

Independent Strategic Advisory Body Meeting

Wednesday 27th April, 2016 3-5pm

Brough Business Centre

Agenda

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

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)		15.05
3.	Apologies for absence	Chair	
4.	Minutes of last meeting (27/01/2016) i. Matters Arising/Action Log	Chair	
5.	Public Questions (submitted in advance)	Chair	15.10
6.	Reports from partners: i. North Lincolnshire and Goole (NLaG) - Quality Accounts (Annex 1) ii. Sustainability and Transformation Plans (STPs)	Jeremy Daws (NLaG) tbc (ERY CCG)	15.15
7.	Update on strategic plan and current delivery i. To receive an update on the re-tendering process for Healthwatch East Riding (verbal) ii. To receive an update on current delivery iii. To approve the workplan for 2016/17	LC	16.00
8.	Hard to Reach Strategy i. To consider the draft Hard to Reach strategy and approve (subject to any amendments)	LC	16.20
9.	Governance issues: i. To approve revised protocols for publication of HW reports	LC	16.40
10.	Any Other Business (previously notified)	Chair	
11.	Date and Times of future meetings - Wednesday 13th July 2016 at 3pm (formal meeting)	Chair	

Agenda Item 4

Minutes of last meeting

ISAB Meeting held 27/01/2016 at the Hexagon Music Centre, Beverley

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

In attendance: Caroline Frost (CF) (Minutes, Matthew Fawcett (MF), Steve Mottershaw (SM).

No.	Agenda Item/Subject	Action by
1.	<p><i>Welcome, Introductions & Apologies</i></p> <p>There was one member of the public present</p> <p>Apologies were received from Trevor Smith and David Gamble</p> <p>LC reported that HWERY had recruited another ISAB member (David Gamble) but that unfortunately he could not attend today.</p>	
2.	<p><i>Election of a Chair</i></p> <p>Julia Pollock was elected as Chair for this meeting.</p>	
3.	<p>JP pointed out that there was no mention of the minutes of the last meeting and that these should be approved first. The minutes we approved as an accurate record and there were no matters arising.</p> <p>JP reported that she had attended the NICE seminar and said that there were representatives from other Healthwatch areas present too. Relevance to Local HW was limited; a separate report on the event was circulated via the volunteer's newsletter.</p>	
4.	<p><i>Public Questions (submitted in advance)</i></p> <p>There were no questions submitted from the public.</p>	
5.	<p><i>Update on strategic plan & current delivery</i></p> <p>1) Update on current delivery</p> <p>LC outlined the work HWERY had carried out during Quarter 3 of Year 3, as set out in Agenda Item 5 (i) on the attachments to the agenda.</p> <p>JP asked how it was known that HWERY had 250 "young" twitter followers. MF explained that HWERY had a separate account for children & young people.</p>	

	<p>JP asked if the members of the ISAB could be sent emails to keep them up to date with new reports being published.</p> <p>Action - LC to ensure emails of reports are sent out to ISAB members when these are published</p> <p>LC explained that we had just started up a monthly Volunteers Newsletter to be sent out to all ISAB members and volunteers to keep them updated as to what was happening and who was doing what on a monthly basis.</p> <p>JP said she was also like to be subscribed to the main website newsletter.</p> <p>Action - SM to subscribe Julia (and all ISAB members) to the newsletter</p> <p>LC informed the meeting that Enter & Views on GP Surgeries have now finished and Enter & Views are now focusing on residential care.</p> <p>LC said HWERY needed a decision as to which direction to go in and this is for the ISAB to decide. The ISAB members present agreed that it was important to focus on residential care and to ensure that recommendations made were followed up to ensure these were being implemented.</p> <p>LC informed the ISAB that a new Intern had started today and would be with the team for 8 weeks. He is working on a project to help improve HWERY's impact monitoring. He is to go through every report HWERY have published, pulling together themes and outcomes and checking whether recommendations have been carried out.</p> <p>There was a discussion around HWERY's process for publishing reports and ensuring responses:</p> <ul style="list-style-type: none"> • Concerns were raised about the poor response rate from GP practices to the GP appointments report. • JP queried HWERY publishing reports <i>before</i> receiving responses - there was a discussion over whether responses should be incorporated in the reports or if they should be published separately. HWERY's current practice is to send reports to commissioners and providers to check for factual accuracies then publish and officially request a response. It was resolved to return to this discussion in the future to consider which approach is best suited to HWERY. <p>JP asked whether anyone from HWERY sat on the Co-Commissioning Group with GPs. It was explained that a HWERY representative attends the Vale of York CCG Co-Commissioning Committee but no such arrangement exists with East Riding CCG at the current time.</p> <p>Action - LC to clarify with ERY CCG their co-commissioning arrangements and ensure Healthwatch representation where appropriate</p>	<p>LC/SM</p> <p>SM</p> <p>LC</p>
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2) Overview of the HWERY workplan Jan to March 2016

