

Healthwatch Isles of Scilly Board Meeting Minutes

Thursday 28th February 2019

Present: Paul Charnock, Julia day, Chris Douglas, Jane Hurd, Penny Penn-Howard,

Staff: Julie Love, Ian McCarthy-Lunn

Paul Charnock welcomed everyone to the meeting. He expressed his view that this meeting would in all likelihood be dominated by one subject, and that we should run through the agenda items relatively swiftly in order to give adequate time to address the primary concern which would be finance for next year. He also expressed his deep disappointment with regard to the attitude of the council with regard to this matter. This concern was echoed by all board members.

1. Apologies: None

2. Approve minutes of 19/12/2018

The minutes were approved

3. Matters arising from minutes

- Funding from the NHS regarding the Long Term Plan was about to be finalised. The toolkit is expected any day to assist in us completing the work. This work will be undertaken in the next financial year.
- Continuing to liaise with Healthwatch Cornwall. Amanda Stratford, has invited us and will invite Jenny Candy (Mental Health Nurse) to their mental Health Conference in the Spring. NHS Kernow are going to use this occasion to launch their future Mental health strategy. JD highlighted our previous work with the Mental health focus group, and with the children's "take-over challenge" (that specifically brought up the subject of adult mental health) and the fact that it fed directly into this piece of work.

4. Actions from previous minutes:

- We need to speak to NHS Kernow regarding medical travel, this has been complicated by the continuing staff changes/reorganisation that is affecting the structure of the Patient Transport (PT) personnel.
- IML & JL continue to attend the Citizens Advisory Panel (CAP) which feeds in to Shaping our Future (SoF). Amanda Stratford is intending to set up a virtual forum that we will be able to participate in, she is awaiting news on funding.
- The work with regard to employment documents is ongoing.
- Action is outstanding regarding the Medical Launch Trust.
- JL has restarted liaison with the school regarding finding a date for the Take-over Challenge, and contact with the school nurse.
- Healthwatch Cornwall have not yet produced a plan for their meetings for the coming financial year.
- Work on the next Newsletter is ongoing and should be produced soon.
- New furniture and computer have arrived and are set up ready to go.
- The plans for employing a new support worker have changed, and we will utilise the current employees who will temporarily work extended hours to overcome the current challenges. This negates the search for someone with the requisite skillset, as these are already covered with JL & IML.

5. Review Work Plan and priorities

5.1 Medical travel

JH gave update: The last MTTG was poorly attended from external agencies, Skybus being the only one who had an attendee. This was not helped by the reshuffle of staff at PT as previously discussed. Ironically it was well attended from Island agencies.

JH discussed the need for her to approach Adult Social Services regarding elderly or infirm patients attending medical appointments on the mainland, and the inability to provide paid (travel) escorts. Current policy (which is rigidly enforced) allows for an escort only on the grounds of medical need. For this group of people, it is seen as social need and therefore travel does not get paid. This may also need to be taken up with NHS Kernow to try to force an amendment to the policy under these circumstances. PC suggested that this may need some work with regard to community engagement to find out the numbers involved for escorts needed for “social need” both young and old.

Other topics have included: travel after medivac and also bereavement. Patient information for Off Island travel is an ongoing issue, neither Skybus, or NHS Kernow have provided it. JL continues to chase for this work to be completed.

PC brought up the upcoming outreach events, and the importance of covering these subjects in our questions to the population of the off-islands. IML reassured him that JL & IML have discussed exactly this, and have a number of strategies to illicit the information.

5.2 Adult Health and Social Care provision

PC reiterated that we had met with the newly appointed CPN, but that we have had no subsequent feedback as to how the role was developing. IML suggested that we arrange a further meeting with Jenny Candy and Aisling Kahn (AK) to discuss this.

This would also facilitate the inclusion of the mental health team to the ongoing work that HW Cornwall are doing.

5.3 Primary Care

CD updated the board regarding Primary care. Particular work has surrounded the Healthcentre and prescribed exercise programmes. There is a meeting in Truro on the 3rd April regarding this as well as social prescribing that all practices have been invited to. He is unaware of any intention of the Healthcentre attending, but he will speak to John Garman to ask if he will feed back any relevant information particularly with regard to any extra funding streams that may be available.

