

Notes from Citizens' Assembly Meeting

Held on Wednesday 23rd November 2016
In Taunton Rugby Football Club

Meeting Notes

Present:

Kevin Dixon, Healthwatch Torbay, Chair	Jayne Pye, B&NES
Lance Allen, Healthwatch North Somerset	Sarah Redka, Senate
Pat Eagle, Healthwatch Gloucestershire	Malcolm Watson, South Gloucestershire
Gilly Gotch, Healthwatch Devon	Phil Yates, Senate

Apologies:

Carol Clark, Healthwatch IoS	Graham Taylor, Healthwatch Cornwall
Mark Edwards, Healthwatch Swindon	Tessa Trappes-Lomax
Jo Parker, Healthwatch South Gloucestershire	Paula Williams, Bristol
Simon Mathias, Healthwatch Wiltshire	Jody Wilson, Healthwatch Cornwall
Stacey Plumb, Healthwatch Wiltshire	

		Actions/ documents
1	Welcome and introductions	
	Round table introductions – attendance and apologies listed above. Lance Allen and Tricia Godfrey were welcomed from North Somerset Healthwatch. They have been nominated to be CA representatives..	
2	Update on 10th November 2016 Senate Council meeting	
	<p>PYates gave an update to build the picture of how the Senate came to the decision to use the 10th November Senate Council meeting to develop 'principles for community transformation'.</p> <p>The Southern group of clinical Senate's found that they were being asked to review and assure community transformation plans and from this process it was found that similar issues were arising with each review: Community bed provision and Workforce issues. Therefore, the Senate Council studied and deliberated community transformation as a whole and consequently have developed some generic principles to guide CCGs through the community transformation clinical review and assurance process.</p> <p>The CA had been asked prior to the 10th November to feed in their views and responses to 3 questions which the Senate put to them:</p> <ol style="list-style-type: none"> 1. What would you expect patients' main areas of concern to be if changes to community services were proposed in their local areas? 2. What are the key things that need to be detailed in community 	<p>Presentations and principles from 10th November circulated with these notes</p>

	<p>service change proposals to fully inform patients of the changes and how they will impact services?</p> <p>3. What are the most important issues within health and social care for which patients and the public will want to see details of in the proposals?</p> <p>KDixon circulated the collated responses to the CA and presented these findings at the Senate Council meeting. The CA were thanked for their engagement with this Senate topic, the content of the feedback provided was excellent and provided a useful insight in addition to the other presentations and perspectives shared at the meeting. Additionally it was noted that this process of gathering feedback and feeding in to the Senate was a 'model' way of gathering and contributing.</p> <p>There was general concern about the limited mention of PPI in the STP plans and about at what stage of the STP process would PPI happen. PYates confirmed that the STP plans were required to be finalised and clinically assured prior to public engagement.</p> <p>There was further concern amongst Healthwatch members as the CCGs will require their support for the PPI aspects but as Healthwatch members they will also need to champion the patient point of view. There was general concern about how the message within STPs was presented and that a 'this is how it is going to be' approach does not explain the reasoning for change and therefore the public will jump to conclusions based on being given limited information.</p>	
3	Emergency General Surgery Review: CA Input	
	<p>In October 2014, the Clinical Senate deliberated: <i>'Based on available evidence and guidance, how should emergency surgical services be configured in the South West, so as to provide comprehensive, high quality emergency care based on national standards that is sustainable for the future?'</i> Following the recommendations from this deliberation, the Senate commissioned a South West wide review of emergency general surgery (EGS). This has involved a review against a set of standards published by the Royal College of Surgeons of surgery services at each of the emergency surgery sites in the South West. This review is drawing to a conclusion and the outcomes and issues identified will be discussed at the Senate Council meeting on 2nd February 2017. The Senate will contact the CA in December with some questions with the aim of collecting the patient and public perspective to feed in to this discussion.</p>	<p>RCS standards and CA response from October 2014 meeting circulated with these notes</p>
4	March Assembly: Clinical Review Training	
	<p>The annual Senate Assembly conference will be on 30th March 2017 in Exeter at the Rougemont Hotel. It will be a day aimed at provision of information and training related to clinical reviews and all CA members are invited.</p> <p>The CA members suggested running a workshop for delegates to give an insight about 'how public involvement would be good'/'Pros and Cons of public involvement'/'How to get every voice heard?'. **Healthwatch Kent have produced a guide: 'The right way to do patient involvement' which could be a useful resource for this.</p>	<p>Action: SR find and circulate the Kent guide</p>

