

Monthly bulletin for volunteers and partners

July 2015

We can't do this without you!

Welcome to the July 2015 edition of Healthwatch York's regular monthly bulletins for volunteers and Partner Programme organisations.

Please let us have your feedback on this bulletin – what's useful to you and what isn't. If you have any ideas of what else should be included, do tell us.

Office update – July at Healthwatch York

- Healthwatch York's Annual Meeting took place on July 28th. Over 70 people attended the event and it was great to see so many of our volunteers and partners. There will be a full report on the day in the next issue of our magazine, which is due to be published at the end of September.
- During the afternoon of our Annual Meeting we focussed on finding out about peoples' experiences of access to GP surgeries. If you weren't able to be at the focus group, we'd still like to hear your experiences of:
 - Making appointments and opening hours
 - The impact of practice mergers and federations
 - Examples of good practice
 - Any barriers which stop you getting the service you need

Please contact the Healthwatch York office and give us your feedback.

- During July Healthwatch volunteers and staff have held information stands at 9 events and community venues across the city.
- The Healthwatch national conference took place on 30th June and 1st July. This year the conference was held in Manchester. Healthwatch York was represented by Siân Balsom – you can read Siân's report at the end of this bulletin.
- Healthwatch York's report on local wheelchair services was presented to the Health and Adult Social Care Policy and Scrutiny Committee on 21st July. The committee thanked us for producing the report and are keen to move

forward on the recommendations and put a service user group in place North Yorkshire wide. You can read Siân's report on the whole meeting at the end of this report and you can watch a recording of the meeting via the [City of York Council website](#)

Local health and social care news

City of York Council's Sport and Active Leisure team have published their August edition of their newsletter for disability sport & physical activity in and around York.

This month the newsletter includes information about, Cycling, Walking, Tennis, North Yorkshire School Games, Active Sensory Sessions, Deaf Badminton, Special Olympics World Games, and Autism in Sport Training.

You can download the newsletter [here](#) or contact the Healthwatch York office if you would like a paper copy.

National health and social care news

Baroness Tanni Grey-Thompson has launched a national Wheelchair Leadership Alliance to ensure wheelchair users get the right chair at the right time.

The Alliance has set out its objectives for wheelchair service improvement in England which will include the development of a national awareness campaign 'Right Chair Right Time Right Now' and the creation of a wheelchair charter.

Find out more about the Alliance [here](#)

Key dates for August 2015:

- 3rd August 2-4pm Healthwatch York volunteer meeting, Priory Street
- 6th August 10am Vale of York Clinical Commissioning Group Governing Body meeting, West Offices
- 17th August 4pm-6pm Healthwatch York Leadership Group meeting, Priory Street

Here are the details of the community venues and events where Healthwatch York will have information stands during August and September. Please can volunteers who are doing these stands check the dates and contact the office if there are any problems or questions.

03-Aug	Sainsbury's Monks Cross	Jackie
04-Aug	Spurriergate Centre	Chris H (10-12), John
04-Aug	Clifton Library	Kay
05-Aug	Lidgett Grove Community Cafe	Fiona, Laura
06-Aug	St Clements	Kay
10-Aug	Haxby Library	Lesley
12-Aug	NELLI cafe, Folk Hall	Kay, Chris H
20-Aug	St Clements	Kay
21-Aug	St Sampson's	Fiona, Jane, Kay
01-Sep	Spurriergate Centre	Chris H (10-12), Kay
02-Sep	Lidgett Grove Community Cafe	Fiona, Laura
03-Sep	St Clements	Kay
06-Sep	Arts & Crafts, Guildhall (The Retreat)	
07-Sep	Sainsbury's Monks Cross	Jackie
09-Sep	NELLI cafe, Folk Hall	Kay, Chris H
10-Sep	50+ Information Fair	
10-Sep	York Hospital Open day	Lesley
14-Sep	Haxby Library	Lesley
17-Sep	St Clements	Kay
18-Sep	St Sampson's	Fiona, Jane, Kay

Meeting reports

Healthwatch York staff and volunteer representatives attend a variety of meetings every month. These are the reports from some of the meetings held since our last bulletin. There is a 'jargon buster' at the end of this bulletin to help explain some of the abbreviations and acronyms in the reports.

Name of Representative:	Sian Balsom
Title of the meeting:	Healthwatch England National Conference
Date of meeting:	30 June / 1 July 2015
Date of next meeting:	September 2015

Main areas of discussion:

Katherine Rake - Introduction

Healthwatch Data Return

890 staff, 5,400 volunteers.

Average LHW 4 staff members.

Day 1 - Being healthwatch in a changing environment Day 2 - Practical tools to help us be the best

150 submissions for the network awards. 50 shortlisted. 8 winners announced tonight.

Anna Bradley - intro to conference

Times article on 30th Jun - looking at LHW work with CQC to inform inspections.

What do people want - info, services that help them stay well, that take their needs into account, to be equal partners. Now outlined as HW England's consumer principles.

We speak for anyone using health and social care services, from before birth to end of life.

Our reach - through the network - the whole of England.

Our powers - written in statute

Our values - living by them.

Background - change, integration – BCF (Better Care Fund), Vanguard, 5 year forward view. The agenda for the next 5 years. Drive for better performance data, continued push on efficiencies.

