

Independent Strategic Advisory Body Meeting
Wednesday 27th July 2016, 3-5pm
Emmaus Room, Beverley Minster, Beverley, HU17 0DP

Agenda

Advisory Body Members: Carol Dyas (CD), Julia Pollock (JP), Sally Burns (SB), Lindsay Cunningham (LC) and Jenny Jenkinson (JJ).

1.	Welcome and introductions	LC	15.00
2.	Election of Chair (the ISAB agreed at its meeting in Oct 2015 to operate on the basis of a rotating chair)		
3.	Apologies for absence	Chair	
4.	Minutes of last meeting (27/04/2016) i. Matters Arising/Action Log ii. STP update	Chair LC	15.05
5.	Public Questions (submitted in advance)	Chair	15.15
6.	Reports from partners: i. East Riding Safeguarding Adults Strategy 2016-2019 - Mike Briggs, East Riding Safeguarding Adults Board Independent Chair and Trevor Collinson, Safeguarding Adult Board Manager	Mike Briggs	15.20
7.	Update on strategic plan and current delivery: i. To receive an update on current delivery (including Annual Report 2015/16) ii. To agree amendments to annual workplan iii. To agree a date for strategy workshop	LC	16.10
8.	Governance issues: i. To receive an update on ISAB membership (verbal)	LC	16.45
9.	Any Other Business (previously notified)	Chair	
10.	Date and Times of future meetings - Wednesday 5 th October 2016 (Brough Business Centre), 3-5pm - Wednesday 11 th January 2017 (Beverley, tbc), 3-5pm	Chair	

Agenda Item 4

Minutes of last meeting

Independent Strategic Advisory Body Meeting

Wednesday 27th April 2016, 3pm-5pm

Brough Business Centre, Brough, HU15 1EN

Minutes

Advisory Body Members: Sally Burns (SB), Carol Dyas (CF), Julia Pollock (JP), David Gamble (DG), Linsay Cunningham (LC), Trevor Smith (TS).

In attendance: Jenny Jenkinson, Executive Officer, Hull CVS/MNH (JJ); Caroline Frost, Administrative Assistant, Healthwatch East Riding (CF); Jeremy Dawes, Head of Quality Assurance, North Lincolnshire and Goole NHS Foundation Trust (JD); Karen Ellis, Assistant Director - Strategy & Planning, East Riding of Yorkshire Clinical Commissioning Group (KE).

No.	Agenda Item/Subject	Action by
1.	<i>Welcome and Introductions</i> There were two members of the public present.	
2.	<i>Election of a Chair</i> David Gamble was elected as Chair for this meeting.	
3.	<i>Apologies for absence</i> Apologies were received from Trevor Smith and Carol Dyas.	
4.	<i>Minutes of the last meeting</i> The minutes of the last meeting were agreed. Most of the actions had been completed. It had been decided to create 1 mental health directory and use an extract from the Mental Health Report to keep costs to a minimum. The Mental Health Report will be published during Mental Health Awareness Week. The Memorandum of Understanding of East Riding CCG has now been amended and signed so it can be circulated.	
5.	<i>Public Questions (submitted in advance)</i> There were no questions submitted from the public.	

