

**Healthwatch Peterborough**

**DRAFT** Minutes 18 January Community Meeting in Public

**Attendees:**

**Directors:** David Whiles (Chair), Gordon Smith (vice chair), Nicky Hampshaw, Margaret Robinson, Nik Patten (acting Chair)

**Advisory Committee:** Dennis Pinshon, Rosemary Dickens, Jean Hobbs, Gordon Lacey, Geoff Bovan, Ian Arnott

**Staff:** Angela Burrows, Heather Lord, Samuel Lawrence

**Other attendees:** Sandie Smith, Rita Nunes (HW Cambs), Jessica Bawden (C & P CCG)

Members of the public also in attendance (contributions noted as PA for Public Attendee)

**Apologies:** Susan Mahmoud (D), Jo Woodhams, Suzie Henson-Amphlett, Annette Beeton (AC) Ivan Graham (PSHFT)

**10:00 Welcome - Nik Patten (acting Chair)**

Minutes of 16 November (Friday 9 Dec was a closed meeting):

Meaning of PA as a designation was unclear - explanation to be added that this means public attendee.

**Actions from minutes:**

Timeframe to be added to all actions with no timeframe.

AB to update on any outstanding items at next meeting.

Total Voice details previously circulated, were re iterated.

Outstanding actions relating to CCG will be sent to Jane Coulson to follow up.

**Directors Update:**

DW informed the meeting there was nothing to report.

**Chief Operating Officer's Update**

**i. Children's Safeguarding Board Report (11 January 2017)**

County lines - term used to describe drug supply from outside area, not well established outside county area but will access within county. Run lines in to area and use vulnerable individuals drugs supplied in and out of area (avoiding term 'gangs'). Cambridgeshire has more issue with gangs than Pboro.

PCC-led Online activity of young children (years 3-5: 8-10 year olds) and year 6 (11 years) and years 7 (secondary school). Huge wealth of data gathered anonymously with local schools.

Key points where sudden change from tablets to phone use around year 6. games being played are above their age-group - and many noted that their parents are aware. Lack of knowledge around legal use of materials being shared.

Requested if it could be published, found the content and format incredibly useful. PCC agreed, some data needs removing for confidentiality and then it will be available.

Board agreed data could be used to develop further work streams and highlight campaigns to support safe online use for local children.

Football abuse campaign for safeguarding saw: 45 contacts/referrals Use of NSPCC helpline. 3 suspects re: Cambs United 1969. 1 anonymous girls' football team county 1 named nonprofessional (Cambs United)

2 significant Hampshire constabulary leading 80s/90s has been charged. Fell through.

25+ Cambridgeshire /POSH no arrests pending.

County FA number of complex strategy meetings subject to tracking at regular intervals 10% of national referrals. Queried if there is an underlining issue within other sports / groups historic incidents To be proactive in reminding local groups sports etc about their responsibilities to ensure polices adhered to.

Focus on multi agency working and Pboro/Cambs do a lot around this.

Engagement of frontline staff locally very good.

Driving improvement - making sure right people round table. Ensuring challenge and right people at sub groups.

**SS** stated it would be interesting to compare the findings of the report with data on children's internet usage in Cambridgeshire.

**MR** suggested that parents may be abdicating their duties regarding children's internet usage, assuming someone else is monitoring it.

**HL** said that she had spoken to a teacher who told her that children sometimes take pictures of each other in compromising positions. The conversation had with these children is over who has ownership of the pictures, the person taking them or the person pictured.

**NP** pointed out many children now have their own phones, iPads etc, much greater internet access. Key points raised need to be looked at and may be something to do further work on and/or raise awareness of.

**GS** suggested we ought to publicise the report.

**AB** answered that she asked whether we could publicise it but was told data needed to be further anonymized before it could be formally published.