Zoe Parry has been employed by Active Scilly, and she is very pro-active with regard to contact with the Healthcentre and subjects around prescriptive exercise. There are new initiatives that are coming through such as “Spring Forward” that have included some concessions for different groups within the community. There was however little coordination with regard to exercise for rehabilitation post diagnosis/treatment for long term or acute conditions. JL informed the meeting that there has been a drive on the mainland regarding social prescribing, and writing the requirement into future GP contracts.

Discussion was had around the recent initiative from Sport England that focused on “families”, but was only focused on families with primary aged children. Despite it being a very narrow population, at least it was encouraging some participation in activity.

No plans for further regular contact with Doctors from the Healthcentre, there appeared to be little appetite for this, so there will be meetings on a need basis in the future.

5.4 Community Healthcare

PP-H briefed the meeting on Community Healthcare progress: Anita Bedford has a further new role. She has been sponsored, and had further training given, by Macmillan Cancer Support. She will now be a link/information source, for those diagnosed with Cancer. She has been invited to attend the Scilly-C-Siders support group, but this has yet to materialise. PC suggested that this new service be monitored for effectiveness over the coming months.

Macmillan will be returning to the Islands at the end of April and are keen to meet with Healthwatch during their visit.

PC suggested that we gain feedback regarding their view of Community Healthcare from the Scilly-C-Siders and the Carers group as part of our work with the NHS Long Term Plan. PP-H stressed the difficulties in assessing effectiveness, and indeed getting decisions regarding the future of community Healthcare particularly in regard to the One Vision Meetings that she attends.

5.5 Shaping our Future (SoF)

PC briefed the meeting on his attendance at the SoF panel meeting in January with Amanda Stratford (Cornwall Healthwatch). Healthwatch Cornwall have a seat on the panel and (at our request) represent our interests. The process is still in its early stages with regard to integration of Health and Social Care Services, but progress was being made. AK was in attendance to present the plans for the integration of services on the Isles of Scilly. This directly linked to the work carried out during the workshops held over the autumn. There will be 4 meetings/ year, but PC not convinced of the value in attending every one. Perhaps liaise with HWC to feedback any relevant information when not in attendance. JL briefed the meeting on the Citizens Advisory Panel meetings and how the topics brought up in those meetings fed into SoF. It was also brought up in the CAP that the better care fund might be withdrawn within the next 2 years.

PC also fed back on the Kernow Shadow Primary Care Committee (formerly the Kernow CCG). Which was a forum for arranging our primary care. He will be given further information regarding future meetings in due course.

JL explained the progress with SoF regarding relocation/reorganisation of services into 3 regions within Cornwall. This aims to address the current inequalities over access to all services across the whole region within certain areas or communities.

5.6 Children's services

PPH has recently attended the parent carers group. There have been some difficulties with access to services for special educational needs with the 5 Islands school becoming an academy. There was a special needs assistant brought in from the mainland 2x weekly, however this was sporadic at best, with scheduled visits cancelled due to weather, or commitments on the mainland. The commitment was too great as this person was shared with a school on the mainland. Since becoming an academy the council have lost some of the control with regard to these services. The school and council share responsibilities, but the lines are blurred and has made the situation more complicated. OFSTED are due to visit with regard to Special educational needs provision, but this is yet to happen, and no forecast has been given. When they do come, the parent carers group should have an input, and some of the current issues will be highlighted. Regardless of the transition to an academy. The school is still in special measures, so a general OFSTED visit should not be far away in the future. Social care for this group of children is also not without its problems. The carers group had met with AK and there has been an acknowledgement of the problems with the current situation. Carers are given money to "buy-in" services for their children, but there are no services available on the Islands for them to purchase. There is an element in this of devolving the problem from the Council. There was some progress with AK in redesigning what may be available to parents.