Push around public health. Engagement and involvement in planning, decision making, delivery.

Discharge report will be released end of July.

From HWE - expect to see more on public health, information and education, and service change.

Social Care Panel

Marion Ingram - Operations Director (Specialist Services) Hertfordshire County

Council (specialism around children's services) Professor Gillian Leng - Deputy

Chief Executive & Director of Health & Social Care, NICE Ruthe Isden -

Programme Director Age UK Clara Swinson - Director Social Care Policy at

Department of Health Chaired by Victoria McDonald, Channel 4.

H&WB Boards - what do they need to look like in an integrated world?

Marion - Senior representation from CCG, Directors of Children's and Adult Services, LHW, political leadership, DPH.

Ruthe - ideal H&WB Board would span and represent the depth of support people have and need - need to include community groups and organisations, with access to wider net of individuals. HW with foot in all camps can have a key role in helping with this, and involving wider range of organisations.

Gillian - scoping out what the Board should do and then delivering.

Clara - role for H&WB Boards to really focus on integrated care. Need a conversation between commissioners and people. Patient and user voice must be represented, but also need to engage powerfully with providers, including VCS. Look at how you encourage new providers meeting needs of the individuals.

To what extent does CCG leading integration compromise ability of social care to influence this work.

Clara - integration definitely needs a strong social care voice. TO commission and provide the types of services must have strong social care voice through DASC and DCS.

Marion - (Vanguard site - progressive area) We have really good working relationships with 2 CCGs. Good but different relationship with both. Held study day last Friday, became aware that all have same objectives. Don't talk about children enough but all want to be working on self management, early intervention and prevention, local responsive services.

Gillian - everything in life comes down to working well with people. Where things work well, people share the same agenda.

Ruthe - relationships critical. Time. Money. Pace of change - breakneck speed. Can lead to technocratic process. May lose touch with original principles.

Absolutely critical patients, service users fully embedded in decision making, design, and review. Tremendous amount of change. 5-6 years, fully reformed organisations governing system, embarking on reshaping types of services, where offered and who offers.

How can scarce social funding be invested in early intervention?

Gillian - in NHS England work on 5 year forward view focus on early intervention and prevention. Focus on obesity, diabetes, looking at workforce initiatives. But scarce budget. Public health intervention is good value for money. About changing how we spend.

Victoria - short term political cycle is challenging. VCS doing a lot already, is there more to mobilise?

Ruthe - What is required to unleash this - move towards more strategic partnerships between statutory and VCS organisations. Still seen as nice organisations that show up and make tea - need to make sure they know we can also deal with complex problems. Some of the shift we need to make is away from medical model to social model of support. Bring the sector in and see what they can do.

Gillian - challenge to take money out of things and spend it on someone elsewhere. Especially when affects jobs. Change is not made without inconvenience.

As need is growing and care is cut, how do we highlight need for more funding without being political?

Marion - most productive way of working is to accept there will not be more resource but understand it can be used differently.

Ruthe - best advice - be honest. We exist to speak truth to power, to speak up for, tell the stories of those we represent. If it becomes apparent there are not enough resources we need to be honest about this too.

Victoria - keep it focused on the evidence.

Ruthe - be clear about the nature and scope of the problem.

Gillian - also align your local findings with what NICE evidence exists. NICE evidence is informed by extensive engagement.

With squeeze on Local Authority care, how do we reduce postcode lottery of adult social care and private providers.

Marion - tension between localism and postcode lottery idea. Looking to meet as many people's needs as possible within their locality.

Clara - work with CQC to guarantee minimum quality standards.

What does a good co-production protocol and process look like? Are commissioners really ready to share decision making and power?

Gillian - I run the public involvement programme at NICE. Seems so obvious this is what we should do. What is it that people are struggling with? Can we offer solutions?

Ruthe - dreadfully long way to go before this is a reality. Particularly for older people, and the older and frailer you get the less likely you are to be involved in decisions about your care. We need to be seen as full partners in the process. Need true partnerships.

Working with CQC - David Behan, CQC Chief Executive Over 2015-16 we will 1. regulate new models of care. Will be challenges on how to register and inspect these.

2. Looking at quality of care pathways - using thematic reviews to better understand care pathways and outcomes for people. Will be looking at 5 areas - Urgent Care; Diabetes Care in the Community; Mental health crisis care; care for older people; end of life care.

(Look at CQC Cracks in the Pathways report around dementia care.) 3. Quality of care by locality - Aim to inspect most care services in some local places by 2015. Will describe quality of local system by bringing together inspection findings across sectors. Trialling this in 2 areas in 2015 / 16. Identify issues at cross organisational and provider level.

Also - Working with the Healthwatch network - an improving relationship Joint approach guidance published October 2014. All about quality of relationships at a local level. Relationships with Primary Care Leads are embedding.

Working with CQC to improve quality of services Andrea Sutcliffe, Chief Inspector of Adult Social Care, CQC & Steph Edusei, CEO Healthwatch Newcastle.

28,215 services under Andrea's regime.

Andrea - what Being Healthwatch means to me - HW very important partner for CQC. It's about making sure services are on the side of people using them. The mum test - is it safe, effective, caring, well led, responsive to people's needs Using regulation to inspire improvement What we do - set clear expectations, monitor and inspect, publish and rate, celebrate success, tackle failure, signpost to help, influence debate, work in partnership.