Mental Health

Research Officer (MK) is currently working with focus groups to gather stories of people's experience of mental health services.

JP enquired as to how this was to be done. MK has attended drop in sessions of peer support groups hosted by a variety of VCS partner organisations to talk to people there about their experiences - current focus is on working age adults.

There was some discussion around how HWERY might include NHS provider organisations in the review.

It was suggested that it may be worth gathering data from relatives and carers to gain their perspectives.

JP asked if the Mental Health Services Directory was separate from the main report. LC reported that on the current plan it is to be a separate report but may be best to pull them together.

Action - LC to amend workplan to include one combined mental health report to include mental health and wellbeing service directory alongside patient experience report

Domiciliary Care

HWERY are looking at quality issues and how people experience the service. A survey is to be sent out within the next couple of weeks through the post so that it is independent of carers and their agencies. It will be sent out via ERY Council so that it comes from a trusted source.

It was agreed that HWERY will also work with VCS partners (e.g. Age UK) to ensure widespread distribution.

Learning Disabilities/Children & Young People

HWERY are working with ERVIP and FISH following on from an initial meeting in November 2015. HWERY want to do this in partnership with the Learning Disabilities Partnership Board.

MF Explained he was working on a brochure for primary schools at the moment as these have proved very difficult to work with in the past.

There was a discussion around how work with children and young people should be prioritised and how much of HWERY's resources should be targeted to younger age groups who may not make health choices for themselves. MF explained his role as a dedicated Children and Young Persons' Officer and that it is important he work with all age groups.

LC/CF

	<p>Enter & View</p> <p>JP enquired about the focus of the HRI Enter & View visit. LC explained that HWERY are being led by HW Hull regarding this.</p>	
6.	<p><i>Engagement Plan and “Hard to Reach” Strategy</i> <i>Discussion regarding who are our “hard to reach” groups and how can we best reach them? (verbal update)</i></p> <p>A list of hard to reach groups and how best to engage with them was obtained at the HWERY Stakeholder Forum.</p> <p>LC said what was needed from the ISAB was an idea of how to prioritise which groups to work with and what HWERY should do first. She outlined the approach HWERY plan to take to developing and reviewing a Hard to Reach Strategy on an annual basis.</p> <p>There was a discussion around HWERY’s existing work with “hard to reach” groups in an attempt to identify gaps and areas for improvement. Existing workstreams/links include:</p> <ul style="list-style-type: none"> • Rural Partnership Board/work with rural and isolated communities. • Link with Council lead for gypsy/traveller communities (Helen Worrell) • Links with FISH (Families Information Service Hub) - currently working with FISH to engage with looked after children and young carers • Youth Action Board <p>Some of the gaps that were identified include:</p> <ul style="list-style-type: none"> • 16+ group who do apprenticeships • Working age population <p>Suggested approach to engagement: JP suggested talking to the colleges to see if meetings could be arranged on the day they attend college; working with Job Centre Plus and VCS partners (possibly Goodwin).</p> <p>JP suggested nurseries could provide the opportunity to engage with parents, employees and young children.</p> <p>Extended social media was also suggested.</p> <p>Action - LC to produce draft Hard to Reach strategy based on discussions at this meeting and wider stakeholder engagement to present to next ISAB meeting.</p>	LC/MF
7.	<p><i>Strategic Plan 2016/17</i> <i>Discussion regarding priorities</i></p>	

