



Healthwatch Dudley Board Meeting in Public

Tuesday, 1 December 2015, 6.00 pm
dy1, Stafford Street, Dudley, DY1 1RT

Attendees

Name
Pam Bradbury - PB (Chair)
Jayne Emery - JE (Chief Officer)
Karen Bridgewater - KB
Karen Garry - KG
Tom Hayden - TH
Sally Huband - SH
Bill Weston - BW
Joseph Janjua - JJ
In attendance
Deb Attwood - DA (note taker)

Apologies

Name
Maria Bailey - MB

Notes

Discussion	Action	Deadline
1. Welcome/apologies PB welcomed everyone to the Healthwatch Dudley Board (HWD) meeting. There were no members of the public present to observe proceedings.		
2. Matters arising and actions from previous meeting The notes from the meeting held on 6 October 2015 were taken as read. Actions were reviewed as follows:-		

<p>Meeting with Dudley & Walsall Mental Health Partnership Trust (DWMHPT) - PB and JE held a positive meeting with the Trust in November.</p> <p>PB/JE advised that Black Country Partnership NHS Foundation Trust (BCPFT) have recently announced that they are looking for a partner. The Trust is not financially stable at present. D&WMHPT have put in a bid with Birmingham Community NHS Trust (BCT), as have Birmingham & Solihull Mental Health Foundation Trust (BSMHFT).</p> <p>JE added that presentations were recently delivered to approximately 150 stakeholders, including HWD. Feedback from stakeholders represented 12 ½% of the overall score.</p> <p>The preferred option for BSMHFT would be an acquisition. However, D&WMHPT and BCT did not want it either to be an acquisition or a partnership and it was acknowledged that there are strengths and weaknesses to both options.</p> <p>If D&WMHPT acquire BCPFT this will widen the range of issues as BCPFT provide a variety of services across the whole of the Black Country and not all services are delivered in each borough. The Trust provides mental health services in Sandwell and Wolverhampton, plus specialist learning disability services across the whole of the Black Country and children's community healthcare in Dudley.</p> <p>JE added that whilst there was a lot of representation from mental health services, there was no representation at the stakeholder meeting from organisations involved in learning disabilities and children's services.</p> <p>A decision is currently awaited. JE to update at the next meeting.</p> <p>PB commented that D&WMHPT are part of the only mental health trust in the country that has Vanguard status and outlined the benefits of becoming a Vanguard. There may be an opportunity for HWD to undertake some engagement activity for the Vanguard with support from other LHW colleagues. PB has spoken to all LHW involved who are also in favour of this opportunity. Further discussions will be held with D&WMHPT over the coming months. JE to update at the next meeting.</p> <p>KG enquired if it would be appropriate to offer her support around scoping to which PB agreed as it would be a great opportunity for HWD.</p>	<p>JE</p> <p>JE</p>	<p>Next meeting</p> <p>Next meeting</p>
<p>HWD Contract</p> <p>PB updated the Board following the meeting held with the lead commissioner for the local authority who provide the contract for HWD which expires at the end of March 2016.</p>		

<p>The impression is that the local authority want to roll the contract over but are not allowed to do that as they have to work to standing orders which have to be signed off by a number of officials. The local authority explained the contract value is too great to allow a simple extension. Intention to extend the contract has to be made public and if challenged PB felt we would be in a strong position to compete if necessary.</p> <p>Internal processes will now be followed and PB is being kept informed of progress. A final decision should be made by the end of January at the latest.</p> <p>PB added that once the contract value and renewal details are clear, a Board Away Day will be arranged to determine priorities moving forward.</p>		
<p>Low Vision/Thomas Pocklington/Beacon Centre Services being provided by the Beacon Centre and clarification on the engagement process followed with affected members of the public living in the area previously covered by the Thomas Pocklington Trust has been circulated to all Board members.</p>	JE	Closed
<p>MB Action - Mental Health Crisis telephone number (Pg 8) MB to provide evidence in relation to comments made when visiting a local homeless service that the mental health crisis line is never answered. DA to chase MB.</p>	DA	Closed
<p>3. Chief Officer's Update (Priority Action Plan)/Board Update JE invited comments on the Board Update for December 2015 which had been circulated prior to the meeting.</p> <p>Urgent Care Centre (UCC) KB commented that it was good to hear that action is already being taken as a result of the report produced by HWD following engagement with members of the public at the UCC, and that money is being secured to make improvements.</p> <p>A new Capital Development Feasibility Study is underway by Dudley Group of Hospitals and Dudley Clinical Commissioning Group.</p> <p>Once the final decision is reached in early 2016, the work put in by HWD to bring about the changes as a result of engagement with the public will be extensively communicated. PB stated she would definitely want to include the story in the HW England newsletter as 'Story of the Week'.</p> <p>JE added that HWD were extremely pleased that the Clinical Commissioning Group (CCG) and partners actively listened to the comments provided by HWD.</p> <p>PB commented that the work of HWD in relation to the UCC had even reached the attention of Simon Stevens, Chief Executive of NHS.</p>		