Most local HW report sharing plans with CQC and nearly 90% have contributed evidence to CQC inspections. But 66% said they didn't receive feedback from CQC.

CQC will co-produce briefings and case studies on information sharing.

Steph - less bodies watching social care. Held conference March 2015. There's more to Healthwatch than health. Social Care Conference 2015. Looked at Care Act, social care from a carer perspective.

3 priorities emerged through conference - dementia and older peoples care, domiciliary (home) care, and care for people with learning difficulties. Initially focusing on home care.

Started desk research. Looking at contracts for domiciliary care, news stories, and care opinion. Found people are not speaking up. only 1 good source of info - CQC reports.

Moving on to fact checking - talking to service users, families and carers, social workers, home care staff, providers, commissioners, voluntary sector organisations.

Now have meetings with local inspectors. Six monthly meetings with area manager. Partnership meetings with CQC local inspectors, local authority commissioners, and local authority and ccg safeguarding leads. Ad hoc contact regarding issues / concerns.

How it works - a particular home, issues picked up. Checked CQC report - requires improvement. Spoke with CQC, they also had concerns. Action plan in place but no improvement yet. Offered HW Newcastle as an independent route for service users, family and carers to raise concerns. Potential E&V if required.

Lunch

Table discussions - challenges and opportunities - next 1-2 years For LHW - Funding, contracts, recontracting / commissioning, competition, independence, building and maintaining relationships, credible partner vs critical friend, For LHW working together - independence, competition for contracts, but must collaborate effectively (7 LHW going separately into a local hospital), efficiencies, back office services, choosing to collaborate only when most productive, sharing best practice For LHW working with HW England - spreading best practice, getting the offer right, some certainty around costs incurred through engaging with us, making more of what network doing to raise brand awareness.

Longer term (end of 5 year forward view) For LHW - making ourselves central to 5 year view, challenge of doing this in a way that is meaningful and possible, being engaged with public health and wellbeing, community development work, increased demand versus declining resources For LHW working together -

merged Local Authorities, more Devo Mancs, what impact on LHW, will it be easier to work together if closely aligned.

For LHW working with HWE - stepping in at struggling LHW, performance management and quality standards, protecting the brand, not getting sucked into big data, protecting our role reaching out to seldom heard groups

Influencing Change - part 1

Debbie Sorkin, National Director of System Leadership at the Leadership Centre (LGA) & Pat, Healthwatch Torbay Context - increasing complexity - leaders are struggling with wicked issues that shape shift and defy resolution, and which cannot be fixed by single agency acting alone. Struggling to innovate, integrate, manage demand and integrate services. Integration is like the Loch Ness monster - lots of reported sightings but no real evidence on the ground.

Systems leadership is about networks not organisations. Systems leadership: the collaborative leadership of a network of people in different places and at different levels in the system, creating a shared endeavour and co-operating to make a significant change. The Virtual Staff College - Exceptional leadership for Exceptional Times Oct 2013 - check out paper About leading: when you're not in charge, when you need to ask, when it's complex, when you have no money - systemic, participative, emergent.

Learning from research - 6 dimensions of systems leadership ways of feeling - about strong personal values ways of perceiving - about listening, observing and understanding ways of thinking - about intellectual rigour in analysis and synthesis ways of involving - the conditions that enable and support others ways of being - personal qualities that support distributed leadership ways of doing -

Healthwatch Cheshire West and Chester - look at work of local healthwatch around loneliness and social isolation, community led approaches.

Torbay - purple angels dementia awareness scheme - public health ceded leadership to Healthwatch Torbay, which in turn handed project direction to local service user living with dementia - Norms, living with Lewy Bodies Dementia. 140,000 people in Torbay, large population of over 65s. 130 residential homes. Norms developed the Purple Angel scheme, approached buses. Struggled to engage with social and health care. Project bottom up, devolved to users about what they think would make a difference. Aims to raise awareness, and improve people's experiences in residential homes. Facilitated service user focus groups. Developed a guide to supporting people with dementia in a care home. Visited 30 residential homes, distributed the training booklet, and asked homes to pilot it. Granted purple angel award to anyone who returned it. Produced DVD to complement the book - not realistic to get Norms to speak at every event when gave out awards. Also used volunteers to go round talking to shops and other local businesses. Service user approach had a better impact.

The Revolution will be improvised - Google it. <http://tiny.cc/revolution>

What does this mean for LHW?

See yourself as central enablers, and part of wider system Build long term sense of shared ambition for a place Find the 'real' leaders who are making change happen or with support could do so Requires a combination of purpose and flexibility Starts with a coalition of the willing Be willing to cede leadership and give away ownership keep going: the system will adapt in time, start anywhere, go anywhere and never ask for permission

Influencing Change Part 2

Neil Churchill, Director for Patient Experience, NHS England Jan Sensier, CEO, Engaging Communities Staffordshire Rebecca Loo, The Orthotics Campaign Neil Tester, Director of Policy and Communications, Healthwatch England

Rebecca - story starts 2009, son David 9 years old. How do you fight for change without letters behind your name, or an impressive job title? My job title is mum, letters after my name L.I.V.I.D. Orthotics, externally worn devices to keep body in alignment. I am livid at the state of NHS orthotics. Son has been through 2 invasive orthopaedic surgeries. Believe this is because of waiting times for orthotics. 18 week waits. Children outgrowing the equipment, putting it straight in clinical waste on arrival as too late. I gathered up like minded parents, and launched mid staffs orthotic campaign. Then knocked on Jan's door. Fairly recently. Had already established national not local issue. Struggling to understand who they needed to influence nationally.