JD brought up the point that not all carers (and this isn't confined to parent carers) are part of a "group". If all information is channelled both ways via these groups, there are going to be those that miss out on the information and support that they need. This is particularly important when organisations such as OFSTED visit, it puts those that aren't involved in the groups at a disadvantage. The school should be responsible for inviting all parents of children with SEND to meet with OFSTED, not just signpost to the Parent Carers Group. This also applies to visits from Macmillan Cancer Relief (as an example), who should not just signpost to the support group, but should be available to those that are disinclined (for whatever reason) to join the group. It is an easy option for all support organisations to contact the "support group" involved with their interest, rather than try to reach those others in the community that require help or support. It is our role if this is the case to attempt to bridge this gap or highlight the issue with them.

PP-H highlighted one of the current changes within the provision of social services for children. There is a distinction between those children with SEND, and those with other special needs. In the past there was a member of staff within Children's Social Services who was the lead on children's disability, they left the department, and subsequently there appears to be a gap in this regard. There seems to no longer be that overview of the bigger picture with regard to children's disability or special needs. There needs to be a discussion with AK regarding whether there is a member of staff in Children's Social Services under who's remit disability falls, and if not, why not? There also needs to be further discussion with AK regarding the provision of services available to parent carers.

5.5 Maternity.

HWC are about to take the lead with the Maternity Services Partnership Group, which we have been invited to become involved. They are coming over to the Islands early April when we shall be able to discuss the particular issues here.

5.6 Dementia & End of Life Care (EoL care)

PP-H suggested that this item should be included within Adult Social Care heading, which was agreed as sensible by the meeting. In future this will be included under that general heading. PC suggested that JL & IM-L may have input into this subject after the recent visit to the mainland and meeting with HWC.

JL explained that the approach in Cornwall was slightly different due to the different pressures and demands the larger population placed on them and the issues of those in rural communities and managing their wishes with regard to EoL care. They have run a conference on the subject of EoL care which addressed the issues faced, and are now concentrating on Mental Health in the same vein. It was pointed out by JL and PP-H that EoL care on the islands is actually very good and this is reflected in the feedback received. As such this aspect of adult care can be removed from the work stream and will be monitored for continuity in the future.

Dementia care and support, Dementia Awareness training for the community should have been forthcoming from the Adult Social Work team, but as yet hasn't materialised. JL has chased this within the Community Safety Partnership Forum but it is still awaited. She has also asked for similar Awareness training with regard to Autism, and this was confirmed as a possibility. Feedback received from the public has confirmed a desire for this to happen. It will be included as a subject for our community survey next financial year within "tell us your story".

6. AoB

6.1 PC stated that the Council have requested that HIOS produce a Strategy from which we derive our work for the coming financial year. This he would like to do with the staff over the near future.

6.2 PC asked about a request received from Park House (PH) to conduct a survey of the families of residents of Park House. JL confirmed the request was received, however it came during the period where staffing was an issue, and that it would not be possible at that time. Since then there has been no further approach, and events have somewhat overtaken the situation with the CQC report on PH, which reported as Good (bordering on outstanding within the wording of the report in some respects). The option has not been rejected, but we await further contact with PH.

PC stressed that due to the nature of the request, he would like this to remain on our radar, in order that we may make some contribution to the continued successes of PH, and the wider aspects of Adult Social Care that they encompass.

JD raised the point that future requests of this nature may have to be accepted with the caveat that there would be a financial cost to the requestor.

6.3 PP-H raised concerns along the lines of contacting those members of the community that are hard to reach, particularly with respect to our ongoing work and surveys. She referred back to the previous conversations regarding organisations taking the easy route and just contact the special interest or support groups concerned and warned that we must make the appropriate efforts and ensure we are

canvassing opinion from all, and not just those individuals who are part of a group, and also ensuring that other professional groups do the same. This was accepted by all present.

6.7 On a related subject of surveys, JL shared the experience of our recent visit to Treliske hospital and the Patient Experience Group meeting. They are working alongside their volunteers who are taking the friends and family questionnaire out to those staying on the wards, and where requested, assisting the patient to complete it. This was providing the patient experience team with far richer data, and ensuring they received feedback from those that otherwise would not have given it. HWC are also providing a presence in the foyer of the hospital, ensuring the availability of feedback from visitors to other areas of the hospital. This again provides feedback from another perspective. This highlights the requirement when doing surveys of approaching the public in different ways and using different methods, to ensure the maximum possible diversity of feedback.

