

Independent Strategic Advisory Body Meeting

Wednesday 27<sup>th</sup> July 2016 3pm-5.00 pm

Emmaus Room, Beverley Minister, Beverley, HU17 0DP

**Minutes**

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

In attendance: Matthew Kay, Research Officer Healthwatch East Riding of Yorkshire (MK); Mike Briggs, East Riding Safeguarding Adults Board Independent Chair (MB); Trevor Collinson, East Riding Safeguarding Adults Board Manager (TC); Sally-Ann Spencer-Grey, Lay Member East Riding of Yorkshire Clinical Commission Group (SSP).

No.	Agenda Item/Subject	Action by
1.	<p><b><i>Welcome and Introductions</i></b></p> <p>No members of the public were present.</p>	
2.	<p><b><i>Election of a Chair</i></b></p> <p>Sally Burns was elected as Chair for this meeting.</p>	
3.	<p><b><i>Apologies for absence</i></b></p> <p>No apologies received.</p>	
4.	<p><b><i>Minutes of the last meeting</i></b></p> <p>The minutes of the last meeting were agreed. Most of the actions had been completed.</p> <p>Healthwatch East Riding will be attending, as an observer, the next East Riding of Yorkshire CCG's co-commissioning group meeting on the 29<sup>th</sup> September.</p> <p>Contact has been made with NLAG discharge group, though work on discharge will not start until September 2016.</p> <p>Discussions are ongoing with Healthwatch North Lincs and North East Lincs regarding sharing of comments and complaints data.</p> <p>Revised workplan and reporting protocols have been disseminated with reporting protocols, and Enter and View protocols, being sent to Healthwatch North Lincs and Hull.</p> <p>LC attended a meeting on the 26<sup>th</sup> July of the East Riding Equalities Network, where the Hard to Reach Strategy was discussed.</p>	

	<p>LC gave an update on the STP report, which Healthwatch East Riding produced in conjunction with other local Healthwatch (NB feedback received since this meeting has been very positive). In the report Healthwatch highlighted the work they had done, and the themes/issues found, in five areas; Out of Hours Care, Cancer Services, Urgent Care, Acute Care, and Mental Health. Some gaps were identified, especially around Cancer Services. Healthwatch will continue to be involved in the STP process. Concerns were raised regarding the lack of public engagement by the STP team including the lack of CCG lay member involvement up to this point.</p>	
5.	<p><b>Public Questions (submitted in advance)</b></p> <p>There were no questions submitted from the public.</p>	
6.	<p><b>Report from Partners</b>  <b>Mike Briggs (MB) &amp; Trevor Collinson (TC)</b>  <b>East Riding Safeguarding Adults Strategy 2016-2019</b></p> <p>MB stated that the strategy had been agreed by the East Riding Safeguarding Adults Board in March and thanked Healthwatch for their input.</p> <p>The strategy will be included as part of the Board’s business plan and annual report and can be found at:</p> <p><a href="http://www.ersab.org.uk/policy-documents/">http://www.ersab.org.uk/policy-documents/</a></p> <p>In order to be accessible for all the strategy contains a ‘strategy on a page’ section which highlights the vision of the strategy and key objectives.</p> <p>The vision remains the same as always i.e. abuse is not tolerated, everyone works together to prevent abuse, and that services respond effectively when abuse is suspected.</p> <p>MB went on to highlight objectives 5 (increasing service user and carer involvement), 8 (working more with VCS groups), and 9 (increasing awareness of safeguarding in relation to services provided in people’s own homes) as the areas where Healthwatch could play a part.</p> <p>MB reflected anecdotal evidence which suggests that, whilst some people do fall through the cracks, most abuse in institutionalised settings i.e. hospitals, care homes etc. does get picked up but with increased moves towards care at home this may become more difficult, especially if those providing care are outside of the CQC remit.</p> <p>TC stated that, over the last year, contacts have been made with various groups, such as community links and church groups, in order to work on objective 8. This also included working with ERVAS to look for funding for a paid staff member to conduct engagement work. Unfortunately this has, so far, been unsuccessful but work is ongoing.</p>	