Jan - how do you make contact with people and find out about their issues? We have a network of voluntary sector organisations signed up to be Healthwatch Champions, linking LHW with issues. Rebecca is the one who gathered all the information, not just locally but nationally. Compelling not just because of personal impact, but also finance - expensive operations needed because of the delays. Local work all done - felt the only thing to do was escalate it. HWE accepted escalation case. Took it to Neil at NHS England.

Neil C - Clear it was unacceptable and also poor economics. Benefits for everyone to get it right first time. locally commissioned service, but national issue. Very wide variation, for some areas, e.g. Medway, standard equipment is on a next day service, for others much longer. Now a group of CCGs have agreed to develop a model service specification, to demonstrate what good looks like. Will now be collected data so people can compare how good their service is compared with others. Pulled together case studies on how some areas have tackled this, and will make sure these are shared. Wheelchair services mentioned, problems here exacerbate the orthotics challenges - NHS England is now working on an overarching commissioning framework for rehabilitation. Has been an underinvestment in this area. For every pound spent on orthotics you save 4 elsewhere in the NHS. Problem is it's not those spending the pound that save it.

HW Brighton - escalated an issue. Heard nothing back from HWE. What's the protocol?

Neil T - need to be clear what we mean by escalation - need absolute clarity on what happens when you do what. Issues that go round the system.

Day 2

Quality Statements

Purpose - understand how you are doing and identify areas for improvement and development, provide a framework to help you and your commissioning local authority discuss impact, performance and effectiveness, help HWE understand the quality of practice in the country and direct resources to areas that require support and improvement, and enable those leading innovative and influential areas of work to be identified and approached to share this to provide inspiration, leadership and support across the network.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Lesley Pratt
Title of the meeting:	Fairness Forum
Date the meeting took place:	8 July 2015
Date of next meeting:	7 October 2015

Purpose of the meeting (Please give short summary):
Update and inform board of progress.

The Main areas of discussion:

The Board watched a short film called 'waiting' which was supplied by Healthwatch York and CANDI.

The film demonstrated how children with learning difficulties can react when attending hospital and offered advice on how waiting rooms could be improved. The Board agreed that it was a very thought provoking.

The new policy concerning uniforms was published on the 1 June 2015. It was discussed that there was confusion over the uniforms at Scarborough & York by the public and the Board were advised that the Foundation Trust were looking at having corporate branding. The Board thought this was a good idea and it was suggested that once it had been agreed a board should be made available advising the public of the changes.

The Board were given a briefing on the new access to services. Previously there had been two services but this had proved not to have been successful. With effect from 1 June 2015 the service was now being provided by Pearl Linguistics - a national contractor whose systems are tailor made and uses local providers.

Many of the staff have already been signed up for training although Consultants are yet to take up this opportunity.

Full details of how this system will work and what is covered are provided and will be available in the office.

Following the recent staff survey posters & cards have been produced where staff can put down their comments and feedback.

The contract for ritual washing has now gone out to tender.

It was reported that the phone system the Hospital uses can not identify the term 'elderly' and can only recognise the term 'geriatric'.

It was also reported that calls for Scarborough are being put through to the Chaplaincy. It was agreed to take this up with the appropriate department.

The new system being used by the Patient Experience Team is causing problems but it was hoped that when this has been seen to the info collected would be very useful.

At the end of the meeting the Chair Sue Holden advised that she was going on a twelve month secondment.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Issues to record on the log:

Do you feel that this meeting was useful?

Yes x

No

Name of Representative:	Lesley Pratt
Title of the meeting:	Ophthalmology Programme Board
Date the meeting took place:	West Offices York
Date of next meeting:	12 August 2015

Purpose of the meeting (Please give short summary):

Setting up new way to deliver ophthalmology services in the Vale of York CCG area

Main areas of discussion:

Setting up criteria

Adam Gray (CYC) contract lead advised that since the introduction of the new Care Act the Council were now responsible for caring for people with low vision & hearing problems with a budget of 188k. He asked if the Board would look into the possibility of integrating these services with the CCG and to do some joint working which would be driven by the voluntary sector. The contracts with the voluntary sector were coming to a close so it would be a good time to rethink the services offered.

Discussion followed and it was thought that although it would be advantageous to have both services linked it would be too bigger piece of work at present so work should concentrate on ophthalmology.

Scarborough/Ryedale & East Riding had not yet been consulted over how they wished the service to progress.

A work shop was set up to discuss how 'vision' cases should be dealt with and they will report back to the next Board meeting.

Data collection is still proving a problem and at present the consultants cannot tell if their patients have been referred by LES (Local Enhanced Services) system

It was agreed that the priority of the work of the Board would be around Assessment.