	<p>This discussion centred on feedback obtained from the Stakeholder Forum, data on incoming enquiries to HWERY and survey results of what the public are telling us in important to them.</p> <p>Several key themes were identified as potential priorities for 2016/17:</p> <ul style="list-style-type: none"> • Inappropriate Discharge • Mental Health • Social Care - respite & domiciliary care • Needs of Carers (in particular, young carers) <p>LC asked if these were the right priorities and whether there was anything missing and how many priorities HWERY should deal with. It was also noted that several of the highlighted topics were things HWERY is currently working on. CD asked about maternity issues. LC replied that there was no evidence to suggest this was a priority issue locally but we would keep a watchful eye.</p> <p>JP said this was difficult for just 2 ISAB members to make the decision and that it might be best to raise this at the upcoming Development Meeting when volunteers and others would also be present.</p> <p>It was also agreed that there was a need to check up on recommendations to make sure they've been implemented as there was a danger of making too many new priorities. It is important to measure the impact that HWERY are having and perhaps for 2016/17 HWERY should prioritise follow-up work.</p> <p>It was agreed to carry out further consultation with the whole HWERY team (at team development day in February) and on the basis of that work, produce a draft strategic plan that would be circulated to the ISAB and then formally approved at the April meeting.</p> <p>Action - LC to circulate draft Strategic Plan to ISAB in advance of April meeting</p>	LC
8.	<p><i>ERYC CCG Memorandum of understanding</i> <i>To approve revised MOU with ERY CCG</i></p> <p>LC reported that the MOU had been slightly updated and referred to the "Advisory Body" now rather than the "Board".</p> <p>JP asked whether the MOU was working in East Yorkshire, as the one they have in North Lincolnshire isn't working that well. LC believes the MOU is working and stated that the relationship with the CCG is much improved. It was agreed that the MOU be amended to make it more specific e.g. explicitly stating the frequency of meetings.</p> <p>Action - LC to amend MOU and agree amends with CCG; CD to sign on behalf of ISAB.</p>	LC/CD

9.	<p><i>AOB</i></p> <p>LC brought some information in as this had only been received 2 hours before the meeting.</p> <p>1) CCG regarding Radiology issues</p> <p>LC tabled a briefing from the CCG regarding an issue relating to the reporting of radiology findings. This briefing will enable HWERY staff to respond to any concerns raised by the public.</p> <p>It was agreed that HWERY needed to keep a watching brief on this issue.</p> <p>2) HW England Update</p> <p>A key theme that emerged during the Stakeholder Forum presentations was the importance of encouraging people to take care of their own health, care and wellbeing.</p> <p>This related to HW England’s current consultation on its future strategic direction. LC said that HWERY needed to decide whether they “buy in” or not to this new vision when considering our own strategic direction.</p> <p>It was agreed that HWERY should focus on ensuring that there is high quality support available for those who want to stay independent and if service provision is not good, assisting people to do something about it so as not to stray too far into the remit of Public Health.</p> <p>Action - LC to respond to HW England consultation on strategic direction on behalf of HWERY</p> <p>3) CCGs are looking at the next set of strategic plans.</p> <p>The information indicates that CCGs are to work more closely with each other. There is a push for CCGs to work more closely together across larger “footprints”. It was agreed this was an area to watch.</p>	LC
10	<p><i>Date & time of future meetings</i></p> <p>Wed 27th April 2016 at 3pm</p> <p>Wed 13th July 2016 at 3pm</p> <p>It was suggested that meetings be rotated between Beverley and Brough.</p>	

Agenda Item 4(i)

Action Log

Actions from ISAB Meeting 27/01/2016

Action	Person Responsible	Status/Update
Action - LC to ensure emails of reports are sent out to ISAB members when these are published	LC / SM	Complete (see agenda item 8)
Action - SM to subscribe Julia (and all ISAB members) to the newsletter	SM	Complete
Action - LC to clarify with ERY CCG their co-commissioning arrangements and ensure Healthwatch representation where appropriate	LC	Meeting with ERY CCG (27/4/16)
Action - LC to amend workplan to include one combined mental health report to include mental health and wellbeing service directory alongside patient experience report	LC/CF	Update - production costs may require us to produce the directory separately.
Action - LC to produce draft Hard to Reach strategy based on discussions at this meeting and wider stakeholder engagement to present to next ISAB meeting	LC/MF	Complete (see agenda item 7)
Action - LC to circulate draft Strategic Plan to ISAB in advance of April meeting	LC	Complete
Action - LC to respond to HW England consultation on strategic direction on behalf of HWERY	LC	Complete