It was suggested that the new helpline set up by NSPCC for footballers who've experienced sexual abuse should be circulated. (Tel 0800 023 2642)

**ii. Adult Safeguarding Board Report (11 January 2017)**

ASB peer review update from Adrian Chapman carried out just under a week. Areas of strength and areas of development covered List of points of focus which peer review team should focus - no enforceable but should use them. Developed a delivery (PCC) EDMT extended director management team on agenda for beg Feb Well received at HWBB Development plan sent to peer review team for comment

**AB** comment: registered manager forum coming to end in March. Recognised in report as 'vanguard' HWP to discuss ongoing support to support/lead

**AB** presented paper on Enter and View to provide better understanding of one of the statutory tools of a HW. Example reports circulated. Well received by ASB.

Prisoner health update provided around LD/additional needs: What level of residents have a recognised need - language or disabilities 8% approx. over 50yrs. Prisoners health often doesn't reflect chronological age much higher up to 10 yrs. Healthcare stretched. 11 beds only. Mental Health in-reach team. Lack of info from community to prison - often delays in key info raises risks.

**AB** raised NHS England Health and Justice - asked HWP for support to get feedback before pilot to get prisoners to agree to sharing their records. Will update once run.

Statement HW training wellbeing reps was part of the induction process and know feedback for that we excellent specifically for the vulnerable.

LD Mortality Review: Estimate 33 in Cambs/Pboro 5-10 reviews per year.

Only 25% would need Multi agencies review around 10 per year only 2 will be appropriate to go through. Capacity ok to carry out reviews.

SG board could appoint a contact to reviews. When governance discussed get presentation on the learning from reviews. AB asked what point service users families included.

AB informed the meeting that a Safeguarding Adults Board Peer Review had taken place, the results were good and PCC will be recommending all the proposals put forward be agreed. They were very positive about HWP activity and impact.

AB also explained that there seemed to be two 'registered carer provider meeting/forums'; this led to the question whether they should merge. AB proposed that HWP could consider co-ordinating/supporting these. Board agreed this.

AB informed the meeting that a re-structure of the Safeguarding Boards is taking place, there are a number of joint-Peterborough-Cambridgeshire initiatives - and one Joint Business Unit. They are exploring how HW is represented and supports service user engagement.

iii. **Prisoner engagement**

AB confirmed that the training of two new Wellbeing Reps in the female unit had begun.

Request to deliver dementia Friends Training to staff/prisoners was being actioned. Requesting info on being able to make a Wellbeing Rep become a Dementia Champion. Not done in any prison yet, so reviewing options.

iv. **Cancer Wellbeing Centre update**

AB informed Board, last meeting rescheduled, so no update from the steering group. AB made a site visit to talk to patients and carers and has shared recommendations with manager.

**Other reports/Updates:**

Youth Worker - objectives/overview (Rita Nunes/Sandie Smith) (report update - January 2017)

RN Conducted research at Voyager Academy. Talked to 40 students at a time. Received feedback stating that students had difficulty engaging with health services and frequently found themselves being referred back and forth between health services and the school.

RN stated she has compiled a report which will be shared with HWP once feedback on it is incorporated.

She asked students about what they understood by the words 'thriving' and 'resilience'. Students differed a lot on what 'thriving' meant and were not very confident on the meaning of 'resilience'.

When young people were asked where they would go to access mental health services, the most common answer was that they would go online, then that they would go to an adult they know and trust. When asked which adults they would go to, they were unsure but said they would not trust their teachers.

DW stated that Voyager is a struggling school with poor academic performance and serious problems with student behaviour.

RN stated that while there she didn't find student behaviour to be a problem. Students were generally interested and keen to talk about mental health.

SS stated that no-one at the school had ever talked to the students about mental health before, so by coming in and talking about it they were helping to remove the stigma surrounding it.

GL asked if work was being done to help young people know what websites they should be visiting to find out more about mental health.

RN stated this is part of the work she has been doing.

RN stated different schools have different requirements which she has tried to work around. For instance she has been emailing Thomas Deacon to arrange to visit, however they have found it difficult to accommodate her as there aren't free periods for students during the day in which she could come in and talk to the students. Therefore she has given Thomas Deacon a lesson plan which they can deliver when it is convenient for them.

