1. **Present**

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| --- | --- | --- | --- |
| * Frances McCabe | * David Liley | * Roland Marden | * David Supple |
| * Bob Deschene | * Neil McIntosh | * Michelle Kay | * Chris Clark |
| * Geoffrey Bowden | * Christine D’Cruz | * Alan Boyd |  |
| * Sophie Reilly |  | * Will Anjos |  |

1. **Apologies**

* Catherine Swann

1. **New declarations of interest**

No new declarations of interest.

1. **Group Discussion with guests on the Quarterly Intelligence Report**

At this board meeting we had guests David Supple and Chris Clark of the Brighton & Hove CCG who were there to discuss our project planning.

David started by outlining the Healthwatch process of collecting data from a variety of means (surveys, site/home visits, public engagements, online, info line, email) and how we use that as the basis for discussions on projects. Roland collates that data and produces the Quarterly Intelligence Review which ranks the various themes and topics that arise on the variety of parameters such as need and impact.

Supple, Matrix of impacts mental health is huge. Fran yes, hope to impact. Bowden, and have finances. Neil, honour bound to tackle mental health

Roland then covered the top five of those listed in the latest review.

1. Mental Health (MH) was a big issue and referenced the recent suicide at Millview.
2. Sexual Health, with the highest STI figures outside of London
3. End of Life care (EoL) with many complaints over quality of service.
4. Cancer treatment and screening, with screening a few % below average.
5. GP primary care, with declining numbers of GP’s.

Geoffrey suggested A&E should also be there.

David Supple noted that bowl cancer screening rates were slightly up.

Roland mentioned Alan’s review of sexual health services in the city and that we were looking at projects, which may include Young Healthwatch. Alan has compiled a local and national briefing paper on sexual health which sets out the funding and demand pressures facing services. Sexual health is one of our top 11 health issues. We intend to publish this shortly. We continue to develop proposals for a related project

Alan is compiling a briefing paper on complaints. This consists of the outcomes following desk-based research and a literature review, and clearly demonstrates the vast array of information that exists, which often does not support the patient/complainant. We will consider what actions to take with this as part of our work planning, including proposals for a related project

Chris asked about this and Alan reported that he is aware of pressures on the ground. There are glowing reports on treatment and staff being brilliant, but very long waiting times and concerns over the potential closing of the walk-in clinic closing. There are increased repeat infections amongst gay and bi-sexual men. Funding cuts, increased demand, glowing praise - this is an inequalities issue.

Chris reported that MH, EoL and cancer as being the CCG’s top three issues. EoL is the last chance to show we care. We can treat people very well, but let them down at last moment. There are more wanting to die at home, but staff are risk averse.

David Liley noted that the feedback we get are mostly intense personal stories. Not just from people, but partner organisations too. It’s not just a B&H issue.

David also noted that the CCG have not commissioned any work from Healthwatch in three years. The equipment report we last made helped save an acknowledged £.5M in costs.

Chris raised concern about the IAPT (Improving Access to Psychological Therapies) service, but feels that commissioning Healthwatch would appear to be “weaponising” by the CCG. He suggested funding projects across Sussex. Bob questioned the implication that if the CCG paid HW, we we’re compromised. David Supple noted that the funding source shouldn’t matter.

Chris suggested that funding be across Sussex. David Liley reported that the South HW’s were splitting priorities: Brighton was on MH, East was on # and West on #. Fran suggested we should put forward a south plan and invite CCG to help fund.

Chris noted that Healthwatch is seen as a trusted and respected organisation, and felt that HW produce some of the best quality reports. The A&E performance report contributed to their plans. He said it would be useful to see what A&E recommendations had been put in place since the report. Interesting to know the experience of the wellbeing service waiting lists and how many end up at A&E. Brighton are a national outlier for IAPT, high suicide rates, anxiety and depression services.

David outlined Alan’s work on complaints processes, and just how unbelievably complicated it is, a complete mess. He reported that we withdrew from the BHCC advocacy service tender.

*At this point Chris Clark left the meeting.*

Davis Supple noted the primary care network seemed to be a panacea for everything and anticipated that future funding would be at the cluster level, not service. An important part of this would be to signpost those that don’t need GP. By introducing segmentation into the GP network, so some GP’s will handle emergency calls leaving others to handle more complex issues with 20 min appointments. Reducing the “crazy days”, will help improve recruitment. The PPG are happy to have this.

Fran asked about the CCG long term plan of 7 things, and asked David Supple for a chronological list of dates for the planned CCG projects starting.

*David Supple left the meeting.*

1. **Mental Health Work Update**

Neil, reporting on the MH, started by noting that IAPT was designed as a well-being service to get the worried well to back to work, and not for people in crisis.

The headlines are that MH services are strapped for cash and way over budget, with enormous pressure for service. People are being shipped out of area due to lack of beds. A lot going on to reduce pressures on demand to early intervention and people in crisis.

