

## Notes from Citizens' Assembly Meeting

Held on Thursday 19<sup>th</sup> April 2018  
At Taunton Rugby Club

### Meeting Notes

#### Present:

Kevin Dixon, Healthwatch Torbay, Chair	Gilly Gotch, Healthwatch Devon
Margaret Abban, Healthwatch Cornwall (Guest)	Ann Harding, Healthwatch BaNES
Lance Allen, Healthwatch North Somerset	Sally Pearson, Senate Chair
Nick Pennell, Healthwatch Plymouth	Colin Potter, Chief Executive, Healthwatch Devon (Guest)
Peter Buttle, Healthwatch Wiltshire	Malcolm Watson, South Gloucestershire
Pat Eagle, Gloucestershire	Sarah Redka, South West Senate Project Officer
Tricia Godfrey, Healthwatch North Somerset	Tessa Trappes-Lomax, Healthwatch Devon
Ann Cullum, South West Senate Administrator	

#### Apologies:

Ellie Devine, Senate Manager	

Chair: Kevin Dixon

		Action
<b>1</b>	<b>Welcome and introductions</b>	
	Round table introductions – attendance and apologies listed above.	
<b>2</b>	<b>Overview of the Senate Remit</b>	
	Sally Pearson gave an overview of the role and function of the Clinical Senate; to provide independent clinical consideration to commissioning bodies across the region and to organise clinical reviews of significant service changes as part of the NHS assurance process. Sally highlighted that the Citizens' Assembly is very well developed and the model of recruiting members via nominations from Healthwatch is unique in the South West. The Citizens' Assembly role within and contribution to clinical review panels provides an essential perspective of the public and patient perceptions of the health service.	
<b>3</b>	<b>Questions and discussion with Imelda Ray, Healthwatch England</b>	
	Healthwatch and the Clinical Senate are very complimentary as they bring together expertise in clinical and patient experience. Both organisations came out of the 2012 legislation.	

