be appropriate.</p> <p>DP will try to get further information and decide next steps.</p>	<p>➤ DP to consider next steps regarding the Poltair consultation and keep SG informed.</p>
4b	<p><u>Healthwatch England Special Inquiry - Hospital Discharge</u></p> <p>Healthwatch England's report will be published in December and when DP met with representatives from Healthwatch across the peninsula, it was discussed that a joint PR response would be the best way to get maximum coverage for this. HC's report is interesting but does not contain enough volume of peoples experiences to stand alone.</p> <p>NS felt that the HC report does contain some useful information though and would link in with an audit that she is going to be involved in regarding psychiatric liaison. There are some useful key messages to use as a starting point. She felt that it would be appropriate to look into the pathway of care and support for suicide and self-harm patients.</p> <p>EW fed in that the suicide and self-harm strategy is about to be released but wonders whether it will include the Emergency Department and how it approaches this category of patients.</p> <p>Group had a general discussion about Healthwatch England's general approach in conducting this special inquiry. DP fed back that they have acknowledged that timescales for future work</p>	



	need to be longer.	
5	<p><u>ANY OTHER BUSINESS</u></p> <ul style="list-style-type: none"> • There have been new posters printed and SG members are encouraged to take some and put them up in appropriate places near to where they live or where they work. • DP fed back to the group that there is a move nationally by Healthwatch England, and locally, to review and improve the health and social care complaints system. DP is attending a 'Best Practice in Complaints' conference in Exeter and has also been invited to attend a complaints network meeting involving managers in Cornwall. She will update the SG next time. 	<ul style="list-style-type: none"> ➤ SG to distribute posters ➤ DP to update group on work around complaints.

NEXT MEETING	Healthwatch Cornwall Steering Group
DATE	25 November 2014 , 10am - 1pm
LOCATION	TO BE CONFIRMED