It was suggested that a reference group be set up to ensure the voice of the public was taken into consideration. This group will be chaired by Healthwatch York and will report back to the Board.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Issues to record on the log:

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Sian Balsom
Title of the meeting:	Health and Wellbeing Board
Date of meeting:	15 July 2015
Date of next meeting:	

Purpose of the meeting (please give short summary):

Main areas of discussion:

Matters arising

Access to mental health services. Now starting to develop online and telephone support. In pilot phase.

Public participation

John Yates – communication. Lots of useful info in these documents. Raised Healthwatch York's work, said would need adequate funding to keep providing such useful information.

Public health – drinking too much. Feels there is lots of data but not clear that it explains the damage it does. Access to alcohol – many small shops have large shelf areas allocated to cheap booze. Offers on small shops marketing materials. E cigarettes – are these a safe alternative?

Julie – those in public health pushing for minimum price on alcohol. Not adopted by Govt, but are local powers. Can restrict product placement, insist e.g. at back of the shop. Are some options for us. Jury is still out about if they are safe. Not clear long term health impacts.

Tim – Licensing – small shops and supermarkets are scrutinised in some detail to make sure they are selling responsibly. Reducing access to high strength alcohol is being trialled elsewhere, but not clear it works long term. Agree we need clear messages about the harm it causes and aim to reduce binge drinking.

Patient Story

COPD and the Heal programme

Carol - When started, couldn't walk up stairs, couldn't go for long walks. Since taking part, better social life, better health, able to walk. The teachers seem to know if you are not feeling well, and are really good. Walks 1 day a week, balance class 1 day. But would like more places to be easily accessed. Look forward to the class, enjoy meeting up before, and sitting together after.

David – had COPD for a number of years. Over winter, going into hospital a couple of times each year. Went to sleep Monday night, ended up on life support, came around Wednesday dinner time. Was put onto the physios rehab programme, 13 weeks. A few people wanted to know what next, and found out about HEAL. Really is worthwhile. Hardly been in hospital for chest since.

15-16 people in the COPD class, average attendance 9-10.

Children & Young People's Emotional Wellbeing – Eoin Rush

School programme – ELSA (Emotional Literacy Support Assistants), early help for young people experiencing mental ill health

Collaborative early help seems to deliver best outcomes. Some initiatives have attracted national and regional interest.

Challenges – need for all agencies to work together to navigate drivers. Some perverse incentives in the system, but need each agency to feel safe and comfortable they are discharging their duties.

New CAMHS provider arriving in October, brings opportunities and challenges.

Financial concerns and potential retraction of services.

Update on the Healthy Child Programme 0-19 years

Transferring into Local Authority from October 15, final part of the Public Health transfer. Proposal to integrate 0-5 and 5-19 programmes. Universal programme for every child in York, but should also identify those who need additional support.

Issues around adapting the national child management programme to encourage parents to address weight management issues sensitively.

School nursing commissioned only up to 16. Doesn't fit well with direction of travel.

Safeguarding Children Update

Suggested communication strategy around encouraging people to spot and act when vulnerability is seen.

Multi agency campaign – www.itsnotokay-York.org.uk – range of resources and materials for parents, practitioners, local organisations

Progress on Health Inequalities

Following George Wood's question at a previous board meeting, update on what's happening.

Main issues

Have been learning more about existing health inequalities through deep dives – mental health, learning difficulties, 0-5 health. Some specific needs identified through the gypsy and roma community, so will be employing a dedicated worker through child health programme.

Community development approach – action through ward committees, with communities identifying areas they wish to address.

Better Care Fund

Update on progress – list of schemes available in the paper. Set within context of wider piece of work around integration. So far, hospital admissions gone up, important to hold nerve as these are the right things to do. Airedale has seen a reduction – trying to learn what they've been doing. Seems to be simply that they started earlier so results are starting to be seen.

Performance Update

Useful and interesting performance scorecard within the papers. Some good news, e.g higher levels of satisfaction with care, but still in bottom quartile of delayed transfer of care, some other challenges highlighted. Could consider some of these areas as workplan items 2016-17.

Healthwatch reports – Who's who and PLACE – for info only, response at next meeting.

Fairness & Equalities Board

Suggest that they start looking at healthy lifestyles and fitness for work. Dianne is happy to brief the board in 6 months and complete the work in 12.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Share our information sharing policy with the Board (need to write it first...)

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Siân Balsom
Title of the meeting:	Patient Experience Steering Group
Date of meeting:	15/07/2015
Date of next meeting:	

Purpose of the meeting (please give short summary):

Main areas of discussion:

Patient story

Thank you card from patient - ward 35. End of life care, able to die at home, great palliative care, appreciated by the family.

Patient Experience Report

YTH has worked with York Advocacy to develop an FAQ fact sheet around NHS Complaints. Ask for a copy - useful for us too?

Recent increase in number of complaints where individuals are not satisfied with the response. Considerations for the Trust around how we do this - not just factual but enabling.

Hester - lots of good practice, ringing complainants at the start. But have been issues with last stage in the process. Rigid process towards end. Elderly Medicine are going to pilot removing template letters and documents, and will rebuild the paperwork, and will tailor that communication in line with what the patient is expecting and the outcomes they are trying to achieve. Will probably pilot for 3 months and then evaluate. Will be delivering complaints response letter writing courses - 1 full day, for 30 people initially. Then ongoing contact for a year, with reminders of useful guidance. Being funded probably through charitable funds. PHSO (Parliamentary and Health Service Ombudsman) - 19 cases referred 14/15. 7 open cases carried forward plus 7 new cases this year.