6.	<p>Update from Partners Jeremy Dawes (JD) NLaG Quality Accounts</p> <p>JD went through the Annual Quality Accounts for the North Lincolnshire and Goole Hospitals for 2015/16.</p> <p>The draft version for consultation is available here: http://www.nlg.nhs.uk/content/uploads/2016/04/NLG16159-Draft-Annual-Quality-Acc-for-2015-16-and-Arrangements-for-Approval-of-the-Final-Document.pdf</p> <p>The final version of the Quality Account will be published here on 27th May 2016: http://www.nlg.nhs.uk/about/trust/annual-reports/</p> <p>LC asked if they would return to look at the report again to see if they were maintaining quality? JD said they would have an awareness if performance slips so that they could then revisit this area as a priority.</p> <p>LC also asked whether they looked at discharges. JD confirmed that they have a discharge group and he would put HW in touch with the Lead Officer. [Action: ensure contact with discharge group is made]</p> <p>JP asked why the CQC report was so much more damning than the Quality Accounts and why this had not been addressed in the Accounts. JD responded that although the CQC visited in October, their report had only just been released so there was not time available to address the CQC report in the Quality Assurance document. JD said that the Quality Development Plan draws everything together so they can ensure they are doing what they need to do.</p> <p>JP said it was not clear how many complaints NLaG were receiving. It was suggested that as Healthwatch are coordinating a response in all 3 areas it may be worth working on together. JD said the best person to liaise with regarding this was the Membership officer. DG asked if a record was kept of the ratio of complaints received to patients treated. JD said this had been done before but they do not do this routinely. [Action: work with HW N Lincs and NE Lincs to follow-up on comments and complaints data].</p> <p>SB asked about the CQC inspection and standards and how visible this is to patients and whether hospital performance is being made clear to patients and the public. JD replied that the report was on the website and on each ward there is a large display board which shows charts and how the hospital are performing in relation to specific indicators, for example, Pressure ulcers. CQC ratings are also on the boards.</p>	<p>CF</p> <p>LC</p>
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CCG Sustainability & Transformation Plans (STPs)

Karen Ellis Assistant Director - Strategy & Planning, East Riding of Yorkshire Clinical Commissioning Group, explained what STP will mean for the East Riding of Yorkshire. The STP planning process will bring together six CCGs: East Riding of Yorkshire, Hull, Vale of York, Scarborough & Ryedale, North and North East Lincolnshire.

KE stressed that this could be a really good opportunity to improve services, across a wide area.

Whilst duplication should be avoided, working together over such a large area could be a real force for change. The key areas identified for working together across the STP footprint are:

- Urgent and emergency care
- Cancer
- Mental health
- Acute & specialised care
- Out of hospital care

SB asked what the priorities were based on. KE said that based on the forward plans of all 6 CCGs, these areas were identified as priorities across all six. KE said it was important to pick areas where we can make a difference at the appropriate level.

JP asked what changes patients would see. KE said that cancer patients (for example) should see shorter waiting times for diagnosis and treatment. If they needed to be transferred between hospitals that should begin to happen by around day 38 rather than day 50. So patients should notice a much smoother transfer. JP asked why the transfer back was often not working. KE explained that there were often communication difficulties with consultants from different hospital trusts.

SB asked why a lead had not been appointed as yet. KE explained that she didn't know but it is a complex area.

SB asked if they were including wellbeing services such as libraries and leisure. KE confirmed that all 6 Local Authorities were involved. SB asked about the health profile for the whole area. KE confirmed they were working on this. A workshop for key stakeholders is being held on 18th May 2016. A Local Authority Forum is to be set up.

7.	<p>Update on Strategic Plan</p> <p>i) Update on re-tendering process</p> <p>There was no further news to report at this time.</p> <p>ii) Update on current delivery</p> <p>A report on young peoples' experience of dentistry has been published. Links to the report are to go into schools bulletins and schools are being encouraged to use the reports as discussion items for school councils, so that young people can get more access to them.</p> <p>The Domiciliary Care Survey is now closed. A very good response had been received (around 35% response rate).</p> <p>Mental Health</p> <p>HWERY are hosting a work placement student from Hull University who is working on a new project focusing on young people and mental health.</p> <p>SB congratulated HWERY on recruiting more volunteers. JP congratulated HWERY on the new Volunteer's Newsletter.</p> <p>iii) Approve Workplan 2016/17</p> <p>LC asked if any changes were needed before formally signing off the workplan in order that the team can get on with delivering it.</p> <p>JP asked if it could be made clear which member of the team was responsible for which area of the workplan. [Action: send revised version of workplan with lead staff members identified]</p> <p>SB asked whether there was any funding available for the STP work. The ISAB discussed the implications of seeking additional funding for specific pieces of work outside the terms of our contract with ERYC. It was agreed to explore this issue further at an ISAB workshop in the context of setting future strategy for HWERY. In the meantime the ISAB were happy to consider taking on additional work so long as due care was given not to compromise HWERY's independence.</p> <p>The ISAB confirmed they were happy to sign off the workplan.</p>	LC
8.	<p>Hard to reach strategy</p> <p>HWERY have discussed the importance of targeted engagement of</p>	