<p><b>Question 1:</b> <i>Do you think the impact of Healthwatch could be increased if the various HW areas worked more closely together on carrying out joint investigations, or at least collecting commensurable information? If so, how can this be done, given the great diversity of size, funding and management structures that we have in the 13 HW areas that we have in the South West – let alone the rest of the country? What can HW England do to help us with this?</i></p> <p><b>Answer:</b> Healthwatch England has seen the success of sharing methodology and working together eg recent work in Manchester that brought nine Healthwatch together. Healthwatch England is working at a national level to create more opportunities for Healthwatch to work together more often and to change the culture of Healthwatch to be seen as one organisation. Healthwatch is developing geographical clusters to tackle upcoming work on maternal mental health and CAMHS. It would be good to see different Healthwatch bodies collaborating on this type of programme of work. Gavin McGregor newly appointed as Head of Network Development for Healthwatch England is looking into developing uniform protocols for presentations and organisation that can be used by all Healthwatch as part of the new data strategy. He will also undertake a piece of work looking into provision of a strategy and standardised database and methodology for gathering data.</p> <p><b>Discussion:</b>        Nick Pennell from Healthwatch Plymouth suggested that the peninsula Healthwatch meetings can be used to facilitate communication between local and national Healthwatch. However there was concern at the last meeting about how changes at board level within Healthwatch England will affect cohesion. For example local Healthwatch board members are now no longer automatically part of the Healthwatch England board which creates a disconnect. Of note, Torbay, Plymouth and Devon Healthwatch are working well together as a peninsula.</p> <p>Colin Potter, Healthwatch Devon – the greatest areas of joint working at the moment is involvement in STP strategic meetings, where representatives of each of these Healthwatch in the peninsula are in attendance. This is going well, but there is a need to co-ordinate work streams more effectively and there needs to be dedicated time set aside for this to be thought through and developed.. Suggestions for joint working includes: shared articles in the quarterly ‘Voices’ publication; sharing good practice regarding recruitment and retention of volunteers; collaboration to make more efficient use of resource.</p> <p>Lance Allen, Healthwatch North Somerset – In North Somerset there is a current problem with the new merged BNSSG (Bristol, North Somerset and South Gloucestershire) CCG which is not recognising that there are three separate Healthwatch established within the CCG patch. The CCG will only accept one representative at their meetings. As each Healthwatch represents a different population it is necessary to have</p>	
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<p>three representatives in attendance in order to appropriately represent each locality. Imelda Redmond agreed to raise and take forward this issue nationally as well as to take this problem back to the national CCG support unit and share some guidance with CCGs on how to work locally with Healthwatch.</p> <p><b>Question 2:</b> <i>What can be done to improve Healthwatch’s national profile? Does Healthwatch England have a publicity manager? One of my hopes when Healthwatch England was established was that it would have a higher national profile and the media would approach it for comment as they do the Patients’ Association.</i></p> <p><b>Answer:</b> Healthwatch England now has a new team of four people working on policy and public affairs looking at how to increase the Healthwatch profile and how the public can access Healthwatch services. Locally, Healthwatch all need to help network to get coverage accross local media outlets. Over the last year Healthwatch has built up its public facing profile and is currently working to build its evidence base and impact stories. National stories followed by local stories which highlight local impact have been shown to create a large increase in traffic and attention. Healthwatch must balance the need for public coverage with getting the right kind of coverage.</p> <p><b>Discussion:</b>      When there is a national campaign, local Healthwatch given appropriate lead in time would be able to support this with a local campaign by creating and sharing a one page information sheet. Healthwatch needs to use the media to celebrate the positive things happening not just lament the bleak picture.      Consideration for the difference between Healthwatch and the Patient’s Association, Healthwatch is led by evidence rather than opinion.      Many GPs are reluctant to allow Healthwatch into their practices, how many GPs are there in the Senate and would there be a way to work with them in order to encourage further collaboration with Healthwatch, rather than seeing us as a threat? Further work is required to link Healthwatch to GP practices to support gathering patient feedback but Primary care clinicians are well represented in the clinical Senate.      Healthwatch England has some upcoming work on partnership with organisations to address areas where there are clinicians who are not aware of Healthwatch. This will involve working with both Clinicians and charities.</p> <p><b>Question 3:</b> <i>Can Healthwatch England provide statistics on the grants paid to each local HW organisation per population head so that we can understand how our local authority grant relates to the rest of the country? The information should be easily available given that each HW has to provide annual account, and NHS digital publishes the population by CCG.</i></p>	
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<p><b>Answer:</b> The Healthwatch England website shows the amount each local Healthwatch receives, but the amount per head is not published as this gives commissioners the idea that they are overfunding if the amount is higher in their area. We have seen around 40% cut in funding across the board as a result of the cuts to local government.</p> <p><b>Discussion:</b> Kevin Dixon explained that Healthwatch Torbay are developing a mosaic of funding alternatives; Healthwatch is being commissioned to do extra bits of work for other organisations. Frustratingly, the NHS and Local Authority have been commissioning outside consultancy companies to carry out work that could be done in house by Healthwatch. Healthwatch needs to be able to show what Local Authorities have to provide to meet their statutory obligations, and we need funding to be ring-fenced. North Somerset's local authority feels that Healthwatch should be funded solely by the NHS as we are doing more work in health than in social care. However, central government have unfortunately stopped policy for ring fencing funds. Healthwatch needs to be in touch with the reality of local situations and display the positive impact and value Healthwatch has.</p> <p><b>Question 4:</b> <i>How do clinicians engage with patients in designing and evaluating services?</i></p> <p><b>Observations:</b></p> <ul style="list-style-type: none"> <li>• How to create links between clinicians and patients? NHS trusts tend to look to governors and members first then Healthwatch second; we need a national push to challenge this culture. Healthwatch should develop a template of words that highlight the role of Healthwatch as a critical friend, similar to a non-disclosure agreement, which recognises the sensitivities of clinician's work. This way clinicians will be more relaxed and open conversation is more likely to happen.</li> <li>• Whenever we evaluate our work, we need to consider the outcome against what people expected the outcome to be, and how these differ. Evaluation needs to be constructed in a way that can be easily shared and used as part of an evidence base.</li> <li>• There needs to be more available as part of clinician's core training about how to consider and accept public opinion when designing services.</li> </ul> <p><b>Discussion:</b> Clinicians need to perceive Healthwatch as a critical friend rather than the enemy. The public are very supportive of the NHS at the moment, it is the opportune time to develop engagement. In general people give very positive responses when asked about their overall experiences, however if you break down questions into specific experiences and parts of care the picture is less positive. We need to collate this.</p>	
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	<p>We need to concentrate on solutions and ask how patients think things can be improved.</p> <p>A recent study by Plymouth University suggests that 25% of GP appointments are taken up by non-medical problems such as loneliness, debt, low level mental health needs, poverty – Healthwatch can have a roll in enlisting volunteers to take these issues off of GPs’ plates. We need to understand what metrics are useful to evaluate services.</p> <p>How can Healthwatch England support getting the patient voice across to clinicians? In order for Healthwatch England to support getting the patient voice across to clinicians, further work is required to forge partnerships with people who are actually doing the work of service change..</p> <p>The most exciting thing about Healthwatch England’s new strategy is the promise of Healthwatch seeing itself as a movement.</p>	
<b>4</b>	<b>Previous meeting notes – 18th January 2018</b>	
	<p>The notes from 18th January 2018 meeting were approved as a true and correct record of the meeting.</p> <p>No matters arising.</p>	SRedka
<b>5</b>	<b>New Chair</b>	
	<p>KDixon is standing down as chair in July. There have been a few expressions of interest this role. Citizens’ Assembly members who are interested in this role are requested to complete the application form circulated and return it to sarah.redka@nhs.net by 31st May.</p> <p>KDixon expressed that he has found this to be an enjoyable position. The role requires 25/30 days per year including work towards the annual conference, Citizens’ Assembly meetings, Senate Council meetings and clinical reviews. It is not necessary to have extensive clinical knowledge to hold this position, it is about representing the public perception and perspective.</p> <p>The interviews for this position will be held on 14th June and it is expected that the new chair will attend the 21st June CA meeting alongside KDixon as a handover meeting. Christine Teller the previous CA Chair has agreed to be on the interview panel.</p> <p>It was also agreed to appoint a deputy chair at the same time who will deputise the CA Chair when required and who will act as a chair in waiting for when this two year contract ends. The deputy chair position is not remunerated.</p> <p>Action: SRedka will circulate a further email seeking expressions of interest for the positions of chair and deputy chair.</p> <p>Everyone expressed their thanks to KDixon for doing such a good job.</p>	SRedka All
<b>6</b>	<b>Senate Assembly Annual Conference Feedback</b>	
	<p>The focus for this year’s South West Clinical Senate Assembly annual conference was ‘Clinicians as Change Agents’. The conference has received excellent feedback and had excellent representation from the Citizens’ Assembly membership. The CA agreed that the conference was a success and that the topics and presentations were very inclusive of and accessible for lay people and that the the patient experience and</p>	

