**Board Meeting**

Monday 13th November 2017

Granfers Community Centre

**MINUTES**

**Members of the Board present**;

Chair – David Williams (DW)

Treasurer - Adrian Attard (AA)

Adrian Bonner (Abo)

Derek Yeo (DY)

Launa Watson (LW)

Shri Mehrotra (SM)

Citizens Advice Sutton (CAS) - Steve Triner (ST)

**Staff Team present**

Pete Flavell (PF)

Ishmael Evans (IE)

**Apologies**

Pam Howe (PH)

Alison Navarro (AN)

Vice Chair - Barbara McIntosh (BM)

Annette Brown (AB)

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| **1.** | **Welcome and Apologies****DW** opened the meeting.Apologies were noted. |
| **2.** | **Minutes from the Board Meeting held on 11th September 2017**The minutes from the Board Meeting held on 11th September 2017 were ***accepted***.  |
| **3.** | **Matters Arising** **Abo** shared that the book mentioned in the previous meeting is launching on 6th December. **Action: PF liaise with AN about running an event** **PF** asked for action to speak to Deborah Clay to be removed as once the care home project starts Deborah will decide if she wants to be involved or not. **Action removed.** **SM** advised **IE** on the event but **PF/IE** decided not to attend as the event was as age specific as initially thought. **PF** has looked at extra criteria for survey. **ABo** sent **PF** details on the book.**IE** met with **PF** to discuss the communications and engagement strategy.**PF** to look at inclusivity of survey. Action carried forward. **ACTION: PF to look at inclusivity of CYPMH Survey****IE** has not yet spoken to **AN** about VC Connect. Action to be carried forward. **ACTION: AN to speak to IE about VC Connect****SM** and **LW** attended ASCOT CH3 training. **LW** shared that she spent 2 days of carrying out the survey at Belmont care home. Members of the vanguard steering group were gathering information on behalf of NHS England. The process can be time consuming and observations are a challenge. Having residents together helped but once they started moving it was difficult to manage. A lot has been learnt with the view of improving things when **SM** attends. **PF** asked if anyone else has used it. **LW** shared Sutton are the first in the region to use it. **PF** suggested all sites should communicate for good practice. **LW** believed this occurs as things that have been encountered were mentioned during the training. Feedback has been given to the lead of the project. **LW** felt safeguarding could be improved. Resident wasn’t well and consented to interviewing and during the interview things were changing and **LW** stopped the interview. Things being said concerned **LW** and she spoke with the manager and the patient had a history of issues. **LW** felt this should’ve been explained during the initial briefing. **LW** felt Healthwatch and social services could work together. **PF** agreed.  |
| **4.** | **Healthwatch Information and Advice – update by ST****ST** referred to case study provided. There’s an increasing number of people calling who are distressed and upset. Particularly universal credit and debt issues. **ST** is pleased that Citizens Advice Sutton (CAS) are able to help. Social services continue to be the most common reason for calling the Healthwatch line with 24 calls. **ST** shared about the Beddington and Wallington locality pilot. **DW** asked if CCG locality. **ST** explain it is the social services locality. Pilot to enable access to services at an early stage and to provide early access to debt advice etc. **ST** shared about the Sutton Council front door process which is working out how people access council processes. Looking to avoid any duplication. Trying to prevent wrong referrals to the council. **PF** shared a concern about the council call system and that some callers may not be able to speak to someone. **DW** will raise issues with the calling system on 14/11/17.**ACTION: DW to raise call system issue with Sutton Council****ST** is looking to increase services for people with mental health (MH) difficulties as there is a link between MH and debt. Citizens Advice Sutton now have 5 full time staff providing debt assistance. **PF** asked type of debt people typically deal with. **ST** explained debt as a result of people with lack of money to manage. Payday loans, council tax debt etc are contributing to the people who are struggling to make ends meet. **ABo** asked about MH phone calls and whether there is a link to the street based MH triage service. Psychiatrist based at the police station to assist with MH issues. The service is run by south west London St Georges with George Platt the contact to speak to. **AA** queried a figure showing one call to CAS about MH during the quarter. **ST** shared that the figures distinguish between local and national services. There was one national MH call and 9 local calls. **PF** shared CAS will give a tally of the previous quarter to show whether figures are going up or down and if themes developing. **ABo** suggested a graphic would be useful to help with the comparison. **SM** shared he went to a meeting called smart city Sutton project. Sutton Council has given ARUP money to investigate on transport and MH and that **ST** could get involved. **ABo** added that this is money from the mayor. **SM** asked about the one telephone call system for the council and other services. **ST** suggested the ALPS line. **ST** explained the complexity of having an all in one service.**ACTION: SM to pass information on to ST****ST** shared that CAS do a large amount of welfare benefit appeals. To win an appeal you need medical evidence from a GP/consultant. Several times a week CAS writes to GP’s. An issue that is arising is how information from GP’s interacts with social prescribing. **ST** will be trying to create a protocol for requesting evidence. **PF** recommends that **ST** goes to the GP Federation in order to liaise. **ACTION: PF to pass contact details to ST****ABo** asked if foodbanks can assist in providing support. **ST** has experimented with this before and found most people wanted to get their food and then leave. **ABo** adds foodbank volunteers help with CV writing etc. **ST** added winning a PIP appeal can help support them and improve their health and wellbeing.  |