<p>Stafford Street premises - dy1</p> <p>Drop-in sessions KG enquired about the attendance at the dy1 drop-in sessions which take place each Friday, with the first and third Fridays of the month also focusing on carers.</p> <p>Attendance at the drop-in sessions each Friday is quite low, however, those who do call in quite often have complex issues to discuss which they have initially raised by telephone or at an event and subsequently agreed to meet at dy1 to discuss further.</p> <p>JE added that the time of day and time of year the drop-ins are held may have an effect on attendance and this will be considered along with plans for the future once contract renewal is secured.</p> <p>The drop-ins are being promoted by the carers' network and at every opportunity when attending meetings and events.</p> <p>KG asked if HWD had the expertise needed to deal with queries from the public. JE responded that complex queries are discussed as a team and the contacts and knowledge of the team as a whole enable people to be signposted or provided with information as necessary.</p> <p>dy1 social morning for Board and Volunteers - 18 December PB reminded the Board about the invitation which has also been sent to HWD volunteers to drop in to dy1 on Friday, 18 December between 10.00 am and 12.00 pm for a cup of tea and mince pie.</p> <p>PB acknowledged that the timing may not be convenient for everyone and proposed an additional similar but larger event in the coming year - hopefully if and when the contract is secure.</p>		
<p>Community Information Points/Information Champions KG enquired about the effectiveness of the Community Information Point network.</p> <p>BW suggested that HWD and the Community Information Points could be promoted within GP surgeries. KB replied that it was costly to advertise on the TV stations which are seen in some surgeries and quite often some surgeries do not have the TV switched on.</p> <p>KB informed everyone that HWD leaflets are sent out with letters to all new people referred in for Telecare services and leaflets are also on the information stand at BHHSCC.</p> <p>JE advised that she would be attending Patient Opinion Panel (POPS) meetings with Melissa Guest (MG) in the five townships to do presentations about HWD and the Community Information Point (CIP) Network.</p>		

<p>Representatives from all Patient Participation Groups (PPGs) attend the POPS meetings.</p> <p>Association of Directors of Adult Social Services (ADASS) - JE attended a presentation recently about making health personal where comments were made that the Community Information Points were an example of good practice and been recognised across the West Midlands.</p> <p>The take-up of people wanting to be trained is still high. The challenge is to develop a robust process to obtain feedback from Champions by way of examples of the outcomes. The value of the CIP training in terms of networking was acknowledged.</p> <p>JE reminded everyone about the role of the apprentice working with the Access Team who is also providing support with gathering feedback and updating the CIP database.</p> <p>KB commented that members of the Access Team have either completed or are booking to attend training. Also, the Salvation Army have taken on a drop-in centre from St Thomas' Network who will book on for training.</p> <p>After further discussion, PB requested data demonstrating outcomes from the Community Information Point network for the next meeting.</p> <p>PB said she would still like HWD to consider taking on an apprentice if we have security of the contract for at least a year.</p>	<p>JE</p>	<p>Next meeting</p>
<p>Young Health Champions KB asked for further explanation about the role of Young Health Champions.</p> <p>Dudley's project is based on a similar project that has been developed in Shropshire. JE outlined that Shropshire Young Health Champions are a group of young people who want to help get a health related message across to other young people. The champions have received training from an organisation called Altogether Better.</p> <p>The CCG and Public Health have provided £115,000 each for this project and want to work with the voluntary sector to develop young health champions as the 'go to' person to ask about issues relating to health and well-being. The overall aim is to have a young person in each organisation as a young health champion and part of the funding will be used to support this.</p> <p>It is anticipated that evidence gathered from our Young Health Researchers will feed into this project once it starts.</p> <p>KB suggested having a young person on the Board. PB agreed that this could be discussed once the future of HWD is confirmed.</p>		

<p>Deaf Community</p> <p>BW commented that it was pleasing to see that HWD have a good relationship with the deaf community and are listening to their concerns, particularly around interpreting services in Russells Hall Hospital.</p> <p>JE updated the Board on the meeting held with Liz Abbiss (LA), Head of Communications & Patient Experience at Dudley Group, where a list of common issues raised by members of the public were discussed. Issues were put into themes and the meeting proved a very valuable exchange of information. As a result, HWD can provide the hospital's response/stance on some of the common issues raised by members of the public in the light of the knowledge provided at the meeting.</p> <p>JE said LA also acknowledged that although Dudley Group (DG) conduct their own engagement, it was very useful to have independent feedback. Meetings will now be held on a quarterly basis.</p> <p>JE added that all of the information gathered about interpreting services was welcomed by LA who advised that DG are tendering for interpreting services in February and would very much like to engage with the deaf community as part of the process.</p> <p>HWD have met and fed back the response from DG and arrangements are being made for a representative from DG to meet with the group, along with HWD and to involve them in the tendering process.</p>		
<p>Saltbrook Place</p> <p>JE added a further item about Saltbrook Place, Lye which supports homeless people.</p> <p>JE outlined the way in which access to GP services is difficult for some residents as some have been abusive to GPs who then refuse to see them at the surgery.</p> <p>JE attended a Task & Finish Group at the CCG where there were a number of organisations such as GPs, Police and local authority also in attendance with representatives from Saltbrook Place to identify how services can be provided in a safe and effective way. Saltbrook Place refer to their residents as 'customers'.</p> <p>A new process was agreed whereby the GP will attend Saltbrook Place for those customers posing a risk. Previously, some GPs were telling the customer they needed to have a chaperone and there was some misleading and confusing information being circulated about this. GPs were reporting abusive and threatening behaviour by some customers at the surgery. The customers posing less of a risk will be able to attend their GP surgery.</p> <p>JJ enquired about the type of people who live in Saltbrook Place and was informed that as far as HWD are aware, there are 58 flats which are always</p>		