PA raised concern that some websites give contradictory information on mental health, students don't necessarily have the skills to sift through these for reliable information.

RN stated that directing students to appropriate websites is part of the work that she has been doing.

RN stated that the feedback she has received is that CPFT's Vanguard mental health service is not particularly useful, and has been referring students with mental health problems straight to A & E.

JB stated that this isn't the case, the feedback she's heard is that the service is useful.

AB stated that it would be useful to know the details of the case in question, as could be an isolated incident and therefore not reflective of the service as a whole, or this could be a case in which referring to A & E was the correct course of action.

SS stated all Rita's work will be put into a report at the end of the year.

NP stated that further discussion about both safeguarding children and young people's mental health could be useful, potentially involving CPFT.

**LD /Accessible Information Standards (update due February 2017 mtg)**

DP pointed out that feedback from the LD partnership on Total Voice was not good. Comments included lack of communication with clients and long waiting lists for even urgent cases.

AB explained she had meeting with commissioning lead for this service at PCC. It has been agreed that HWP requested info will be sought as part of the contract monitoring, and HWP will be involved in the quarterly meetings.

SS explained HWC have been collecting information on this service. And will work with HWP to consider this.

#### Summary updates Reports Advisory Committee/Directors

Date	Committee/meeting	Reporter
05 January 2017	Patient Reference Group	Gordon Lacey

GL Updated meeting on content of report (distributed with minutes to HWP)

JB responded to point in report about hearing aids. CCG is looking to reduce availability of hearing aids to those with minor hearing loss. This decision will go to consultation this February.

**PA** stated his PPG (Patient Participation Group) were looking at ways of increasing awareness and effectiveness of PPGs.

**AB** we need to look at how we can support PPGs to be good PPGs and increase public participation.

**JB** CCG is currently looking at possibility of commissioning GP practices, so also needs to look at how to support PPGs.

**GL** raised concern over PPGs fulfilling a variety of different functions, lack of clear guidance on what a PPG is supposed to accomplish. No constitution to work from.

**JB** responded there is guidance available from the N.A.P.P (National Association for Patient Participation).

**GL** asked whether PPGs know this guidance is available. **JB** responded that they certainly did, but another information push might be needed.

**MR** raised concern over difficulty of making people want to be involved in PPGs.

**NP** asked do we, as a Healthwatch, want to get involved in working more closely with PPGs.

**AB** It is better not to muddy the water between HWs and PPGs, but we do have a role to provide support and to work together wherever possible. HWP has good examples of doing this on a range of topics/events/actions e.g. HealthAware is an example of how we can provide support (HWP send electronic bulletin to local PPGs re: health campaigns and links to resources in advance of promotion). We sit with PPG leads on number of Boards and work constructively well together.

**HL** asked about statement in the report that there was a 'view that people need to be turned away [from A&E] and have inconvenience if they go to the wrong door despite obvious indications that they should be elsewhere.' Wished to know whose view this was and to clarify that it was not the view of HWP.

**GL** clarified that this was his personal view, not a view of HWP.

**JB** stated that the CCG does not have any plans to turn people away from A&E.

**PA** raised concern that if people are turned away then people who do require treatment from A&E might not go because they are afraid they will be turned away.

**AB** stated that there needs to be attention to the language that is used regarding this issue, we need to highlight the need for people not to be 'turned away' but rather being 'redirected' to the most appropriate service for their needs.

General agreement that in order to address A&E overuse, it is necessary to provide and direct people to suitable alternatives, and for those alternatives to be fit for purpose.

**GB** raised concern that people who stay in Peterborough overnight and don't live there can't go to their GP if they need care, asked what their alternative to A&E is.

**JB** stated that one of the services available on 111 was the NHS electronic prescribing service. GPs can diagnose patients over the phone, and can issue prescriptions to their nearest pharmacist.

**GB** raised concern that people can't necessarily always get to their nearest pharmacy (specifically during holiday periods Bank holidays etc).