5	Clinical Review Reports	
	<p>The following Clinical Senate Review reports were circulated to the CA and are on the website: www.swsenate.nhs.net :</p> <ul style="list-style-type: none"> • South Devon and Torbay CCG: Review of Community Hospital Transformation • North East and West Devon CCG: Review of Proposals to Changes to Community Beds • Complex Spinal Surgery Referral Pathways at North Bristol NHS Trust and Plymouth Hospitals NHS Trust • Independent clinical review of community rehabilitation, reablement and recovery services model implementation 	
6	Review Panel Feedback	
	<p>KDixon feedback about his experience of being on a clinical review panel. 'The panel were open to having a critical friend to ensure the patient and public issues were raised and some challenge was brought to the discussion.'</p>	
7	CA refresh	
	<p>Following the CA development day held in July 2016, there had been some discussion about the difficulty members found in their dual role as Healthwatch member versus their role as a CA member. The CA member role and the role of the CA and how it supports the Senate is all detailed in CA terms of reference (ToR) and CA role description (attached).</p>	<p>SR to circulate the CA ToR & presentation from July about CA role</p>
7.1	Membership and Healthwatch Support	
	<p>Membership is quite low at the moment and recruitment is particularly tricky in the Care Forum Healthwatch areas (Bristol, B&NES, Swindon). The differences between how each Healthwatch is organised was noted as one of the reasons that recruitment to the CA can be hard. It was felt that the Care Forum did not have sufficient Health and Social Care (Healthwatch) volunteers to be able to offer dedicated representatives to join the CA. It was felt that this issue was not likely to resolve hence the opening up of the CA membership in January 2015 to non-Healthwatch members who link with community groups. Travel time presents as an issue for those members at the edge of the patch. It was agreed that where there was limited options for getting Healthwatch members in particular regions it was appropriate to have a Healthwatch employee sitting on the CA to ensure a link with each region.</p> <p>It was suggested that we use examples of work the CA has been or will be involved with as a way of engaging with and hopefully recruiting new members.</p> <p>It was agreed that the CA would make contact again with the Care Forum to address the membership gaps using new 'marketing' material. It was felt that it would be of benefit if the Care Forum Chief Executive could attend the next CA meeting. Action: SRedka to Invite Morgan Daly to the 6th April meeting.</p> <p>JPye will make contact with a group of community champions who she is linked with in the B&NES area with the aim of recruiting a second B&NES member.</p>	<p>SR to invite Morgan Daly to the 6th April CA meeting</p>

	Concern was raised about the Senate's position when they confirm that Healthwatch has been consulted if a significant proportion of the CA membership are not Healthwatch members.	
7.2	Meeting Format	
	The Senate suggested having a different meeting format for subsequent CA meetings. As the CA meetings are the only forum where there is representation from each of the South West Healthwatch organisations, it was felt that this was an important opportunity to protect. Therefore, going forward, the CA meeting will comprise a 1.5 hour session at the start of the meeting for the CA to discuss Senate business items followed by the second session purely for Healthwatch updates to which the Senate Management team would not attend. Healthwatch managers will be invited to attend the Healthwatch session. KDixon agreed to Chair the Healthwatch session.	
8	Topics/training needs	
	Two future topics were suggested: <ul style="list-style-type: none"> 1. Discharge to the community (looking at care resources in the community) 2. The 111 service and its effect on patients 	

2017 Meeting Dates

** Cancelled 12th February 2016

30th March, all day – Senate Assembly – All Citizens' Assembly members invited

6th April, 10 am – 1 pm

8th June, 10 am – 1 pm

7th September, 10 am – 1 pm

19th October, 10 am – 1 pm

Plus a development day in July – date is yet to be confirmed