	<p>hard to reach groups at various stages. A draft strategy was presented to the ISAB for discussion. The strategy sets out overarching principles and states that each year HWERY will focus its targeted engagement on a small number of hard to reach groups.</p> <p>JP asked which groups had been identified for 2016/17. These are:</p> <ul style="list-style-type: none"> • Working age adults, particularly men • Carers • Children and young people. <p>JP asked for clarification on which member of the HWERY team would be responsible for delivering the Hard to Reach Strategy. LC explained this was an operational decision that had not yet been taken.</p> <p>SB asked where the list of hard to reach groups had come from. It was explained that this was from a number of sources including HWERY's stakeholder forum, the HWERY contract and HWERY's wider engagement with the public.</p> <p>SB suggested consulting with the Equalities Network (EREN) on the strategy. [Action: send Hard to Reach strategy to EREN for consultation]</p>	LC
9.	<p><i>Governance Issues - Approve revised protocols for publication of reports</i></p> <p>HWERY have set out the process for publishing reports in order to ensure consistency.</p> <p>There was some discussion around Enter & View in general. JP mentioned that there was too little evidence of speaking to residents in some Enter & View reports and she didn't feel it appropriate to use CQC headings in Enter & View reports. LC informed the ISAB that a meeting was to be held on 28th April to look at changes to the Enter & View report style but that it had been important to remain consistent with previous E & V reports already published for the current series of care home visits. Afterwards the protocol could be altered to reflect changes brought in as a result of the meeting and we would revise if necessary. [Action: circulate revised protocols to ISAB].</p> <p>JJ suggested sharing HWERY E & V report protocols with HWNL and HWKuH. [Action: send protocols to HWNL and HWKuH].</p> <p>JP mentioned she would like HWERY to look into protocols for unannounced E & V Visits. LC suggested we come back to this in a couple of meetings' time.</p>	MK/CF CF

	The report publication protocols were approved. It was agreed that these be reviewed in six months' time to reflect any changes to E & V approach.	
9.	AOB There was no other business.	
10	<i>Date & time of future meetings</i> Wed 13 th July 2016 at 3pm. This meeting will be held in Beverley. Exact location to be confirmed.**	

** please note the meeting date was changed to Wed 27th July.

Agenda Item 4(i)

Action Log

Actions from ISAB Meeting 27/04/2016

Action	Person Responsible	Status/Update
Outstanding actions from meeting held 27/01/2016		
Action - LC to clarify with ERY CCG their co-commissioning arrangements and ensure Healthwatch representation where appropriate	LC	Complete**
Actions from April meeting held 27/04/2016		
Action - ensure contact with discharge group at NLaG Hospitals Trust is made	CF	Complete (work on discharge not due to start until Sept '16)
Action - work with HW N Lincs and NE Lincs to follow-up on comments and complaints data.	LC	Ongoing (contact made, will be followed up via regular catch-up meetings)
Action - send revised version of workplan with lead staff members identified	LC	Complete (included in papers)
Action - send Hard to Reach strategy to EREN for consultation	LC	Complete (LC to attend EREN meeting 26/07/16)
Action - circulate revised reporting protocols to ISAB.	MK/CF	Complete
Action - send Enter and View and reporting protocols to HWNL and HWKuH	CF	Complete

** next primary care co-commissioning group meeting is on 29th September, papers will be available here: <http://www.eastridingofyorkshireccg.nhs.uk/about-us/primary-care-joint-commissioning-committee/> HWERY rep. to attend.