

Healthwatch Board Meeting

Monday 11th June

6-7pm

Present:

Daniel Singleton (DS), Interim Chair
Robert Caldeira (RC), Board member
Naomi Cranmer (NC), Board member
Barbara Sawyer (BS), Board member
Val Shaw (VS), Board member

Also present:

Elsbeth Paisley (EP), Manager Healthwatch Barking & Dagenham
Manisha Modhvadia (MM), Healthwatch Barking & Dagenham staff member
Richard Vann (RV), Healthwatch Barking & Dagenham staff member

Apologies:

Zahra Ibrahim (ZI), Board member

Agenda:

<p>1) Welcome & introductions</p> <ul style="list-style-type: none">• Apologies from Zahra• Minutes from last meeting agreed <p>2) Matters arising</p> <p>Engagement with the HUB NC suggested using the HUB at the last meeting. MM updated the board on the progress of this: MM has had an initial discussion with Sally around the creative art session at the HUB, which will possibly focus on mental health and GP services.</p> <p>GP Project</p> <ul style="list-style-type: none">• The Board were keen to look into inappropriate use of the GP appointments. MM explained that the GP project will highlight what is working well and also areas of improvement.• EP will be meeting with Dr John to discuss the GP project.• Dr John is the chair of Barking and Dagenham Clinical Commissioning Group.• EP also explained that some changes will be made to GP contracts. Currently there are two different types of contracts, with one contract GPs get a lot more weighting than the other contract. B&D weighting is very high compared to other	
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<p>boroughs, 2nd highest. There is a big difference in the weighting across BHR, so the CCG are looking at making this equal across all three boroughs.</p> <ul style="list-style-type: none"> • EP informed the Board that there is an item on the Health and Wellbeing Board which looks at GP retention, if there are any interesting facts she will be able to share this at the next meeting. • RC asked if payments were still made even if given to see better if GP practices were not meeting the needs of the patients? RC was interested in knowing what the CCG were doing? What about their governance? EP said we would ask the question at the informal Primary Care Meeting and find out what governance has been put in place. • The money will be distributed across all the practices, therefore we could ask how will this be monitored and governed? • DJS felt GPs will always be on the radar as for many it's the first point of call. 	
<p>3) General Highlights</p> <ul style="list-style-type: none"> • Healthwatch were commissioned by CCG for a small pot of money to find out what people think about accessing emergency and urgent care. Focused on 3 different group of people: parents of under 5s, young people between 14-25 and the elderly. MM reported that evidence provided by Healthwatch on urgent care was used by the CCG to inform their case for change for the way urgent care is provided. • The team have been out and about to a number of places, which were highlighted through the annual survey, including libraries and leisure centers and local shops. • Cherry Orchard - RV reported to the board that the Cherry Orchard Enter & View report was welcomed at the Quality Surveillance Group meeting. CQC officers said they would be using the information from the report during a visit they will be undertaking. • EP highlighted that the commissioner said she feels HW is being strengthening. 	

4) Health and Wellbeing Strategy

- EP gave a presentation to the Board on the Health and Wellbeing Strategy.
- The purpose of the strategy is to Improve health and wellbeing in B&D and reduce health inequalities by helping residents to improve health. The council are incorporating an “i” statements approach to ensure views of local people are included.
- Three core themes: Best start in life, Early diagnosis and intervention,
- EP explained that she was keen to find out how the council were planning to monitoring the impact of the strategy. EP has a meeting with the public health analyst so Healthwatch can be part of the monitoring.
- EP asked the Board to share the invite for the focus group Healthwatch are running and encourage people to get involved.
- The Board were asked to give ideas on how to get people to come to the focus group and focus groups that may be held in the future.
- Venue suggestions from the board included:
 - Ripple Hall
 - Hedgecock Center
 - Barking Learning Centre
- There were also suggestions of having focus groups in the future in venues near train stations.
- DJS suggested having the next focus group in the evening.

5) Volunteer Training

- Enter and view training: 3rd July, 12-3pm, everyone was invited to attend the training.
- Board invited to volunteer at any of our daytime events. MM has emailed summer festivals dates asking if any of the volunteers and board are able to spare a few hours.
- Offered to do a HW information session for HW board to inform them. Remove all the barriers for the board to get involved. DJS: offered an evening or lunchtime briefing for the board - board members to let us know what they can do

<p>BS asked for written reference book re HW as part of the information session, which volunteers could later refer to, if needed.</p> <p>It was agreed to keep volunteers as a standing item at each meeting.</p>	<p>MM to work on a reference book for the volunteers.</p>
<p>6) Mental Health Project</p> <ul style="list-style-type: none"> • Mental health and social isolation project - 2 options for the board to consider: <p><i>Option 1: Very little research on young people, the causal effect of social isolation on mental health, how each issue effects each other, jointly rather than separated.</i></p> <p><i>Option 2: Looking at how effective social networks are for those people living with mental illness and isolation, are networks referring and supporting individuals in a personalised way to support individual needs or are networks focused more on the number of people they meet. Quality or quantity?</i></p> <ul style="list-style-type: none"> • VS commented that, some people are suffering because of the bedroom tax, housing and the issues that come with this, is related to mental health and social isolation. • EP gave an example of some work that has been undertaken in Somerset, the CCG gave some funding to voluntary organisations, to work with people who are coming out of hospitals. Maybe we need to focus good cases outside the borough and compare this to what is on offer locally. • NC gave an example of article she read about social prescribing and the work a pharmacist undertook and referred people to voluntary organisations. • RC said if your isolated and lonely what is out there? Is this something we could focus on. • The Board were keen on a project around the additional comments made. 	<p>RV to send Information about the scope of the project to the Board once it is complete.</p>
<p>7) AOB</p> <p>VS suggested looking at GP home visits in the future.</p>	
<p>8) Dates of the next meeting</p> <p>The board were given dates of future meetings</p> <ul style="list-style-type: none"> • Monday 10th September and Monday 3rd December 	