<p>TC also expressed concerns that abuse is being under reported in home care settings and wants to work more closely with providers and commissioning units to address this.</p> <p>LC highlighted that Healthwatch Enter and View volunteers do receive safeguarding training and that they are happy to raise the profile of the safeguarding team in their community engagement.</p> <p>JP raised concerns regarding financial abuse of vulnerable people and the difficulties in detecting this. She also expressed concerns at possible gaps in provision as young people move from the remit of the children’s safeguarding team to the adult team, especially around e-safety.</p> <p>MB stated that the adults and children’s safeguarding teams do work closely together and that in certain circumstances an individual could remain covered by the children’s board up to the age of 25. He also showed new leaflets that the safeguarding board have published both for professionals and in an easy read format concerning the different types of abuse.</p> <p>TC informed the meeting that the safeguarding team is working with other organisations to raise awareness of financial abuse.</p> <p>JP, with LC, discussed the issue of feedback from the safeguarding team when Healthwatch have escalated a matter to them and the need for a two way process.</p> <p><b>Action: Safeguarding Board to have further discussion about feedback mechanisms for Healthwatch and other referring agencies (and individuals).</b></p> <p>JJ raised the possibility of an Enter and View style assessment of home care services.</p> <p>It was agreed that a representative of the safeguarding board would attend future ISAB meetings (at least once a year).</p> <p><b>Action Point: Keep safeguarding board informed of future meetings to attend as required.</b></p>	<p>LC</p> <p>LC</p>
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<p>7.</p>	<p><b>Update on Strategic Plan</b></p> <p>LC stated that the Mental Health Directory was complete and was in the process of being printed. The online version is on the Healthwatch website and had received approximately 100 visits in the first week. Work is ongoing regarding the Health Literacy Project with a possibility of holding a regular information session at the Courtyard in Goole.</p> <p>JP asked if Healthwatch had carried out a press campaign regarding the launch of the directory. LC said that some limited press work had been carried out but this would be increased when we have received the printed editions. It was suggested that regular checks be made of the accuracy of the information, perhaps by volunteers.</p> <p><b>Action: To utilise volunteers/ISAB members for checking factual accuracy of information.</b></p> <p>LC informed the meeting that Healthwatch have signed up to the National Citizen Service week, which involves working with young people. It is planned for them to carry out a short project on our behalf. Healthwatch are also training young people to conduct Enter and View's as part of an apprentice pilot scheme.</p> <p>LC mentioned that Caroline Frost has left Healthwatch to return to Hull CVS. It was suggested that the board send a letter of thanks to her.</p> <p><b>Action Point: Write to Caroline Frost.</b></p> <p>JP highlighted the high number of meetings LC/Healthwatch attends. LC reassured her that she does conduct audits of the value of which meetings to attend and said she would circulate this information.</p> <p><b>Action Point: Send meeting list.</b></p> <p>LC stated that our work on carers has started early due to East Riding Council starting work in a similar area, which Healthwatch wished to support. Our work into 'What Matters' to young people has been delayed by other children and young people's work streams taking priority. The residential care report is also slightly delayed due to other project pressures.</p> <p>LC also confirmed that Meeting New Horizons had secured the Healthwatch East Riding of Yorkshire contract. The board commended LC for her part in securing this. LC suggested a possible meeting to discuss contract details.</p>	<p>GP</p> <p>MK</p> <p>LC</p>
<p>8.</p>	<p><b>Governance Issues</b></p> <p>LC informed the meeting that David Gamble has stood down as a member of the ISAB. It was suggested that the board sent a letter of thanks to him</p> <p><b>Action Point: Write to David Gamble.</b></p> <p>Recruitment for a new member is underway.</p>	<p>MK</p>

9.	<p><b>AOB</b></p> <p>CD enquired as to the success of the Healthwatch stand at the Drifffield Show. MK and LC informed the meeting that during the day we engaged with around 1000 people, of which around 400 took part in our identify health priorities activity.</p>	
10	<p><b><i>Date &amp; time of future meetings</i></b></p> <p>Wednesday 5<sup>th</sup> October at the Brough Business Centre. This will be combined with the workshop to discuss contract details/strategy and forward planning so will start earlier than usual with a lunch at 12:30pm Public meeting will start at 3pm.</p>	