

Independent Strategic Advisory Body Meeting

Monday 9th January 2017, 3.00 - 5.00pm

Emmaus Conference Room, Minster Yard North, Beverley, HU17 0DP

Minutes

Advisory Body Members: Sally Burns (SB), Linsay Cunningham (LC), Ian Dewar (ID), Carol Dyas (CD), Matt Fawcett (MF) and Jenny Jenkinson (JJ).

In attendance: Michelle Harvey (minutes).

No.	Agenda Item/Subject	Action by
1.	<p>Welcome and Introductions</p> <p>No members of the public were present.</p>	
2.	<p><i>Election of a Chair</i></p> <p>Sally Burns was elected as Chair for this meeting. The Chair wished everyone a Happy New Year and formally welcomed new members ID and MF. Thanks and a huge debt of gratitude were also expressed to LC for the work and leadership shown over the past 18 months as Delivery Manager in implementing the necessary changes to get HWERY to its current positive position. The Advisory Body wished LC well in her new role. LC thanked the whole team for their hard work and support.</p>	
3.	<p><i>Apologies for absence</i></p> <p>Apologies were received and accepted from Julia Pollock.</p>	
4.	<p><i>Minutes of the last meeting</i></p> <p>The minutes of the last meeting (05/10/16) were agreed as a true record.</p> <p style="padding-left: 20px;"><i>i. Matters Arising/Action Log</i></p> <p>It was noted that some items from the 05/10/16 ISAB meeting Action Log were still ongoing and that adequate feedback mechanisms would need to be put into place to ensure that concerned parties know if issues have been resolved; although some actions may not be entirely resolved, they are still very much progressing.</p>	

	<p>In relation to progress with NLaG, it was reported that overall, poor reports had been had been received from across the area and that the Delivery Manager from Healthwatch North Lincs. was now leading engagement activities on behalf of all three local Healthwatch teams and reporting back to individual Delivery Managers.</p> <p>The Chair queried whether the Safeguarding Board have an open invite to attend meetings, which was confirmed.</p>	
5.	<p>Public Questions (submitted in advance)</p> <p>There were no questions submitted from the public. It was noted that so far there had never been any questions submitted from the general public and a number of suggestions for increased public participation and questioning were discussed by members of the Advisory Body e.g. targeting village newsletters and specific events, adding a section on HWERY questionnaires, increasing the use of social media opportunities etc. It was noted that Twitter was already used for this purpose, among others.</p> <p>Action Point: MF to investigate adding a specific page on the HWERY website for this purpose. ID to investigate adding a link on the Patient Participation Group Facebook Forum and accessing village newsletters.</p>	MF ID
6.	<p>Report from Partners</p> <p>i) STP update</p> <p>The Chair requested a review and update on progress so far in relation to the Sustainability & Transformation Plan (STP) for the benefit of those present.</p> <p>LC summarised the background to STP's which were announced as part of the NHS planning guidance in December 2015, explaining that the idea behind the creation of STP's was to bring together local leaders in health, local government and patient representation to plan how services will evolve and become sustainable over the next five years. An important feature of STPs will be health service providers and local authorities working together to ensure that services are delivered across the whole of the local health and care economy and ensuring that the delivery of care is not dominated by individual organisational priorities. To ensure the plans are delivered at a local level 44 footprint areas have been established across the country. The footprint for our area will encompass six CCG's working together as part of the Humber Coast and Vale STP. The latest copy of which was provided to the members present.</p> <p>LC highlighted a number of pertinent areas of the plan and in-particular the funding gap of £420 million by 2021 should nothing</p>	

change. Also highlighted was the triple aim of improving

1. Health & Wellbeing
2. Quality of Care
3. Efficiency

It was noted the three providers within the HWERY area were all performing poorly in these key areas.

Attention was also given to the importance of changing attitudes and perceptions as detailed on page 5 of the STP.

LC also highlighted that HWERY engagement with the STP Programme Structure on page 12 of the STP will have to be flexible as the planned structure is likely to change. However it does highlight areas of work that will need to be carried out.

Questions were raised over a number of key areas of the STP.

