

**Healthwatch Coventry Steering Group pre-meeting**  
**At: 10.00 am on 10 October 2017**  
**Held At: Queens Road Baptist Church Centre**

**Minutes**

**Attendees:** John Mason (Chair), Steve Banbury (VAC), Taruna Chauhan, Nobby Clarke, Kyla Craig (Grapevine), Carol Fawkes, Ed Hodson (CAB), Marcia Jarrett (Tamarind Centre), Jim McCabe (Age UK Coventry) , Des Patalong, Dennis Saunders, David Spurgeon,

**Staff present:** Ruth Light, Ruth Burdett, Sam Barnett, Rob Allison

**Apologies:** Penny Collard (H2H), Karen Keates, Derek Rawle (Koco Community Resource Centre), Hakeem Adedoja, Gaile Allen, Louise Stratton

## **1. Welcome**

John welcomed everyone to the meeting.

## **2. Responses to Healthwatch Coventry**

### **2.1 Information request regarding Macular Degeneration Service**

A response has been received from the CCG to the Healthwatch information request regarding the Macular Degeneration Service appointment intervals and access for patient using patient transport. This will be circulated to Steering Group members.

The response confirms that the WMAS non-emergency patient transport service operates at weekends and indicates that the criteria for patient transport have been clarified to unit staff so that they can provide accurate information about the criteria to patients.

### **2.2 Fire Service - Back to home safe and well**

The meeting discussed a request from the Fire Service for Healthwatch to undertake work to gather patient feedback of this new pilot programme for taking people home from hospital.

RL outlined the nature of the scheme as described to Healthwatch at a recent meeting with the Fire Service. West Midlands Fire Service take home older people who have been discharged from A&E and associated wards at UHCW. Since the pilot started five weeks ago, 150 people have been taken home. This is funded by the CCG.

JMc outlined the work that Age UK Coventry does to take people home from other hospital wards and declared an interest. The Age UK Coventry service runs 5 days a week in office hours. This is support for individuals who do not have any relatives

or support at home. This has been running for 6-7 years. Age UK provide follow up with the patient - this is done the following day after discharge and seven days later.

Questions were raised about:

- Whether Healthwatch was the right organisation to do this work because it appeared to be service evaluation, which is usually built into a project or piece of work and undertaken by the organisation running it.
- Issues about discharging patients out of hours and the implications of this if other services are not available.
- Whether similar work was or had taken place in other areas of the country
- Healthwatch Coventry capacity given the current work programme and home care piece of work

It was agreed that Healthwatch would not be able to carry out the piece of work but should offer to input on the design of survey tools to enable the Fire Service to collect service user feedback

Actions
<ul style="list-style-type: none"><li>• CCG response letter regarding Macular Degeneration to be sent to Steering Group members</li><li>• RL to go back to West Midlands Fire Service about what Healthwatch will be able to provide</li></ul>

### 3. Reports of meetings

#### 3.1 Update on STP

The STP board now meets monthly with a closed meeting taking place in-between. Discussions have been taking place around the financing of the Stroke Service review. Work is expected soon related to maternity and paediatric services.

#### 3.2 Safeguarding Adults Board

Steering Group members received a report of the last Safeguarding Adults Board meeting from DP. DSa asked whether all residents in care homes now have a Deprivation of Liberty Safeguards Assessment (DOLs) Des said that following the court ruling care homes are being more risk adverse which is why more referrals are being made.