7. Future Funding of HIOS

PC led the discussion regarding communication between the Council of The Isles Of Scilly (CIOS) (individually our contract manager and funding representative), which amounted to a sheaf of paperwork over the past two months.

There has been a certain amount of confusion and possibly misunderstanding over recent months about individual's roles and responsibilities, both within HIOS and the CIOS. This is particularly pertinent to the professional relationship between the organisations. On the 22nd January a meeting was held between the contract manager and JL & IM-L in which progress through the last 6 months, and future plans of HIOS were discussed. The over-all tone of the meeting seemed to have been positive (from the perspective of our staff). The contract manager did state on leaving the meeting that a letter or email would follow, and this would be official in nature, and outline the CIOS position regarding HIOS.

This letter arrived on the 23rd January, in which it stated that the council considered the HIOS had not fulfilled its statutory obligations in the previous 12 months and that if reassurances were not received, the CIOS would request return of part of the grant for 2018/19. This was replied to robustly countering this position. On the 4th February a detailed summary was sent regarding the work carried out over the financial year so far, mitigation of the few examples of where we have fallen short of our own expectations, and plans for the last quarter of the financial year where we were going to complete the remaining aspects of our statutory requirements (This was on top of the bi-annual report that had been submitted the previous month). The response from the contract manager was lukewarm, however he passed this on to the funder's representative. A reply followed from the funders representative which seemed to state how happy the council were with what HIOS had achieved and how they were fully supportive of the Board of HIOS. There followed on the 15th February a meeting between representatives from HIOS board and officers of CIOS. This meeting did not resolve any of the issues so far encountered, indeed it was at times confrontational and unhelpful. From it there appeared to be further misunderstanding regarding the offer of "help and guidance" from the CIOS in managing and planning our work/budget for 2019/20. It is the opinion of the chair that this board, with its combined experience, does not need support from the CIOS in this regard. If help is required then we have HWE, and the experience of our colleagues in other local Healthwatches to draw on. During the month of February there have been a succession of emails requesting information regarding our budget and planned expenditure, these have been responded to appropriately. A meeting then followed between the contract manager and staff of HIOS, overall this appeared to be positive at the time, although there was still some friction with regard to roles/ responsibilities/ and boundaries. It was also made clear at the outset of the meeting that certain subjects such as future funding, and current expenditure were subjects that should be addressed at board level, this was on the instruction of PC.

The outcome of all of the above was a letter from the funding representative on the 27th February, outlining the CIOS proposal for funding for 2019/20.

PC has been in contact with Olly Grice (HWE) to keep him appraised of the precarious position the HIOS is in with regard to insufficient future funding. He also expressed concern regarding the staff of HIOS, and

the insecurity that this situation has placed them in. He also had concerns with regard to comments made by the contract manager to our treasurer during the meeting on the 15th February, that precipitated her immediately leaving the meeting. This ill-advised comment seems to reflect the attitude held by the officers of CIOS at present.

It was noted that the subject of the HIOS was not an item in the coming full council meeting (to discuss CIOC Budget), and that it seemed that so far this process has been council officer led, rather than having any input from the council themselves.

There was also general confusion regarding the offer of finance letter in that it stated that the CIOS was not going to ask for any return of money under section 10 of the grant agreement, but they were asking for the return of £6,000 underspent this financial year.

PC asked JD to appraise the meeting of the further work she has done to attempt to balance the initial request of funding from HIOS of £54,000, with the council offer of £ 44,600 (with £2,000 set aside for special project – film of patient journey). She pointed out that the letter stated that the grant was subject to full council approval at the upcoming meeting (despite it not being on the agenda for approval). It was also pointed out that the council meeting would be too late to try to request any changes to the grant offer, and that this offer had not been put to any committee of the council for discussion up to this point.