Programme Structure, (Notably Mental Health in the Under 5's), Maternity Care, Urgent and Emergency Care and Strategic Commissioning Thresholds. It was explained changes in these areas will gain significance as the plan plays out further e.g. York CCG are for example discussing putting thresholds in place such as weight limits on those requiring knee surgery which would obviously have the potential to affect many, as well as potentially widening health inequalities, but these were the types of difficult conversations and challenges that would have to be faced as part of the STP process over the coming months as doing nothing was not an option. Trying to align Thresholds across all six CCG's involved in the plan would be a further challenge.

SB questioned what level of public engagement would be taking place as part of this process. It was reported that CCG's had been tasked locally to begin an enhanced engagement exercise between January and March highlighting the STP, it was noted that this was an area which HWERY could monitor to ensure that it happens - the current priority being to ensure that the wider public understand that change is coming as finer details were not yet in place.

It was reported that the STP Lead has agreed to hold a meeting in February/March to discuss how engagement on different streams will happen. HWERY has already made some suggestions, based upon recent good practice, however ultimately it is the STP Lead who will make the final decision. A post has been advertised which will provide a specific point of contact for HWERY and others as part of the process. It was noted that Healthwatch has already invested a lot of time and energy in getting involved in the public engagement aspect of the plan, however this is obviously not our only focus and priority, but it is important that we remain involved. It was noted that HWERY has a seat on the Strategic Partnership Board who meet on a bi-monthly basis.

LC reported that a Health Scrutiny Committee might be set up, but this is not definite and would raise its own difficulties, however HWERY would play an important role if the committee comes to fruition. It was noted that at the moment Governance Structures are very loose, however HWERY should not lose sight of where the

	<p>main decisions are made throughout this process. SB highlighted the importance of HWERY not being forced into a role which the compromises our position as challengers and that HWERY ensure that the process is taken seriously. It was noted that half of the providers within the STP are in within the HWERY area, therefore leaving us well placed to carry out this role. An opportunity was provided for any further questions - none were asked, but the Advisory Body requested that the STP be kept as an item on future agendas. The speed of change was noted but accepted as a consequence of the reported funding gap.</p> <p>Action Point: MF to include STP as an agenda item at future meetings. The Chair thanked LC and MF for the STP update.</p>	MF
7.	<p>Update on workplan and current delivery</p> <p>i) To receive and update on workplan and current delivery</p> <p>MF presented the update on current delivery. <u>Community Voice.</u> The token response engagement exercise is still on-going and so far 836 responses have been collated. Promotional activity looked to have shown a sharp drop, however the previous quarter included figures from Driffield Show which had targeted a large number of people. Although Enter & View visits are still low, this number will go up pending the residential care follow-up visits due to take place during February and March. The low number of visits during the last quarter has also been impacted by the focus on Hospital Discharge as there are only a low number of Discharge Lounges available to visit and visits were shared between HWERY and North Lincs. The HWERY Enter & View process is also undergoing a review to make the process much more effective and efficient. The 27 enquiries reported for the quarter generally only includes telephone enquiries and so doesn't include the many face-to-face enquiries made at the various events HWERY attends, making the figure appear relatively low. During the recent 360 review, Information and Signposting came out very positively, - an area which other Healthwatch bodies have found challenging. The Hospital Discharge report is due to be completed by the end of the next quarter. An additional report also due to be published shortly is the 'Winter Wishes' report following an engagement exercise at the Beverly Minster Christmas Tree Festival. Members of the general public told us their Christmas Wishes for the NHS by filling in a card and placing it onto the HWERY Christmas Tree. The main themes of these wishes centred around NHS finances, positive feedback for frontline staff, joining up of services and a wish for the NHS not to</p>	