Meeting ended 10:45

**Healthwatch Coventry Steering Group meeting**  
**At 11:00 am on 10 October 2017**  
**Held At: Queens Road Baptist Church Centre**

**Minutes**

**Attendees:** John Mason (Chair), Steve Banbury (VAC), Taruna Chauhan, Nobby Clarke, Kyla Craig (Grapevine), Carol Fawkes, Ed Hodson (CAB), Marcia Jarrett (Tamarind Centre), Jim McCabe (Age UK Coventry) , Des Patalong, Dennis Saunders,

**Staff present:** Ruth Light, Ruth Burdett, Sam Barnett, Rob Allison

**Apologies:** Penny Collard (H2H) Karen Keates, Derek Rawle (Koco Community Resource Centre), Hakeem Adedoja, Gaile Allen, Louise Stratton, David Spurgeon

**Additional attendees:** Pete Fahy and Ian Bowering (Coventry City Council), Sue Davies (Coventry and Rugby CCG), Jo Morris (CWPT), Caroline Horton (Macmillan Cancer Support), Gillian Blyth, Malcolm Gough, Apollo Economides (Healthwatch Volunteers), Phil Jones (Member of the Public)

## **1. Welcome**

John welcomed everyone to the meeting. No declarations of interest were noted.

## **2. Minutes of last meeting and matters arising**

Minutes of the last meeting were reviewed and agreed.

### **Matters arising:**

- 2.1** A formal response has been received from the CCG regarding the information request on Macular Degeneration. This will be sent round to all Steering Group members
- 2.2** No further communication received from CCG re. Healthwatch input regarding no choice policy, patient information regarding hospital discharge etc.
- 2.3** Notes from the Coventry and Warwickshire cancer work programme meeting are in paper 5 reps report
- 2.4** Notes from the pharmacy workshop should be with us soon and will be sent to TC and JM who attended

<b>Actions</b>
<ul style="list-style-type: none"><li>• Notes from the pharmacy workshop to be sent to TC and JM</li></ul>

### **3. Discharge from hospital delayed transfers of care, strategic work in Coventry - Pete Fahy, Ian Bowering, Sue Davies, Jo Morris**

Pete Fahy (Director of Adult Social Care - Coventry City Council), Ian Bowering (Head of Social Work Prevention and Health - Coventry City Council), Sue Davies (Director of Integration - Coventry and Rugby CCG), and Jo Morris (General Manager Integrated Community Services - CWPT) attended the Steering Group to discuss the upcoming system review by the CQC. Coventry were chosen as one of 12 areas to be reviewed based on information provided on 6 Performance measures which were chosen by DoH.

A copy of the presentation to the meeting is attached to these minutes.

Peter Fahy outlined the CQC's process and timescales and RL added that CQC have asked to see Healthwatch w/c 18 December. PF advised that following the system review there will be a feedback summit at the Health and Wellbeing Board which Healthwatch is a member of. PF said that a Better Care Fund plan had just been submitted and that this included improvement targets for Delayed transfers of care (DTC).

There was a discussion of the figures, which are collected to illustrate DTC and about the definition of DTC. For example Sue Davies advised people who are delayed awaiting mediation on wards are not defined as DTC. A DTC is a person who is medically fit to be discharged but delayed due to ongoing care needs.

RL asked for clarification about where the strategic lead came from for this work. PF outlined the ways in which partners work together including the A&E Delivery Board. There is a Coventry and Warwickshire Board and a local Coventry Board. The Coventry and Warwickshire Board involves 11 organisations. The Boards provide tactical delivery on things to improve the system. PF said a common purpose had been developed of preventing people needing to be admitted to hospital and re-abling people.

Examples of how partners are working together through discharge were given  
There are eight high impact areas to improve discharge:

1. **Early Discharge Planning** - Pre-arranged/non-emergency care should have discharge planned before admission. Emergency care needs to have robust systems in place in order to set an expected date within 48 hours
2. **Systems to Monitor Patient Flow** - Flow models in place to help staff identify and manage problems. This will support planning the service around the individual
3. **Multi-Disciplinary/Multi-Agency Discharge Teams** - Co-ordinated discharge planning based on joint assessment processes and protocols
4. **Discharge to Access (D2A)** - Short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home
5. **Seven-Day Service** - Joint 24/7 working improves the flow of people through the system