**JB** agreed could be difficult, but was just one service trying to ensure people accessing right services and not having to go to either GP or A&E unnecessarily.

### **Soft Intelligence**

**NP** Wished to report he has heard positive feedback regarding Wisbech eye service.

**NP** has observed that for outpatients for some specialities, there seem to be very long waiting times. Responsibility is sometimes passed on to GPs. Sometimes outpatients are going to consultants, then having to ask a GP for a prescription a consultant says they need.

**HL** discharge of patients sometimes happens because hospitals don't have the drugs to treat them. Pharmacies should prioritise discharge patients and their drugs.

**JB** patient discharge is an ongoing issue that needs work.

### **C&P CCG Update - Jessica Bawden**

**JB** CCG is aiming to reach agreed deficit of £17.4 million. Next year they are looking at a budget of £1 billion, trying to save £54 million out of that.

**PA** asked when is the CCG hoping to be out of debt. **JB** responded aim is to be out of debt by 2021. **PA** asked if this was achievable. **JB** responded that if all STP measures are successfully implemented, it should be achievable.

**GL** asked is there data compiled on how many patient interactions happen with each patient. **JB** answered such data is recorded. One workstream of the STP is to try to minimise the number of patient interactions that occur so that as few as necessary occur for each patient.

### **CPFT and PSHFT - Updates**

**PSHFT** apologies received. No other update.

**CPFT** No representatives

However, **IA** informed meeting that adult male and female wards at the Cavell Centre are being merged, though there will still be separate rooms for male and female patients.

**MR** raised concern about the experience of her friend's daughter when being treated by ambulatory care. The patient had a minor operation and there were complications which led to her being sent to A & E. She had to wait for six hours whilst bleeding profusely. This was on Christmas Day, so A & E were extremely busy. **MR** wanted to know, as the patient was still an ambulatory care patient, why couldn't she have been treated by ambulatory care rather than waiting for six hours.

**AB** stated that ambulatory care have a limited number of pathways/conditions they can treat, it may have been over and beyond their remit. However HWP has highlighted ambulatory care appearing not to be busy during times of A&E high activity. Stated it

would be useful to talk to **MR** and find out more details of this patient's experience and for this to be shared directly with hospital.

**11:25 - AOB followed by questions from public attendees**

**JB** stated CCG's hydrotherapy policy is going to the governing body on 9 February.

**PA** asked whether meetings would be held in Cambridge if there was a merger of Healthwatch Peterborough and Healthwatch Cambridgeshire.

**AB** responded that the aim of Healthwatch Peterborough was to keep providing services in Peterborough and maintain a Peterborough based focused. Nothing has yet been confirmed, we will communicate as early as possible on this matter once we know exactly what is happening.

Action	Lead	Timescale
Share Online safety survey (Children's Safeguarding Board Report)	Angela Burrows	Published, shared in Enews and on social media
Send update on flu packs to Angela Burrows.	Jane Coulson	AB chased - Jane is chasing
Chase up CPFT re patient engagement strategy and meeting attendance.	Angela Burrows	Further email sent
Request again that Rita Nunes provide update on youth work.	Angela Burrows	Update provided at Jan mtg
Arrange meeting to discuss future of youth work with staff, board and volunteers from HWP and HW Cambs, the commissioners of the youth worker project, youth health champions and other interested parties.	Angela Burrows	Will be included in the forward planner/joint working with HWC.
Send round total voice web address	Catherine McLaughlin	After meeting
Provide update regarding Concordia accepting ENT referrals (requested by Ian Arnott)	Jane Coulson	AB Chased- Jane is chasing
Investigate why JSNA is using old data.	Angela Burrows	Response received - JSNA core data set was drawn up using most up to date data available at the time. Data released in 2016 will be included in 2017 data set.
Discuss HW Rutland's work on young people and mental health.	SHA, RN, SS	SHA has offered to discuss work with RN, RN aware this resource is available to her.
Youth worker update: and to attend January meeting. See above	RN, SS	January meeting completed
Send HWP contact at Hearing Health Cambs Still outstanding	JB	Contact received.