

# Healthwatch Board Meeting

Monday 16th September 2019

7-8pm

## Present:

Daniel Singleton (DS), Interim Chair  
Val Shaw (VS), Board member  
Kim Blyth (KB), Board member  
Robert Caldeira (RC), Board member  
Zahra Ibrahim (ZI), Board member

## Also present:

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

## Apologies:

Barbara Sawyer (BS), Board member

## Agenda:

1. **Welcome, Introductions and matters arising:** Apologies noted from Barbara. Minutes from last time were agreed. Nothing from previous meeting to be brought forward from the last meeting.
2. **How to get the best out of Enter and View?** VS an Enter and View Representative and a Board member opened a discussion about how to get the best from Enter and Views. Some of the care homes have residents who have dementia- it can be challenging to get a true reflection about the services they receive. Although E&V Representatives observe the care provided, other ways of seeking feedback need to be looked into.

VS suggested asking care homes to let us host an evening where relatives can come and speak to us as part of the visit. This can be done by writing to families, informing them of the role of Healthwatch, date of visit and invite to the chat session. RV felt this would take away the unannounced element of E&V.

**Action: To be piloted by the team when undertaking an announced visit to a care home.**

KM suggested undertaking Enter and Views on a Saturday, Saturdays are usually the days when family go and see their loved ones. If the team picked a 10-3 slot representatives could capture a lot of information.

**Action: RV or MM to consider undertaking the next care home visit at the weekend between 10 and 3.**

In addition to this DS asked that the team should speak to Healthwatch Essex as they do not undertake E&Vs. How do they receive feedback on experiences from residents and their families who are in care homes, what mechanisms do they use?

**Action- RV to email Essex Healthwatch**

EP suggested putting a notice up on HW Workplace to see how other Healthwatches make the most out of Enter and Views and also what other mechanisms are used to capture feedback from residents in care homes.

**Action: RV to ask on workplace**

ZI suggested undertaking activities with the residents- offering something interactive which may encourage people to engage.

DS- asked VS if she would be happy to talk about her experiences of E&V at one of the volunteer training sessions. VS agreed that she would be happy to do this.

**Action- MM to schedule Vals feedback into one of the volunteer sessions in the future.**

**3. World Mental Health Day** - The borough has asked Healthwatch to lead on World Mental Health Day this year.

Theme this year is suicide prevention. EP reported that she had a meeting with LBBDD to discuss WMHD and the message for the day. The following points were shared with the board.

- EP and the borough have come to an agreement that Healthwatch would undertake a social media campaign, with one or two posts up which are already taking place that week.
- Target audience will be males under 45 years old and hard to reach groups. Although this is the target we hope that as the focus is through social media- the audiences will be far wider.
- Hash tag we will use will be #talkaboutit
- Message is simple "talkaboutit"
- Beer mats will be distributed to- pubs, betting shops, social clubs etc.
- Venues who have big screens will be encouraged to share the message.
- NHS have information on their site- we will use the messages from this site about suicide prevention and use the information to signpost the local population.
- Social media headers will be designed and used- these will be colourful and attractive!

EP asked the board to:

- share any particular contacts or share our message with them.
- use social media headers on their social media channels and use the # on the day to encourage people to get involved.

**Action: MM to send content to board members once finalised.**

KB runs a clinic at the HUB- Healthwatch could try and see if they can do something at the HUB if possible.

**Action: The team to see if there is something that can be done- or keep in mind for the future!**

ZI suggested sharing some experiences from volunteers to encourage participation.

**Action: MM to follow up with ZI and check if there are any volunteers happy to give quotes, or are happy to be on a Vlog.**

The board had other suggestions for work on mental health areas.

KB felt the real way to change the way people think is to undertake CBT- we need to teach children how to do this.

ZI mentioned that some feedback she has had about suicide is connected to welfare changes. Feedback also shows that women cope better than men. This may be another area to look at in the future.

DS- FaithAction are working on some guidance for pastors and this feedback from the board is helpful. We need to ensure information is shared.

**4. Domiciliary Care - RV gave an update on the brief and the key areas of the project- taking into consideration the feedback board gave last time. The project will look at the following areas**

- The assessment and care plan process
- The time it takes for services to be put in place
- What choices and control do people have over who provides their services
- Cost and contributions that service users make
- Standards and quality of care – are the needs of individuals being met
- Support for informal carers and family members

Healthwatch will carry out 10 case studies with local people who use domiciliary care services. Five case studies will focus on stories about carers' experiences and their perspective of using home care services. To ensure we can offer different ways of sharing feedback- 12 cases studies will be written and three will be videos.

DS- some questions will be easier to get feedback rather than others, we need to make sure participants understand the questions.

EP- there are some changes that are currently happening in regards to costings, the team are happy to share more, once we have further information.

RC wanted to know if the project would be looking primarily at care or whether it will include district nursing and other connected services. EP explained that the focus of this project shall be care, however should any themes emerge from the findings- then these may lead into another piece of work.

VS commented that Annette asked her to undertake some surveys- to ask questions. Val has spoken to 15 people so far, however RV has not heard anything...

**Action: RV to email Annette and see if there are any developments in this area.**

**5. Cancer Late – Diagnosis**

ZI explained that she is interested in cancer as it's a personal interest due to family health. Somali Women's Association are undertaking a survey with women asking what they think

about cancer. 60 people have taken part so far. Some of the findings are concerning as some participants said if someone they knew got cancer, they would not eat or sleep with them. The person will be isolated.

It was also reported by ZI that she has received feedback in regards to long waiting times in the oncology department. This is an issue especially in the mornings when there are no seats available for patients.

ZI commented that some people are diagnosed at stage 3 of cancer straight away, but why? Is it because they don't know the symptoms, or that don't go to the GP, or if they do they are not referred? The reasons need to be looked into. Is there something in place for patients who go to the emergency department?

EP informed the board that there is a card system at BHRUT for A&E- when patients report to A&E they should be fast tracked through the service.

EP gave a brief of the work that the HW team have undertaken in this area:

- An Enter and View undertaken at Oncology- two years ago, at the time we decided that a follow up E&V would be undertaken when needed. Is now the right time?
- Healthwatches in BHR undertook a focus group with patients and their carers to discuss their experiences. A report was published and a response received from the trust. Healthwatch has since sent a response back to the trust!

**Action: MM to share the oncology and chemotherapy focus group report and response back to the trust to board members.**

KB highlighted that some cancers don't show symptoms until very late therefore we need to keep this in mind when looking at this area.

Another area of concern raised by members was palliative care, Queens don't have capacity, so people are dying in pain.

ZI felt that although the option is there of dying at home, this is not always the case, it's not comfortable for everyone.

KB reported that patients have around a 9% boost when they go home to die, however adequate care needs to be provided.

DS- we need to look more into this area- will have further conversations.

**Actions: RV to look at what the statistics and what evidence shows about cancer services in the borough. RV to send the board a summary by the next board meeting and have as an agenda item to discuss.**

6. **AOB-** EP thanked everyone for their ideas for the youth parade and especially KB for volunteering her time to undertake blood pressure checks.

DS also thanked the board for their contributions to the agenda item.

MM confirmed that the next board meeting will take place on Monday 9<sup>th</sup> December.

**Action: MM to email board a reminder of the next two board meetings.**

**The meeting was closed.**