<p>occupied, which are funded by the local authority.</p> <p>HWD plan to go into Saltbrook Place to capture the experiences of some of the customers to find out how they engage with services in order to return into the community. The customers are of medium to high risk and can stay for a maximum of two years.</p> <p>Dudley CCG are looking at funding needed to provide the service and over time, Midland Heart will identify the individuals who have gone through the new process so that HWD can meet and capture experiences.</p> <p>TH expressed an interest in accompanying Chris Barron (CB) to the next visit to Saltbrook Place.</p>	<p>DA</p>	
<p>Case Studies</p> <p>KG enquired where the contacts came from which resulted in the case studies.</p> <p>JE responded that some people were seen as a result of initial enquiry via the office helpline, whereas others were by way of referral from the Integrated Plus workers.</p> <p>Both PB and KG said they would like more information provided about the Case Studies in the next Board Update.</p> <p>PB added that it was evident that all of the hard work by the team was obviously now coming to fruition.</p>	<p>JE</p>	
<p>HWD Priority Action Plan (omitted from Agenda so within Item 3)</p> <p>JE advised that the majority of the actions within the plan are now ranked as green (completed) which is to be expected as HWD are nearing the end of the three year term.</p> <p>The action under Mental Health is ranked red (risk of incompleteness) as it was unachievable due to the Trust not being ready to hold the proposed event. As the CQC are conducting an inspection in February 2016, HWD may be able to re-visit this item but that the planned activity may change. PB said she would circulate the Healthwatch Quality Statement to the Board. Healthwatch England issue a number of quality statements which are areas of good practice for local HW to follow. PB pointed out that if the statements were included within the HW contract, HWD would be achieving all the statements. PB has therefore shared the statements with local authority commissioners for consideration as part of performance management of the contract.</p> <p>A discussion took place about Healthwatch England and how each local Healthwatch are operated differently. Discussion also surrounded whether there could eventually be a combined Healthwatch across the Black Country. Until clarification on funding and contract renewal is received, the situation remains unclear.</p>		

<p>4. Communications Plan</p> <p>PB referred to the document entitled ‘Marketing Activities’ and asked Board members if there was anything to add. The Board confirmed they were happy with the content.</p> <p>PB encouraged members of the Board to provide evidence of engagement activity so that the team can decide on priorities.</p> <p>KB added that she has become very involved with RHH as a result of her own personal complaint about her experience there. The hospital have invited KB to return to the Emergency Assessment Unit and the Diabetes Ward to review the changes made as a result of her complaint.</p>		
<p>5. Accounts</p> <p>JE advised that there were no accounts to circulate as HWD were now mid quarter, but would be circulated prior to the next Board meeting. These will look at budgets with the focus on sustaining the size of the team.</p> <p>KG asked what would happen if HWD had a surplus of funds and the contract was frozen. KG was keen that this was evidenced and shown as a separate service line in the accounts and asked who the money would belong to.</p> <p>JE replied that any surplus would have to go towards sustaining the team.</p>		
<p>6. Questions from the public</p> <p>There were no members of the public present at the meeting.</p>		
<p>7. Any Other Business</p> <p>Dates for the next Board meetings will be circulated.</p> <p>A date to hold a Board Away Day will also be identified. Suggested timing is 10.30 am to 3.30 pm.</p> <p>A social event will also be held for the Board at the end of January.</p>	<p>DA</p> <p>DA</p> <p>DA</p>	
<p>BW said he was pleased that the Carers Group was progressing as a result of the information HWD have been feeding back to the group and thanked everyone for their support. BW added that he felt more people knew about HW now, such as other carer support groups where CB has been attending to deliver talks.</p> <p>JJ commented that dy1 was an excellent venue in the community.</p> <p>PB advised of the changes within the management of HW England and that Anna Bradley, Chair was leaving at the end of March 2016. The Chief Executive is also leaving and PB will be part of the interview panel. In the meantime, an interim Chief Executive is being appointed.</p>		

7. Date of next meeting The date and venue of the next meeting will be advised.	DA	
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