PALS now operating across the whole trust. 1 call number and 1 email.

Still rolling out Knowing How We Are Doing Boards. Trying to refine that process to gather relevant information from directorates / wards.

Patient Experience Service Workplan

Implementing Datix. Should improve complaints and patient experience recording and reporting. Will allow analysis by wider range of themes and trends.

Enter & View in Emergency Dept

Meeting with Chief Nurse in next couple of weeks around how these recommendations taken forward. Action plan coming along linked to recommendations from E&V previously. Will come to the PESG (Patient Experience Steering Group) in September.

Patient Experience Information Tender

YTH looking at tendering for someone to bring together their data collection work. Covering friends and family test, surveys, online and offline. Declared an interest - HWY keen to bid for this and can handle a lot of the information required. Need to

prepare a bid by mid August. Need to speak with HWNY about their plans - working together? across the patch?

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Sian Balsom
Title of the meeting:	Unplanned Care Working Group
Date of meeting:	16 July 2015
Date of next meeting:	13 August 2015

Purpose of the meeting (please give short summary):

Overseeing plans to improve the urgent care system across York, Scarborough and the East Riding

Main areas of discussion:

Speaking with Council of Reps about transforming primary care. Number of options including a primary care unit in hospital. At very early stages.

Request for same A&E survey to be repeated at weekend.

Plans for pandemic flu, surge and escalation coming to September meeting.

Performance overview

York ED – 3 days met 95% target, rest of them didn't.

Scarborough ED – starting to see performance improvement at Scarborough site, but still missing targets most of the time (met 95% target 1 day only). Regularly meeting the target during the day – employ a plan manager who keeps on top of timings. They work til 8pm – virtually all breaches after 8pm. Currently a trial, but working towards this being the standard way of working at all times.

Increased activity in out of hours. Mental health – has been an increase in activity until June.

System Recovery Plan on a page

Trying to look at whole system, mapping the work going on, where it sits – covering public health, primary, secondary and tertiary care.

York – RATS (Rapid Action Transport Services) extension – to maintain current work, but done on a formal basis rather than people doing overtime almost permanently. Work in hospital to get people home – using services like visiting services, Age UK York's bridging the gap scheme.

ED Recovery Plan

Patient planning to come over from Scarborough site. Also started frailty work in Scarborough, senior elderly consultant in ED. Doing very well so far, positive impact on 4 hour targets and admissions.

NHS 111. Recruiting staff for winter. Calls increasing, around 6% year on year. Turnover of staff quite high though lower than other call centres. National move to different model by 2017, greater clinical input, more in hours work. 24/7 activity.

OOH (Out Of Hours) encouraging patients to phone 111 as route into OOH. Booking direct into an appointment. Nationally advertising 111 next year. Some concerns about increase in call rate when this happens.

Vanguard bid in, really short timescales. For acute & emergency work. Submitted 15 July. If successful have to go to London tomorrow to present.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Consider plans for weekend A&E survey.

LRF – local resilience forum – involved health, police, local authorities, looks at how you'd respond in challenging situations, e.g. pandemic flu

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Sian Balsom
Title of the meeting:	Loneliness & Social Isolation Task Group
Date of meeting:	20 July 2015
Date of next meeting:	15 September 2015

Purpose of the meeting (please give short summary):

Main areas of discussion:

Campaign to End Loneliness presentation to Directors of Public Health

Factors that make us vulnerable to loneliness

Wider society – transport, distance from family, fear of crime, few amenities e.g. public toilets or benches

Personal – poor health, loss of mobility, sight or hearing, low income, becoming a carer, bereavement, retirement, anxiety

Crucial – maintaining good services that we know work. Signposting – helping people find out about the right support for them. GPs using RSS – referral support system, off the Vale of York website. Peer support getting into activities.

Befriending through Age UK York, YBPSS (York Blind and Partially Sighted Services) and Mind, but still capacity issues. Possible opportunity – less specific befriending service. Discussion about social prescribing.

Gaps – befriending and support for people with dementia, carers for people with dementia.

Dementia Carer.net – online signposting service for carers of people with dementia.

Raising people’s expectations – can mean that they end up on a waiting list. How do we deal with capacity demand?

Spreadsheet of opportunities

Need to include all things on Age UK York ‘what’s on’ guide and groups identified in the HWY report.

Central Methodist Church, Guildhall – project to transform what Central Methodist Church provides – launching survey soon. Hoping to understand what people would like to see in that ward.

Next steps

Should we become an age friendly city? Suggestion for H&WB Board.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Sian Balsom
Title of the meeting:	VCS Forum for Children, Young People and Families
Date of meeting:	20 July 2015
Date of next meeting:	21 September 2015

Purpose of the meeting (please give short summary):

Main areas of discussion:

Co-creating new models of care – joint working with the VCS to integrate services

See VSF (Voluntary Sector Forum) notes June and befriend the BFG.