Prior to meeting with the CIOS on the 15th February, JD had prepared the proposed 2019/20 budget along with an explanatory report for the councils' consideration/discussion. It was highlighted in this report that if HIOS did not receive this amount, it would leave the organisation in dire circumstances. This proposal was based upon the grant allocation of the previous year, and on the assumption that as in previous years, we would be allowed to carry forward this underspend from this year (particularly as this was in large caused by a one-off situation regarding staff). After receiving the councils letter containing their offer at 18:30 last night JD prepared a revised budget with all possible expenditure stripped away. She was working on the best-case scenario assumption that the £2000 was on top of the £44,600. Having explained the justification for each saving, the conclusion was that the total expenditure was £48,340 which is £1,740 more than best case funding that has been offered. After examining the unavoidable fixed costs that were out of HIOS control, these came to £43,290 – this left £3,300 left to do all the work for the following 12 months including the bi-annual community survey.

It was pointed out that regardless of any carry forward of monies, this equated to a cut in our annual grant of £900. It was also stated (by the contract manager) in the meeting of the 15th February that the CIOS would not, and could not, reduce our grant allocation as well as ask for repayment of any underspend from the current financial year. However, this does appear to be the case. Over-all this financial offer equates to a 10% cut in our finances.

The consensus of the meeting was that this offer was inadequate and would not allow HIOS to carry out its statutory functions. JL also pointed out that HWE were quite capable of taking away the trademark of the title Healthwatch Isles of Scilly, if it believed we could not fulfil those obligations.

JD was of the opinion that HIOS should respond to the funders' representative, in line with his statement in the letter dated 27th February, that this offer would significantly impact HIOS in its ability to carry out its mandated function.

IML highlighted that the offer of "additional support and guidance to assist in resolving problems" that was also contained in this letter was inappropriate and that it was not the role of CIOS to get involved to this level in the operation of HIOS. This was unanimously agreed by the board.

There appeared to be a desire from CIOS for HIOS to produce a strategy document, an element of which would be a commitment to securing extra or additional funding from other sources. There was general discussion around the possibility of HIOS sourcing other income during the following 12 months, and it was agreed that for extra work then this would or could be a possibility, but it did not replace core funding, and could not be relied upon to fulfil our statutory obligations.

It was the recommendation of JD that we write to CIOS stating that we will require £48,340 and in addition a reserve of £2230 to fulfil our core role and statutory responsibilities and compliance. It would

also be important to highlight that whilst employing 2 members of staff, this equated to 1xFTE. It is the boards opinion that HIOS could not function with any less than 1xFTE.

There were 2 other recommendations that had already been suggested to the CIOS; firstly, that they accept the budget as presented; and secondly that over the next 12 months CIOS & HIOS work together to create a sustainable funding solution for the future. These statements need to be reiterated in any further correspondence.

There also needs to be a plan for if the CIOS do not accept our recommendations. If the position was reached that the board no longer felt that they could continue with the offer before it, then there would have to be a meeting of HIOS members. At this meeting there would need to be a presentation of the facts, and the reasoning behind the resignation of the board. If no one within the membership felt that they could step up to take over the running of HIOS, then the process of closing down the company would then begin. It was the considered opinion that the board could not make that decision, and it was the members that needed to.

It was decided that the response to the funder's representative should be copied to all the councillors for their information prior to the council budget meeting. It also needs to be copied to Olly Grice (HWE) so that they are kept informed. It was pointed out that due to the current situation HIOS was already on HWE at risk register. It was also recommended and agreed that this letter be drafted after the meeting today.

There was also general criticism of the council officers that this situation was created as late as it has been. With only 3 working days to the CIOS budget meeting it is unacceptable to present this offer of funding.

PC then declared the meeting closed with the agreement of all present.

Actions:

Brought forward: Discuss with Healthwatch Cornwall mental Health work	JL
Brought forward: Send employment documents to PC	JL
Brought forward: discuss info about Medical Launch Trust; request info	PPH, JL/IML
Brought forward: Organise Children's Commissioner Takeover Challenge	JL
Brought forward: Talk to school nurse team	JL
Ongoing: Circulate HWC board meeting dates to directors	JL
Brought forward: An update from Pharmacy about services provided for inclusion in next HIOS newsletter	JL
Brought forward: Organise meeting with JM, RCHT and RM NHS Kernow; re medical travel	JL
Letter to the Council - response to Grant offer	PC, JD, PP-H, IML
Create Strategy Document for 2019/20	IML/JL/PC
Arrange meeting with AK/SF/LP Regarding a range of social services provision queries.	JL/IML/PC/PP-H