	<p>be privatised. JJ requested that as much publicity as possible is gained from the publication of the report. It noted that that Beverley Minster has also expressed an interest in HWERY being involved in future events.</p> <p>HWERY have also engaged with a variety of people via the Get-Online week activities co-ordinated by our Information & Signposting officer.</p> <p><u>Making a Difference Locally.</u></p> <p>The Residential Care Report is due to go on-line shortly. Being involved on the recent round of East Riding CCG Public Consultations into Urgent Care made us very visible to the public and also put us at the forefront of the public consultation exercise. The importance of HWERY presenting the views of the public was discussed and highlighted.</p> <p>Action Point: <i>MF to send out a draft copy of HWERY's response to the findings of the public consultation to the Advisory Body before it is published.</i></p> <p>MF reported due to the timing of some meetings, the voice of certain groups (such as young people) could have been excluded: However the fact that consultations had taken place on a much broader scale than initially planned by the CCG outcomes were very positive. HWERY will also advise on what has/has not proved successful to inform on and aid future public engagement and consultation exercises.</p> <p>LC highlighted the importance of understanding as there is often an issue between the public perception of what is happening and what is actually being proposed. ID raised the point that the messages emanating from the CCG workshops prior to the public consultation events were often confused, which didn't help with public perceptions. A note for the future was to ensure that the public and HWERY views need to be kept entirely separate, so as not to add to any existing confusion.</p> <p>SB requested that we ensure that HWERY clearly feedback the views of the public as part of the consultation process.</p> <p>ii) To receive and update on 360 review</p> <p>The final report on the recent 360 review from Healthwatch England has still not been received, however feedback given at our December Stakeholder Forum was overwhelmingly positive. Results have not yet been moderated, therefore cannot be distributed, but will be distributed as soon as they come available.</p> <p>The Advisory Body expressed their initial appreciation, but would express their thanks formally once the final moderated report was received. It was noted that a number of actions points from the review had already been formulated and shared among the Advisory Body.</p>	<p>MF</p>
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iii) To approve workplan for final quarter of 2016/7

An overview of the workplan for the final quarter was presented and included the report into self-harm in children and young people, which is due for publication very soon and the additional Winter Wishes report mentioned previously, due for publication imminently; the Hospital Discharge Report is also due late February/early March.

The feasibility of meeting the target of 40 Enter & View visits by the end of the year was raised. It was reported that there are over 20 residential care re-visits due to be completed by the end of the next quarter and while this would not reach the target number of 40 visits, it was important to note that the quality of each visit must be maintained rather than simply focussing on the quantity of visits.

The CRM (Contact Relationship Management) system is also planned to be up and running this quarter which would involve a substantial amount of work.

In relation to the planned project with the Carers Advisory Group, there had been a change of plan from CAG which meant that HWRY would not be carrying out the work that had initially been requested, however HWERY would be able to assist in publicising and distributing the CAG report at the point of publication.

It was hoped that the token response engagement exercise would reach 1,000 responses by the end of February so that the planned report could be based upon that number of responses.

CD suggested that if the project targeting working age men was still going ahead (which was confirmed), gyms and leisure centres would be good place to engage with this particular target group. MF confirmed that the Public Health Bus was going to be booked so that it could be taken to strategic venues throughout the area and although the primary target was working-age men, a multi-pronged approach as being planned by using the token system, questionnaires etc. to engage with as many of the different groups that would present themselves during the course of the project. JJ suggested that it might be worth considering carrying out the project in conjunction with Hull as there would be a cross-over of people living and working between East Riding and Hull, which was noted.

MF informed the Advisory Body of a new idea which would be the creation of a HWERY Hub, involving local organisations affiliating with HWERY - the idea being that it would not only help promote the work of Healthwatch but also provide training opportunities, shared use of facilities, networking opportunities etc., and would be of benefit to all parties involved. The Advisory Body acknowledged the benefit of such a project.

CD asked where the role of pharmacies was currently fitting into local services, as some were not offering the services that they used to. A brief discussion was held around the role of pharmacies.