| **5.** | **Advocacy for all update****PF** included the report that was shared during the now regular quarterly meeting. Advocacy for all (AfA) are not managed by the board but the council. AfA endeavour to inform of any trends coming up. **AA** noteed communication and staff are the main issues for calls to AfA. **DW** suggested a simplified format for type of complaint and volume. **SM** added that he would like to see the outcomes of the closed case. **PF** agreed this would be good and will look into it but AfA are under no obligation to provide this. **ACTION: PF to speak to AfA to look at data****PF** shared that 19 out of 40 referrals have been fulfilled and the service may run out during the year. Whilst this contract is not managed by Healthwatch it is a concern as it is will have a reputational impact. **ACTION: DW to raise at next quarterly meeting**  |
| **6.** | **Communications and Engagement – IE****IE** presented the communications and engagement strategy. **IE** asked for the group to provide feedback on the strategy. **DW** suggests that any comments to be provided within 2 weeks. **IE** asked where the strategy should go, if the board would like it to go on the website or to be left internally. **PF** recommended that the strategy would be good to have on the website and that it would be good to have as much documentation online as possible. **DW** suggested that the communications team at the hospital can have a look through the strategy. **ABo** suggested that the strategy is digitalised and broken down into simple stages. **ACTION: IE to produce digital format and to forward to communications teams at local hospital** **PF** added that he is pleased with the piece of work. **SM** suggested having signposting on the website to GP services and other agencies that people can go to. **PF** and the board agreed that once the two weeks are up the strategy will be signed off.**ACTION: Board to provide any amendments to IE by 27/11/17** |
| **7.** | **Finance Update** **AA** shared a summary of the finances for the quarter. **AA** queried if the grassroots funding has come through. **IE** confirmed this has happened. **AA** raised a concern that the CCG funding should be same every quarter but didn’t appear to be. **ACTION: PF to speak to finance about why the figure are not correct** Figure included whole year grassroots and health champion payments. Income was £47,477 and expenditure £31,599. We have reserve of £13,500.**PH** is working extra days beyond her days and has put down 20 days. So this will be taken out of the extra funding bit by bit. **DW** is bringing in income by chairing panels. **LW** added the ascot will be providing income by board members being on it. **SM** shared about collecting information via tablets and suggested charging money for data. **DW** asks for lanyards with our details on. **PF** suggested business cards for the board with Healthwatch contact details and not personal details. Board agree this would be useful. **ACTION: IE to contact board to see who would like business cards and lanyards****ACTION: IE and PF to looking into gathering tablets and mentimeter** |
| **8.** | **Project/Organisational Updates****Children and Young people’s (CYP) Mental Health Project** **PF** shared that he has had difficulties reaching some key contacts to progress the project but has now made contact. CYP survey is presented to the board. Only influencing factor left is if the schools get back with feedback about the survey. On 16/11/7 **IE** will attend a meeting with primary and secondary head teachers. From sending out the project papers to meeting attendees there has already been one expression of interest from a school. **PF** was due attend a secondary heads meeting on 15/11/17 but has now been moved to 13/12/17. The controversial questions are in question 2 which could raise safeguarding issues. **PF** added that cards will be given of details to national and local charities that people can get in contact with. **DW** suggested stressing confidentially of questionnaire in red. **AA** asked about concerns about teachers identifying people by their handwriting. **PF** queried adding an envelope which is sealed. Group agreed this would help with confidentiality. If over 50% of patients complete it there will be a personalised report. If a school has paper copies of the questionnaire, they can add school-specific information. Group agree a February/March release. **A&E Project** St Helier hospital contacted HW about lower F&F feedback than expected. **PF** has drafted questions. Sutton CCG has also asked about why people are attending A&E. **PF** has put together questions by looking at 15,000 comments. The themes are from the low rated responses. A common theme is people being dismissed for not having a serious injury and not treated in a way they feel they deserve and people being left in pain. **PF** at a stage where he is ready to run the project after receiving the go ahead from the hospital and CCG. **PF** would like to speak with hospital staff to ensure volunteers approach people