Before this happened were looking to reprocure £25m worth of community services, mainly provided by York TH. Instead now working on how we can work together to redesign services.

Key feature of new model – one team supporting locality or community. Not necessarily all employed by 1 organisation.

Will be regularly attending the VS Forum, and communicating through that.

Children and Young People’s Plan

Seeing fewer 16 and 17 year olds coming through homelessness services, but higher numbers coming through at 18,19, 20 and 21. Believe this is due to the bedroom tax. Seeing more couples coming through looking for own accommodation due to pregnancy even though numbers of teenage pregnancies reduced overall. Changing needs leading to changing services.

Raised issues from wheelchair report. Also raised issues around ongoing support for parents of children who have attempted or are talking about suicide.

Suggested peer support and mental health first aid training.

CYC looking to check priorities for the plan. Consultation available online (also on HWY website.) Runs until 31st August. Sign off at YorOK Board November. 27th January, C&YP Conference.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Sian Balsom
Title of the meeting:	Health & Adult Social Care Policy & Scrutiny Committee (formerly Health OSC)
Date of meeting:	21 July 2015
Date of next meeting:	

Purpose of the meeting (please give short summary):

Main areas of discussion:

Priorities & Challenges in 2015/16 – Cllr Runciman

Highlights from the report – likes summaries on a page.

What it is all about – people living in their own homes for as long as possible.

Unleashing social capital. Importance of small groups, e.g Huntington helpers – help people with shopping, help them get out

Big priorities – mental health, working with TEWV to see what work we can do together; safeguarding both children and adults

Talking to people – in health, care, including the voluntary and community sector, launch of dementia friendly city.

Budget – very challenging

Questions – what about day care? Development of community hubs, does involve a shift of culture away from day care – carers often feel safer with day care, but will not suit everyone.

Social capital – what can we, and the H&WB Board do to unleash social capital? Building on existing groups and activities? – answer work on financial inclusion, through groups like CAB, and small groups. HEAL programme – another group that doesn't need a lot of money but does great work.

Allocation of ward money – per capita or based on need? For record, Stuart Barnes believes need is more important. Cllr Runciman – supports per capita approach, and keeping people out of other services. Guy – should look at this on an outcome basis. Ward funding includes some public realm funding for specific areas in York, plus per capita funding for communities work and social care. Community group will be provided with ward profiles, community health profiles, etc. Further questions to raise at Community Scrutiny Committee.

Building up groups in community – how do we encourage more social care related activities? E.g social prescribing. Communities and equalities team are a skilled team, but there are a range of partners who add to this, police, health, etc.

Haxby Hall – what are the plans for that site? Question for exec member to be raised after meeting. Paper going to exec on 30th July about older people's homes.

Safeguarding Adults Board update – Kevin McAleese

Annual report required from all SAB. Previously report based on chronological years from CYC only. In future, based on tax years with updates from partners.

Real worry – vulnerable people at risk in their own homes, with no links to groups that can help. Support for dementia friendly schemes, safe place schemes all help. But need to support around risk, raise the profile around risk.

Questions – training. How can you access it? Available from CYC Workforce Development Unit, publicised by a prospectus and through the website. May need to publicise more with a strategy to increase awareness of why this is helpful.

3 issues –

1. capacity of team. Increase of alerts, not necessarily an increase in cases, but increased awareness of what to do. Board must be assured capacity is sufficient.
2. 12 organisations on the Board, all with their own policies and procedures. Need to make sure there is consistency in practice, particularly in roll out of Making Safeguarding Personal.
3. currently no protocol setting out relationship of 4 statutory boards, H&WB Board, Safeguarding Adults, Safeguarding Children and another. N Yorks has a draft protocol.

Complaints – links with safeguarding. Important to harmonise procedures, with safeguarding trumping complaints.

Healthwatch York report on wheelchair services

Thanked for producing the report. Agreed to follow up with individuals we spoke to within 6 months to discuss what has improved. Keen to move forward on the recommendations and put a service user group in place North Yorkshire wide. May be virtual. Can share details with groups.

Public Health spend

Explained that health visiting did not appear in last year's budget as has only just moved over to local authority this year. Wasn't done at time of health reform in 2013.

Taking option 2 – undertake / commission an in-depth scrutiny of expenditure on public health grant, with benchmarking against other local authorities, putting a task group together to take this on.

Changes to Direct Payments – Guy van Dichele

Revised terms and conditions and shared with YILN. Met them on 15th July. Very positive meeting, but requires some further changes. 2 further meetings planned between Ralph Edwards of CYC and YILN. Hope to resolve things within next few weeks. Email from YILN indicates they feel this are positive.

Workplan

Meetings have moved mainly to a Tuesday evening.

Councillor Richardson has requested the committee look at Pain Management. He thinks there are a number of issues. Issues with removal of some treatment. In essence, in one instance, about £200 of treatment. But the impact on quality of life and independence was massive. So feels that this service should be looked at. Gentleman was refused an injection in his back, which caused him problems with his caring duties for his wife. Would like the service reviewed.

Stuart Barnes suggested Healthwatch York gather views on this from the public, to understand what is happening.

Could look at implementation of the Care Act. Bearing in mind care cap has now been delayed until 2020.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Make contact with pain management support. Also ask Dr Geddes and CCG people about what's now happening. Pull together all Link work on this issue. Press release? For September meeting?