	<p>The workplan for the final quarter was approved.</p> <p>iv) To discuss priorities for 2017/18 workplan</p> <p>A document was distributed detailing the ‘Life-Course Approach’, endorsed by leading health organisations, such as the World Health Organisation, Public Health England and the British Medical Association. MF reported that ERYC are now moving towards the use of this approach as a model, therefore this is something that HWERY should also replicate as a way of working over the next 12 months. JJ reported that there is a current focus on Life Stage 1 & 2 therefore these might be areas that we should focus on. SB agreed that if ERYC were adopting this as a model, then this is something that we should follow. LC reported that reports had been produced by HWERY in areas including Life Stages 2, 3 & 4, however not Life Stage 1, so agreed that this might be an area to focus upon next. An agreement that the standard colour scheme for each life course also be adopted was suggested and that Headings within the workplan change to reflect the relevant Life-Course.</p> <p>The use of the ‘Life-Course Approach’ was approved.</p> <p>Action Point: MF to introduce use of relevant Life-Course headings and colour scheme into next workplan.</p> <p>Ideas for the 2017/18 workplan HWERY priorities were put forward for discussion, to be approved at the next meeting. MF & LC put forward the suggestion of a Maternity Care project based within Life-Stage 1 as currently targets in this area are not being hit, so we may want to investigate this. Survey outcomes for GP services generally came out as good or at least adequate, however NHS Direct/111, Mental Health Services and Dementia all came out as poorer and it was noted follow-up work into Dementia is probably long overdue. JJ questioned whether the outcome of the survey results represented the actual public/patient experience or whether the results had been swayed by general themes highlighted in news coverage and the media etc. It was reported that although a large number of people surveyed had not actually had experience in these areas, those numbers that had experience had actually had a negative experience. JJ questioned the benefit of investigating some of these areas that had already been ‘flogged to death’ recently in the media.</p> <p>SB suggested that five key areas be focussed upon, namely:</p> <ul style="list-style-type: none"> • East Riding Commissioner Feedback • the Health & Well-Being Strategy • outcomes of the 360 Review • the Sustainability & Transformation Plan (STP) • follow-on areas from the existing plan <p>JJ & MF suggested distributing draft ideas between this and the next meeting among members.</p>	<p>MF</p>
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	<p>Action Point: MF to put the discussed ideas into context when drafting the new plan. Plan to be distributed to Advisory Body prior to next meeting so that it can be fully considered.</p>	<p>MF</p>
<p>8.</p>	<p>Governance issues</p> <p>It was noted that members had received a copy of the Governance Review Paper and following the adoption of the new Governance Structure in August 2015; this was just a short review after an agreement was met to review the effectiveness of the new framework after its first full year of operation.</p> <p>In response to analysis and on the basis of discussions held by IASB at its development session in October 2016, three recommendations were made:</p> <ol style="list-style-type: none"> 1. The advisory Body elect a Chair (from amongst existing lay members) to serve for a period of one calendar year. 2. The Advisory Body agree to changes to the make-up of the governing body to include two additional lay members: one for a member under the age of 30 and one to liaise with equalities groups and networks to represent groups with protected characteristics under the Equalities Act. 3. The Advisory Body agree the other (minor) changes to the Governance Framework as set out in the document. <p>The importance of getting the right people in place was also highlighted as well as the importance of the correct reporting protocol being followed.</p> <p>The recommended changes set out in the Governance review paper were approved.</p> <p>JJ queried whether there would be a conflict of interest should a member of another Healthwatch sit on the Advisory Body. It was debated that as a lay member, probably not, but as a paid member of staff then they might; although if a paid member of staff were to attend as an observer then this might possibly be deemed as good practice.</p> <p>MF explained that he was hoping that the suggested HWERY Hub would widen the HWERY network and therefore attract organisational leads to ISAB in addition to the under 30's and equalities representatives already recommended.</p> <p>All agreed with the principle of a permanent Chair as set out in the recommendations and noted that this would help improve visibility with external stakeholders.</p> <p>Action Point: Expressions of interest for the position of Chair to be forwarded to MF. If more than one expression of interest is received, then the vote will go to ballot; if only one expression is received, then agreement will be sought from individual members by the end of the week.</p>	<p>MF & ISAB</p>

9.	<p><i>Any other business</i></p> <p>No other business was identified.</p>	
10.	<p><i>Date and times of future meetings</i></p> <p>It was agreed that until such a time when public attendance has increased and/or public demand requires it, all future meetings would continue to be held at the Emmaus Conference Room, Minster Yard North, Beverley, HU17 ODP, which is centrally located within the East Riding.</p> <p>The time and dates of future meetings were agreed as follows, subject to the availability of the venue:</p> <p>Wednesday 8th March 2017, 3.00 - 5.00pm Wednesday 14th June 2017, 3.00 - 5.00pm Wednesday 11th October 2017, 3.00 - 5.00pm</p>	