

Healthwatch Hertfordshire Board meeting
10am on Monday 14th April 2014, at
Benslow Music, Benslow Lane, Hitchin, Herts, SG4 9RB

Present: Marion Birch, Monika Brzozowska-Neroth, Megan Carter, Michael Downing, Nuray Ercan (Minutes), Brian Gunson, Valerie Harrison, Errol John, Sundera Kumara-Moorthy, Bernard Lloyd, Sue Reeve, Michael Taylor, Priya Vaithilingam, Sarah Wren (Chairman)

Apologies: Geoff Brown, Joan Manning

Public: Virginia Kirri-Songhurst, Sally Politt & Richard Windle

6. Chairman's update

The Better Care Fund events have taken place around the county. The National requirement was for £70million of Health and Social Care funds to be pooled and in Hertfordshire the two CCG's and HCC have opted to pool £240million. This is positive as it demonstrates a move towards jointly commissioned services. HwH must ensure that there is not just the re-commissioning of existing services.

Michael Downing attended the last Scrutiny meeting on Sarah's behalf and gave an update of the meeting. A joint scrutiny exercise with HCC of their response to Francis took place. The process of taking part in the small group to interview individuals from each trust was effective however the subsequent plenary session and report was less satisfactory and seemed only to request for more information. Michael also met with the Chair and head of scrutiny and they are keen for HwH to be involved and thinks HwH should be represented on all health scrutiny exercises and have full rights of participation.

Action: Michael to follow this up with Geoff so HwH can start to attend the variety of health scrutiny meetings.

It was decided that Michael would draft a formal letter on HwH's behalf taking on board comments from BG & MC saying that HwH is disappointed by the final report.

Action: Michael to draft a letter to Scrutiny/HCC re their final report on Francis.

The last Health and Wellbeing Board meeting focussed on the Better Care Fund. Sarah concerned that by the time it came onto HwH's radar, the CCG's and members responsible for care in the county had agreed the money that was going to be pooled and the broad outline of the spend. Sarah raised this and has since talked to Collette Wyatt-Lowe and Richard Roberts about how HwH can be included at an earlier stage in strategic priority setting process.

Sarah spoke at the Three Rivers Health Scrutiny Panel. Their main concern is around access to GP surgeries.

Attended a malnutrition event in London which Sarah will bring to the attention of the obesity sub-group once it meets.

Attended a work place health event which Monika also went to. Public Health in Hertfordshire are trying to get employers to think about the health of their employees. This is something that is important and which HwH should support.

Sarah attended an older person's workshop in Hertford. The District Council are very keen to progress health and social care issues. HwH is now regularly feeding back to the District Councils so they are producing newsletters which include HwH's updates.

Attended the Mount Prison to talk about offender health issues. Jenny and Paul are also having a meeting and will report on any developments shortly.

Attended a meeting about adults with complex needs. There is still a lot of concern around split budgets in discharge services and will raise this issue with Collette Wyatt-Lowe. This will be looked at again by HCC and some current services will be tendered in the New Year. Jane added that she has recently attended a meeting with Princess Alexandra Hospital and they had raised the fact that they have huge problems with HCC in terms of discharge. It normally takes two weeks for a Herts resident to be discharged back into Herts. They do not have the same issues with Essex.

Action: Sarah to raise discharge services with Collette Wyatt-Lowe.

Action: Kumar asked the office to investigate whether there is an integrated discharge policy / learning and if Board could be sent this information.

7. Chief Executive's update

Nuray asked that any questions on Geoff's activity would be noted down and responded to when he returns from leave.

Sue Reeve said that Carers in Herts would be very pleased to be part of the Youth Health Ambassador's induction particularly around young carers and she may want to link up with the Young Carers Council.

Action: Kumar would like findings from Jenny's HCC's Care Bill meeting.

Action: Kumar is interested to hear how HwH is on JSNA/Hertsopaedia developments

Jane gave an overview of her experience spending the day on an Ambulance. They responded to a variety of emergencies from a tower block in Stevenage where drink and drugs were involved to a hospice where someone was terminally ill. The ambulance staff were incredibly professional but also treat people with care and respect.

Action: The Board asked for the format of the Chief Executive's report to be reformatted to report under each of HwH's strategic priorities and have a column for outcomes.

