

Healthwatch Worcestershire
Public Board Meeting, Friday 3 November 2017
Civic Centre, Queen Elizabeth Drive, Pershore

Minutes

[NB This meeting was webcast and can be viewed at
www.healthwatchworcestershire.co.uk]

1. Attendance

- **Directors:**
Peter Pinfield [Chair]
Martin Gallagher
Jo Ringshall
Jane Stanley
John Taylor

Also in Attendance

- **Co-opted Members:**
Anne Duddington
David Saunders
Ray Eades
Kiran Mhudar
Barbara Pugh

[NB The Co-opted members attend the Public Board Meeting as non-voting participants]

- Simon Adams [Chief Operating Officer and Company Secretary]
- Imelda Redmond [National Director, Healthwatch England]

2. Declarations of Interest

PP declared that he had been appointed as a Citizen Member by the West Midlands Clinical Senate.

3. Minutes of the Public Board meeting on 8 September 2017, and Matters Arising

The Directors agreed the minutes of the Public Board Meeting on 8 September 2017 subject to an amendment at para 8.

Matters Arising:

- **Childrens Services**
SA reported that HWW awaited further information about the Alternative Delivery Model for Childrens Services and opportunities for HWW to fulfil its statutory functions in relation to them.
In the interim JS will continue to attend Childrens Services Scrutiny Panel

- **Safeguarding Vulnerable Homeless Adults**

The Board noted that it had been disclosed that no review into the death of Cardon Banfield would be carried out in accordance with guidance published by Homeless Housing Link.

SA reported that he and JT had arranged to meet the new Chair of the WASB on 11 December to discuss the Board's decision not to undertake a Safeguarding Adult Review of the circumstances of the death of Cardon Banfield in the light of information which had come to light since the Board first considered the matter.

Jonathan Sutton updated re Homeless City Forum - six people nominated to form a Group to look at issues including safeguarding.

SA reiterated that HWW's interest in the Cardon Banfield case, whilst acknowledging that housing was linked to health inequalities and that outreach services were funded by Public Health grant, was rooted in HWW's responsibility to enable local people to monitor the quality/safety of safeguarding processes.

4. Stroke Services in Worcestershire

Brendan Young - Patient Member of the County Stroke Forum

Dr Carl Ellson - Chief Clinical Officer, Worcestershire CCGs

- Explained the evolution of stroke recover/stroke services. Worcestershire Stroke Strategy Group have all worked together. The centralised stroke services in Evesham hospital are working well and there is national recognition that Worcestershire Stroke Services are above average.
- Reinforced comments about centralised services. The CCG has majored on preventable strokes.
- Mini strokes - looking at improving achievement standards. A new Stroke Lead at the Acute has improved statistics impressively
- Next steps - lack of staff is an issue and looking to centralise more services with a focus on maintaining local triage. Rehab should also be carried out locally. Evesham is a successful therapy led service. Now looking to work better with the VCS regarding support at home.

Q. Cllr. Jerry O'Donnell - cardiac rehab - would be pleased to be in the same position as the Stroke

Service. GP's should be identifying these at risk cases, advising exercise, diet lifestyle advice and offering intervention.

A. Dr Ellson - it is difficult to get busy GP's to take up signposting. Referrals should come from anywhere.

Brendan - Arterial Fibrillation identification is improving with the use of IT - detection of wellbeing and including social isolation. Our CCGs are working collaboratively with GP better than ever.

5. Healthwatch England

Imelda Redmond, National Director

- Been in post since January

- Housed within the CQC
- Arm's length from Government also CQC
- There are various funding situations regarding Councils and Local Healthwatch/Health and Care Services
- 152 local Healthwatch
- HWE gathers local knowledge to influence national policy
- Regarding Hospital Discharge - "right discharge at right time" HWE have influenced national policy whilst acknowledging the system is under pressure.
- Readmissions - information via a FOI request to put information into the public domain - local Healthwatch are crucial to this work
- Mental Health services - local HWs strongly say this is a priority and HWE are scoping this at present and is a big piece of work for them
- Another issue raised by local HW is Social Care - HWE will continue to look at this and make precise recommendations for service provision.
- Problems experienced in Worcestershire are part of a national picture.

Q. Martin Gallagher - What is the pattern of expenditure on mental health services as there are continued cuts to the service in Worcestershire - where is the Government money going as we have seen nothing of it in our County?

A. IR - We will ask this question as part 6 of the scoping of the project. This local knowledge is vital

Q. Anne Duddington - As local Healthwatch are taking on Childrens Social Care do you have any feedback from other local Healthwatch?

A. IR - There is some really fascinating work being done. Local Healthwatch choose their approach. Children/YP engagement for the Health and Social Care Services. Specific projects on wellbeing. Access to support for mental health and wellbeing. Critical mass from local HW creates a piece of work for HWE.

Q. Peter Pinfield - the Government promised consultation on social care provision payment - where does HWE stand?

A. IR This was part of the Dilnot report and is a political hot potato. There is a green paper on social care but we can't see there being a consultation.

Q. Jonathan Sutton - the parity between mental and physical funding and childrens services doesn't exist. The adverse childhood experience. There is this being pushed up the Agenda. Homeless Charities deal with outcome of adverse childhood experience daily.

A. IR - the Government priority of the first 1000 days - there is quite a lot of work being done on this and there is also a push on the last 1000 days. Amongst the Network we haven't heard anything about it.

SA - What is the remit of HW? Homelessness - to what extent do we go outside the remit

MG - we talk about fragmentation - 6% of the mental health budget goes on children - 94% spent on adults - you are not going to interrupt the supply.

SA - HWW will support HWE in their work on mental health. How can we get the Network to pull together.

IR - We want to trial a new way of working with local knowledge and evidence. We can do national data crunching and would like to work with Healthwatch Worcestershire on this.

CE - We are happy to work with HWE and HWW but there is only a finite amount of money - parity of esteem

IR - How do we utilise public money correctly?

6. Public Participation

A member of the public related her experiences of Electro-Convulsive Therapy [ECT] and concerns about how ECT was administered to her and is used in Worcestershire.

Dr Ellson responded by agreeing to meet with her and consider the quality of ECT currently provided in Worcestershire.

7. NICE Consultation on Adult Social Care Guidance

The Board considered and the Directors approved Healthwatch Worcestershire's response to the NICE Adult Social care Guidelines.

8. Update on Healthwatch Worcestershire's Business Priorities

SA presented the report on the company's business priorities. The Board noted the action plan from the CEO of Worcestershire's Acute Hospitals NHS Trust in response to the recommendations in the Corridor Care report.

The Board agreed to prepare a response to the consultation on the Worcestershire County Council Pharmaceutical Needs Assessment.

Action: SA - to prepare a response to the consultation

9. Company Membership Scheme

The Board considered and the Directors approved the following applications for membership of the Company Membership Scheme:

- Worcester Heart Support Group - Reference & Engagement Group
- Andrew Sleight - Reference & Engagement Group [EbE]