6. **Trusted Assessors** - Using trusted assessors to carry out a holistic assessment of need
7. **Focus on Choice** - A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options.
8. **Enhancing Health in Care Homes** - Offering people joined-up, coordinated health and care services
9. **Discharge Hub** - Daily patient review meeting to remove blockages to discharges and problem solve

NC asked about provision for homeless people and if people would be discharged to the streets. PF said that signposting to the Salvation Army does take place

There was a discussion of the new discharge to assess pathways which mean people are either supported at home or in a care home setting for a 6 week period. TC ask what happens to people who get assessed and want to stay at home? IB said the priority is to try and get everyone home. If a person is discharged to a care home then this is short term and depending on their health needs they should be able to return home

DSa asked if there are there enough resources within the health system (population versus number of hospital beds) and when this was last modelled? The panel acknowledged the issue of resources and SD highlighted that staffing was an issue as there are not enough trained staff in a number of specialisms. The biggest issue, there are a large number of vacancies

RL asked how the eight areas of development will be evaluated and how patient views and feedback will be sought. PF said the City Council run an annual survey and then there is the carers survey, and there is a social care stakeholders reference group.

## 4. Healthwatch Coventry work programme

### 4.1 Update on work priorities

RL provided an update on the current work programme:

- i. Enter and View visits to UHCW are now complete and the report has been written and sent to UHCW for response. There is an action planning meeting in the diary with UHCW on 19 October
- ii. We are in the planning phase of the Home Care work. A letter which the City Council will be sending to service users has been drafted, questionnaires are drafted including self-completion and guided versions. Conversations are going to be taking place with Carers Trust and Age UK as routes for promoting the survey
- iii. Healthwatch Coventry Discharge seminar is taking place on 17 October

- iv. UHCW Quality Account task groups have been arranged. The meetings are open to all Steering Group members. Dates will be sent out to everyone.
- v. A Healthwatch Coventry survey is ready to be launched about getting to medical appointments
- vi. We have received an invite from the CCG to input into the engagement plans for maternity and paediatric services
- vii. Two care home enter & view visits are planned
- viii. The CQC quality summit for CWPT is due in November, not date yet

## 4.2 ICAS work

Ongoing conversations have been taking place with Trusts about how NHS complaints are dealt with

A recent meeting with UHCW focused on Serious Incident Investigation and issues have been flagged to the Trust regarding patients not being aware that a SIR has commenced or lack of communication regarding the progress of it. Access to reports prior to meetings has not taken place meaning that patients do not have the opportunity to consult with advocate or advisor. There are also issues with the length of time it takes to conclude an investigation and share findings. There was one case of unexpected/avoidable death, an SIR was not undertaken at all

The Steering Group discussed the trusts decision not to provide a copy of the Serious Incident report prior to meetings with patients/relatives. The general consensus amongst members was that this was not helpful and was a paternalistic approach.

There have been a number of issues with the CWPT complaints process identified by ICAS clients. The Steering Group discussed the issues and concerns that there seems to be a blurring of what is classified as a complaint and what is a PALS issue and a twin track approach.

There was also concern about the timeframes for complaints responses.

It was agreed that a letter would be sent to Chief Executive of CWPT setting out the concerns prior to discussion at a meeting.

Actions
<ul style="list-style-type: none"> <li>• RL to draft a letter for Chief Executive of CWPT setting out concerns with the complaints handling process</li> </ul>

## 5. Reports from external meetings

Steering Group members received reports from Healthwatch representatives on external groups and bodies for information.

RL highlighted that in the Scrutiny Board meeting praise was given to Healthwatch for raising the issue of how the council tracked waiting times for social care assessment with a commitment to publish figures.

## 6. Any other business

Additional copies of papers were available for Steering Group members:

- What happens when people leave hospital and other care settings? Findings from the Healthwatch network
- A briefing note from Coventry Accident and Emergency Local Delivery Group about system performance and winter pressures

## 7. Dates of future meetings:

5 December 2017	7 August 2018
6 February 2018	16 October 2018
17 April 2018	11 December 2018
5 June 2018	

Meeting closed 12:30