8. Reports from sub-groups/committee's

a. MHLD SWG update - please see report for update

b. Enter and View update

The enter and view group continue to be active in three key areas: 1. The care home enter and view programme. HwH has visited two care homes already and reports are written for these and are with the care home managers to check for factual correctness. The next round of care home visits will take place in May. 2. Supporting the GP access work that Jenny is leading on. 3. Supporting PLACE. The programme is now half way through. Will be able to provide a report summarising PLACE activity in its entirety at the June Board meeting.

Sarah thanked the Enter and View team and to the monitors undertaking the work.

c. Transport update - please see report for update

The initial stage of working through the bids to select a single contractor to provide the service in Beds, Herts and Essex is in progress. Seven organisations submitted bids and this has been shortlisted down to four. The Transport working group plan to meet after the Board meeting today and anyone interested is welcome to attend.

9. AOB

a. Sue Reeve informed the Board that she will be retiring at the end of June. The new Chief Executive, Michelle Stokes is more than happy to continue to represent the carers networks on the HwH Board should this be required.

b. The first NHS day for carers took place in December 2013 and the report of that "commitment for carers" has now been published which she recommends the Board read for issues affecting Carers and their families.

c. Hollywell Unit - see briefing sheet

Sally Politt and Richard Windle introduced themselves. They belong to the West Hertfordshire branch of Parkinson's UK and recently contacted HwH in connection with the Hollywood Unit. Up until recently patients have had access to the Hollywell Unit where a clinic is run with a Parkinson's nurse and access to specialist treatments such as a physiotherapist. There is now a change in service provision and it is proposed that this service is moved to Langley House in Watford. There are a number of implications for patients: the clinic facility with the Parkinson's nurse will move to being home visits, the resources at Langley House are not as good e.g there is no gym. The major concern is that there has been no communication or consultation while these plans have been developing and so patients are finding that there are gaps in services in this transition period. This has been raised with E&N Herts CCG and with HCT and are awaiting a meeting date to be set later in the month.

It was decided that due to the urgency of the matter HwH would draft a letter to be sent to HCC's Health Scrutiny Committee to stop further developments before a proper consultation takes place.

Action: Paul to draft a letter to send to Health Scrutiny cc'ing Collette Wyatt-Lowe.

Action: Paul to continue liaising with the various partners to feed back to the Board on a regular basis.

d. Kumar reported that he had attended a meeting of WHHT and they have been working with the University of Hertfordshire to develop a formal complaints process, independent from the existing PALS which they will be launching shortly. If this is a better complaints process it may be HwH's role to bring the other Trusts together so that good practice can be shared and to possibly converge to a single complaints mechanism.

Action: Jenny to find out more about this new complaints system and obtain the document to share with the Board.

e. Brian informed the Board that he is now on the Herts Respiratory Community Procurement. Brian will send Geoff information of anything which is not confidential.

Working lunch with Dr Peter Graves on the Local Medical Committee and Care.Data implementation - Please see hand out attached for more information.

According to the government every household received a care.data information leaflet however many regarded it as junk mail and those who did take time to read it and not throw it away mostly did not understand the meaning of it.

Care.Data being HSCIC (Health of Social Care Information Centre). In order for Care.Data to be valuable it needs to be able to pull together all a persons information from all the services/people that collect information e.g. the GP, the Hospital and any other care provider. In order for this to happen there has to be a minimum data set: an NHS number, a postcode and probably a date of birth. This means that when this information leaves the care provider it is absolutely identifiable. For example if you were a diabetic male, you might not mind the fact that you are a diabetic shared with a number of people or even sharing what drugs you are taking to control your diabetes but you may not want other personal information disclosed. This is the kind of information that will be easily extracted at the same time.

The BMA are desperately trying to stop this kind of information being passed on as they have patients interests at heart. At the moment it isn't clear how far back the data extraction will go so past information which may not be relevant any longer might be shared. All of this information is identifiable until it reaches the HSCIC where upon it is partially anonymised at which point it is passed onto drug

companies/researchers who will find it useful. It is not useful for the patient to share this information. It is useful on a population wide basis if it can find hot spots of illness and may be useful in some Public Health research. Consent is not needed for this to happen automatically, unless a patient specifically opts out.

Date and time of next meeting: Monday 16th June 2014, 10am-1pm, Rhodes Art Centre, 1-3 South Road, Bishop's Stortford, Hertfordshire, CM23 3JG