Do you feel that this meeting was useful?

Yes

No

Name of Representative:	Lesley Pratt
Title of the meeting:	York Teaching Hospital Board Meeting
Date the meeting took place:	29 July 2015
Date of next meeting:	19 August 2015

Purpose of the meeting (Please give short summary):

Discuss and approve on going events and policies

Main areas of discussion:

CQC report.

It is hoped the final report will be received by the end of September. The Board were concerned over the length of time it has taken but were reassured this was not to be seen as a sign of concern.

Patient Story

We were advised that a terminally ill patient at Scarborough Hospital had asked if they could get married. All staff worked together to ensure that this was carried out. This was achieved and the family were very thankful to the Hospital.

Chief Executive's report

We were advised that the Trust financial position was £1 million worse than the planned deficit of 2.2 million. Talks are ongoing with Monitor.

There are at present 1.4 million in fines and Out of Hours was mentioned as being a major problem. It is hoped that following talks with the Clinical Commission Groups this figure could be reduced.

Feedback

Following the 'I want to know' programme where staff were asked for suggestions on how the service could be improved we were advised that this had proven to be very successful.

Cleaning & Domestic Staff

Across the Trust this service cost 8 million. Most of this was made up by staff salaries. We were advised that by making some planned changes there could be a saving of 600k. Talks are ongoing with those concerned.

Catering

There is now a central production unit and Bridlington Hospital will now be using this service. It was suggested that the Governors could be involved in obtaining feedback from the patients.

Nursing Recruitment

The Trust have now made 84 offers and these posts should be taken up in Sept/Oct. After that date and at today's figures there should be no vacancies.

The Spanish recruitment programme had not proved successful but it is hoped that recruitment from the EEC would be helpful.

Family & Friends Test

Response was still disappointing but it is hoped that by introducing a text system this would improve the data collected.

Infection

The following number of cases have been recorded.

23 C. Diff

6 MSR

7MSH

Patient Experience Strategy

A new leaflet has been produced and a copy is available to read at the office.

Agency costs

We were advised that there was a shortage of middle grade doctors and as a result the Trust did have to contact agencies but that they were very mindful of the costs involved.

Staff Survey

All staff were now being invited to complete the survey.

Any Other Business

The Chair advised the Board that she had attended Healthwatch York AGM yesterday where 3 members of the hospital staff had received awards.

Follow up/actions for Healthwatch York (Anything Healthwatch York needs to respond to?):

Issues to record on the log:

Do you feel that this meeting was useful?

Yes

No

Jargon Buster

BCF	Better Care Fund – a topslice of the NHS budget given to CCGs to support projects that integrate health and social care. BCF schemes should reduce emergency admissions in hospitals
CCG	Clinical Commissioning Group
CQC	The Care Quality Commission – the independent regulator of all health and social care services in England. For more information, see their website at http://www.cqc.org.uk
CSU	Commissioning Support Unit – formed following the Health and Social Care Act. These organisations provide business support services to Clinical Commissioning Groups. The areas they help with include finance, communication and engagement, and buying health services.
CYC	City of York Council
Herbert Protocol	This is a form is designed to make sure that, if someone with dementia goes missing, the police can get access to important information about that person as soon as possible. If a relative cannot be found this is a deeply distressing and upsetting time for their family and friends. Being asked by a police officer to remember all sorts of information can add to this stress, and these forms are designed to remove some of that worry.
HWB	Health & Wellbeing Board. This is a group of people from different organisations including City of York Council, York Hospital, Vale of York Clinical Commissioning Group, Leeds & York Partnership Trust, the police, the voluntary sector, and HealthWatch York. They work together to make improvements to the health and wellbeing of York residents. For more information see - http://www.york.gov.uk/info/200170/health_and_wellbeing/341/york_health_and_wellbeing/3 They are responsible for delivering the Health & Wellbeing Strategy for York, available from the above web link.
HWERY	Healthwatch East Riding of Yorkshire
HWE	Healthwatch England. This is the independent consumer champion for health and social care in England. Healthwatch England is the national voice for Local Healthwatch groups.
HWNY	Healthwatch North Yorkshire
HWY	Healthwatch York

IAPT	Increasing Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment – a report bringing together information on current and future health and wellbeing needs in York. This is used to help make decisions regarding future strategies and plans. It is updated regularly.
LYPT	Leeds & York Partnership NHS Foundation Trust – the provider of mental health and learning difficulty services across Leeds, York and some of North Yorkshire until October 2015
MAPPA	
NHS	National Health Service
OOH	Out of Hours service
PALS	Patient Advice and Liaison Service
PATCH	Person alleged to have caused harm.
PPE	patient and public engagement
PPI	patient and public involvement
SAB	Safeguarding Adults Board
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust - the provider of mental health and learning difficulty services in York from October 2015
TLA	Three letter acronym – there are far too many of these in health and social care!
VCS	Voluntary & community sector
VoY CCG	NHS Vale of York Clinical Commissioning Group (see CCG)
YTH	York Teaching Hospital – the main hospital in York
YTHFT	York Teaching Hospital Foundation Trust – the Trust that runs York Hospital, Scarborough Hospital, and several other smaller hospitals such as Selby