Christine asked if Brighton different to other areas in this and Neil responded no, though some beds out of area usage may be down to not needing more capacity for a particular service and may be an acceptable solution.

Sophie asked about prevention, which should be the first port of call counselling. Through Possability People (PP) she was seeing people with financial cuts need some psychological support. Sophie noted that patients don’t raise MH issues. Neil noted that as an interesting point. There isn’t much counselling there with limited capacity and long waiting lists - way short in terms of provision.

Other points raised included:

* Social prescribing options - money in long term plan.
* Access Hib to address first line support, NHS 111
* Triage service run by NH professional and allows signposting to GP or other services.
* Psychiatric decision attendance unit at Mill View, to help predominantly cluster 8, patients primary diagnoses personality disorder, better supported in community. Up and running from pay. Funded by NHS England.
* Pilot running on street treatment, 7 nurses out on calls with police - for people suspected MH crisis. 2.5 months in and already confident of funded for coming year. Part of core serves for 1919/20. Already reduction in 136 cases (detained act) attending A&E. Definite short term improvement.
* Cayrun ward - death on ward. Neil meeting with John child, head of trust, to understand detail of case and get underneath lessons to be learnt - and also how HW can support them.
* MH complaints team headed by Simon street, pushing stone up hill. First meeting currently postponed.

Fran suggested that as we were short on time to discuss MH in the detail it required, that Neil send his notes out to all to read, adding suggestions for potential projects. We would also put MH as the main topic of the next meeting Neil is able to attend, the July one.

*[Action: Neil to share his MH notes and suggestions for potential projects for future meeting agenda]*

*[Action: David to draft recommendations for MH projects, a more detailed intelligence report just on the MH areas to look into.]*

*Sophie Reilly left the meeting.*

1. **Dental Project**

Michelle reported on the dental project:

* Care Homes participated – 20
* Resident surveys – 101 (update following meeting 108)
* Staff surveys – 58 (update following meeting 71)

Initial findings from staff responses:

* Inconsistent use of staff training
* Lack of understanding about what an oral assessment is and inconsistent use of assessment
* Lack of awareness about care home policy
* Biggest challenge to providing care is residents themselves

Initial findings from residents’ responses:

* + staff are not required to help with oral care
  + Staff do not check teeth
  + Oral assessment is not carried out on arrival to care home or basic questions such as ‘Do you wear dentures’ are misunderstood to be an assessment

CQC Expert Advisory Group on CQC’s forthcoming ‘Oral health care in care homes’ report, in March:

* + CQC ran a review of 100 care homes across UK, interviewing staff and residents about oral health
  + CQC presented findings to an expert advisory group in March (Michelle was one of the participants)
  + CQC’s findings were similar to ours (above)
  + Participants were asked to brainstorm potential recommendations based on the findings.
  + Their report is due out June/July.

1. **Lay Assessors**

Will reported that Lay Assessor Project is going well and with Roland’s help has now moved to Snap Survey for data collection. Will thanked Fran for her supportive work on the project.

Bob asked about the work load and Will confirmed that there is a fair amount of work involved at the moment. David noted that it’s a significant piece of work and would be coming back to the board to discuss it in more detail at a later date.

David also reported that he is in discussions about with SPFT about doing a similar project for them.

1. **NHS Long Term Plan Update**

David outlines that HWE had received £.5M to report on the feedback and impact, and we got 2.5k for our contribution. Various engagement events planned including HWE event, regional conference, etc.

*[Neil to circulate notes on HWE South Conference in Reading on personalised care.]*

1. **Minutes of Last meeting**

**Clarifications and actions:**

* Neil asked to clarify that his last name is McIntosh, not Hamilton
* Will confirmed that Volunteer hours are now being collected by LAS and future projects.
* Tony Benton cannot continue as a board member. His safeguarding role is duplicated by Roland Marden.
* Fran, Geoffrey, Christine and David have a plan for the business plan, forward looking. Draft by EOM.
* Roland included extended hours in GP review.
* Roland has shared the quarterly Intelligence and Insight reports with volunteers with an explanatory note.
* David Look back over the stakeholder section of the 360 Report completed 3 years ago, and chatted
* Will have Geoffrey response reports on press releases sent via CRM.

1. **Recruitment to the Healthwatch Board**

Fran informed the board interviews for new directors had been successful and that Howard Lewis and Karen Barford were ready to join with the board’s approval.

The board all agreed.

1. **Financial Report**

David reported negotiation a 60% saving on the annual £22,500 rent/services bill from Community Works (CW), a saving of £15k pa. Bob asked if this was retrospective, but David confirmed it wasn’t.

1. **AOB**

Next Healthwatch Board Meeting is on Mon 17th June 2019.

South Wing Conference Room  
5th Floor

Community Base

*There being no other business, the meeting ended.*