	<p>perspective was central to many of the themes. Furthermore, the CA led workshop exploring Realistic Medicine was also a success and well received by all those who attended. The summary of this workshop was circulated with the meeting papers and is available upon request from <a href="mailto:ann.cullum@nhs.net">ann.cullum@nhs.net</a>.</p> <p>It was suggested that next year the speakers could be asked to give an overall summary of their presentation making it more accessible to the public. The next conference will be on the 21st March 2019 and the theme will be 'Knowledge'.</p> <p><b>Action: if you have any suggestions of speakers for this please forward to <a href="mailto:Ann.cullum@nhs.net">Ann.cullum@nhs.net</a>.</b></p> <p>Of note - Michael Mosely was suggested as a pertinent and interesting speaker.</p>	All
<b>7</b>	<b>Senate Council Meeting – Workforce Recommendations</b>	
	<p>On 1st February the Senate Council deliberated 'To what extent is growing concern regarding the sustainability of the workforce in the South West valid and what principles should STPs work to in order to successfully plan and deliver their workforce strategies? The recommendations from this meeting were circulated to the CA members. Workforce was an issue raised as part of each deliberation and clinical review which the Clinical Senate undertook. Therefore the Senate was keen to dedicate some time to fully explore workforce as a theme. One aspect of the Senate Council meeting was to feed in a perspective to the Health Education England (HEE) consultation on their workforce strategy. The three key recommendations are: 1) Co-Ordinated National Strategy, 2) Focus on retention, and 3) Investment in the Social Care Workforce.</p>	All
<b>8</b>	<b>Croft Hall GP Practice</b>	
	<p>KDixon shared news from Torbay where the local Healthwatch has helped transform the basement and garden of the Croft Hall GP practice into community spaces. The basement serves as an advice centre, with drugs workers, food banks etc. visiting once a week and Healthwatch volunteers helping people to get online. This is taking the weight off of GP's whose time is being taken up by non-medical social problems. They have also implemented the use of videos to explain how to do simple medical procedures and understand medical conditions ie. Understanding depression, changing a catheter.</p>	
<b>8</b>	<b>Healthwatch Updates</b>	
	<p>Updates given on each local Healthwatch organisation.</p>	
<b>9</b>	<b>Any Other Business – Next Senate Council Meeting</b>	
	<p>The next Senate Council meeting will be held on the 21st of June and will be a reflective meeting to evaluate the recent work of the Senate. SRedka will circulate a survey to Citizens' Assembly members to gain the CA perspective and feedback on the Senate's work. The results of this will help inform discussion at the meeting.</p>	SRedka

	<b>Next CA Meeting – Development Aspect</b>	
	Suggestion to extend the next Citizens’ Assembly meeting until 3pm in order to include a development aspect. <b>Action: Please send any ideas for development themes to SRedka.</b>	All
	<b>Healthwatch and CQC</b>	
	L.Allen and A.Harding attended a meeting with the CQC last month and will circulate guidelines about how Healthwatch and the CQC should work together.	LAllen and AHarding

**2018 Meetings:**

Thursday 21st Jun, 10am-1pm, Taunton Rugby Club  
 Thursday 6th Sep, 10am-1pm, Taunton Rugby Club  
 Thursday 1st Nov, 10am-1pm, Taunton Rugby Club