in A&E with sensitivity. Options for the project are a paper copy, online form or volunteers to call patients back and chat to them. **DY** added recognition for all of the work that has gone into producing the report. **PF** said the next point is to speak with hospital about implementing and speaking with the volunteers about running the project. **DW** adds he would be happy to go up on an evening. **LW** highlighted only visiting Monday – Friday may miss cohorts of patients if not doing the weekend. **PF** added that **PH** mentioned observing staff interactions would also be helpful. **DW** suggested volunteers speaking with staff to understand their point of view. **DY** referred to Q23 regarding appointments out of hours and adds it is not known to many residents in Sutton. **DW** agreed and mentioned that he has spoken to the CCG about this. **DY** felt this should be included in publicity.**Sutton Mental Health Foundation (SMHF) Joint Project****PF** refered to email handout. HW was approached by SMHF to see if crisis care plans are working. People appear at A&E or crisis café. The care plan has information for them and clinician to support them. This includes triggers and what works for the individual. **PF** to meet with Alan Leader who works with people with MH issues. **PF** asked to create questions. **PF** put in contact with MH nurse and consultant and through meeting realised most of questions might not be of use. Most people who arrive at A&E may not have a crisis care plan. There are 3 different pathways – those with severe MH issues and sent to Springfield. At other end people who arrive having never had an episode and want to fix it. Difficulty is found with people in the middle. There are two potential projects identified. Either working with community MH team and people seen by them after coming out of Springfield can have these questions. If A&E attendance was the priority the current questions would not be suitable but there is an opportunity to work with people to resolve their issues in A&E. **PF** gone back to Alan to arrange meeting for progression. **Care Homes Project****IE** to put together a paper newsletter to invite people to be involved in care homes project group. They can be part of physical or virtual group where they receive emails. **DW** asked for numbers. **PF** mentioned if too big he will breakdown the numbers. **SM** asks if care home workers will be involved for different perspective. **PF** would work with vanguard and commissioners and people providing services. **LW** added care home managers are on vanguard. **ACTION: IE to finish newsletter and include invite to care homes project****Support Worker Project** **PF** shares the event that was done a year ago. **PF** has a list of support workers and would like to work with Sutton council to invite support work organisations to come along and implement their recommendations. **PF** will send letter with the report to Support worker organisations to meet with commissioners. **Volunteer Recruitment** **PF** shared he is currently reviewing the volunteer job descriptions and processes. Enter and view and a Healthwatch ambassador will be the main roles. We have met with the Volunteer Centre who will help with the recruitment. Using Health Champions as volunteers could also be an opportunity as several have expressed working with Healthwatch in more ways. **Income Generation** **PF** explained that he needs to write down the offer about what the offer should look like. It should be vague and capture what we will offer to people. **PF** will then work with **IE** to develop. **IE** found a few grants that are available. Difficultly with grants was as we aren’t a provider organisation many wouldn’t be applicable but as some contracts are for independent evaluation we may be able to apply.  |
| **9.**  | **Important/Urgent Highlights from Boards/Committees/Groups/Others** **AA** is going to the South west London committee collaborative meeting with 6 CCG’swhere they’ll look to streamline services that are provided across postcode areas and to become more financially efficient. Each CCG will have 3 representatives. The CCG will advise the 3 representatives on issues to help achieve a unanimous view. **DY** shared that OPIG has ceased functioning. He recognised the good work that they have done in the past. **DW** mentioned that last Friday Epsom & St Helier Hospitals outlined the strategic case for their 2020-2030 vision. He outlined the options for the locations. **AA** shared about plans to extend the tram to Belmont. **SM** mentioned that Sutton council has produced a video to highlight the options |
| **10.** | **AOB****SM** informed the group about smart city initiative. It highlights how Sutton will progress and issues that might occur. They are building support for people with MH issues. **DY** queried what is happening about the consultation about the hospital site. **DW** shared that central Sutton health centre would have 5 GP surgeries going in. They have asked patients and now only 2 surgeries who wish to go in. originally 50,000 patients and only primary care. Needed minimum 30,000 to work and they currently only have 15,000. **DW** informed the group that Sutton Health and Care called a meeting for people who have experience of care. 6 people attended. The event was only advertised 4 days before. He adds the SCVS trustee’s event is on 16/11/17. **DW** asked if someone can attend the LTB meeting on his behalf.  |
| **11.** | **Date of the next meeting – all meetings held at Granfers Community Centre from 2pm to 4pm on;** **Monday 8th January 2018****Monday 12th March 2018****Monday 14th May 2018** |