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**Walsall Together Service User Group Meeting**

**Meeting Notes -11am, 13th April 2021**

**Present**

Mandy Poonia Healthwatch Walsall HAB Chair

Phil Griffin Walsall Together, Service User Group Chair

Paul Higgitt Senior Engagement Lead

Diana Mason Walsall Resident, Service User

Bryony Helm CAMHS Council, Service User

Kim Green Walsall Resident, Service User

Andrew Green Walsall Resident, Service User

Sharon Powers Walsall Resident, Service User

Agnes Expert by Experience

Phil Ellet Walsall Resident, Service User

Rachel Barber Lay Member, Walsall CCG

Naresh Hargun Walsall Resident, Service User

Nazima Esscopri Equality and Diversity, Blackcountry Healthcare NHS Trust

**In Attendance**

Michelle McManus Acting Head of Integration, Walsall Together

Michelle Beddow Communications Lead for Walsall Together

Yvonne Smith Rethink Walsall

Janet Lilley Rethink Walsall

Anne Fitzgerald Rethink Walsall

Sarah Taylor One Walsall, Health and Wellbeing Manager

Connie Jennings Walsall Housing Group, Head of Health and Wellbeing

1. **Apologies & Chair Welcome**

Linda Beasley Zebra Access

Lyn Dixon Walsall Resident, Service User

Phil Griffin, Walsall Together Service User Chair, welcomed everyone to the meeting.

1. **Notes of previous meeting.**

Agreed as a true record.

1. **Matters Arising**

None

1. **Action Log**

The action log had been previously circulated. The position on items included was noted by members with the following comments recorded on specific actions as follows:

**4.1 Action Ref Item 1: Diabetes**

Diabetes Care Pathway – Update from Walsall Together – 15th June Meeting

Cardiology and Respiratory Report have now tabled and are available at [www.walsalltogether.co.uk](http://www.walsalltogether.co.uk) and <https://healthwatchwalsall.co.uk/our-reports>.

Similarly, to the Diabetes Report we are looking to have both reports to highlight recommendations and what how this information will be used by providers, what additional information / engagement would be useful.

Need to ensure timely response in relation to co-production and feedback. There are now more detailed discussions going forward around co-production and service change. Looking at possible focus groups with providers and service users around care pathway redesign.

**4.2 Action Ref Item 7 : Resilient Communities**

Resilient Communities presentation from Sarah Taylor, One Walsall and Connie Jennings, Walsall Housing Group. Need to understand from provider what can be changed in terms of care pathways, but we also need to get feedback on the usefulness of the intelligence.

Presentation attached and key points within the minutes.

**4.3 Questions from Andy Green, Action Items One: Diabetes and 6 : Respiratory**

Concerns that looking at questions that have been on the agenda around change for a long time and that individual providers can look at taking this forward.

When are service users going to get feedback from the intelligence?

Even with COVID we still have service delivery going on. Some of the changes are around communication and subtle changes.

**4.4 Action Item 5: Representation SUG** **and young people** : it is great that we are getting out to the more vulnerable but when are the plans to get to children and younger people as it would be change that they would benefit in the future. Generally, in society are we looking at the views of young people when providers are designing these services.

Of the original KLOE there is work going on with partners around the best start in life. Agree that young people are service users in their own right.

**Action**: Need for an update and this needs to be explored.

Michelle McManus – this is a fair comment. The original focus in 2019 around the key lines of enquiry was around adults. Intention in the last financial year has been around young people.

**Action**: Update on the this at the next meeting around plans and ambitions around engagement and service provision.

Mandy Poonia – Assured that there are pockets of work that are evolving around young people but most importantly prevention and health conditions. From Healthwatch perspective we are getting together across Black country Healthwatch to do some engagement around young people and mental health. Need to make sure we have young people on the agenda. For people on this platform, we need to see a log i.e., when an issue / intel has been raised, with whom and what next steps need to be take forward. We need a continuum going forward and this will help build the relationship between providers and service users.

**4.5 RAG ratings**

Need assurance that things are being considered or implemented as part of the reports that are created. A suggestion from Phil Ellet it may be an idea to have RAG rating to focus attentions.

**Agenda Item 4**

**Walsall Together Feedback** - **Michelle McManus, Acting Head of Integration**

Michelle Update on the Model of Health and Wellbeing. Feedback from service users presented.

Comments that diagram did not flow but there is not set flow between services and people will access services in different ways.

Most of the changes have been made such as reference to place, adding in domiciliary care, adolescent services in scope, out of area pathways, patient choice and scope of what service can be influenced, showing care navigation function cuts across all tiers starting with people, homes, community and voluntary sector and resilient communities at the centre. Idea that through the partners to provide a more seamless journey for the patient / service user.

**Action:** to be sent out to service users the new model of health and wellbeing.

**Agenda Item 5**

**Resilient Communities Update**

Joint presentation given by Sarah Taylor – One Walsall and Connie Jennings – Walsall Housing Group

**Key Points**

Partner focus on promoting equality and reducing health inequalities across the Walsall population and also preventing ill health before it becomes a problem to the system and individual.

Integrated care to reduce health inequality and that medical intervention is not the sole element of wellbeing and health, and that there are multiple factors determining ill health such as housing, employment, loneliness, lifestyle, as well as the decisions we make for ourselves and our families.

Some of the factors are outside of our control such as low economic factors, discrimination, poor access to services, it is about how we support people at low level interventions to prevent people being further at risk.

Resilient communities are looking how we can work with communities to highlight community solutions. Also, about having an integrated health system that know the needs of its communities.

Role of the community sector such as through COVID -19 befriending, food parcels, providing more home-grown services and volunteering.

The pandemic also provided a platform for changes such as communities coming closer together. There were also initiatives through WHG such as Stay in Stay Safe for 65 of age. Loneliness has a detrimental effect of physical health.

Update on Social Prescribing. 1 on 4 GP appointments are not clinically related but due to such as loneliness, unemployment, bereavement. Link Workers link with people with long term health conditions and develop a plan around the individual. This helps give people an opportunity to develop a positive mind set and help to manage long term health conditions.

**Discussion points:**

We have had initiatives such as this in the past, how are we ging to ensure that this initiative is sustainable going forward.

WHG developed a Kindness Project to work with those who were isolated through the pandemic. It is also about employing such people that are experts by experience who build on local skills and links within the community, this enables people to do things for themselves. As the support is from local people it is about developing local skills and using motivation techniques to build up confidence in people.

The voluntary sector is being commissioned to delivery these initiatives and be an equitable partner, and this is being made evident through national policy.

A point was made those commissioners and provider need to be less risk averse and have confidence and commitment to ensure third parties can provide services to help in health and wellbeing.

Michelle McManus very much the case that Walsall Housing Group and One Walsall are equal partners on the alliance and part of decision-making structures. We have seen a big changes that resilient communities have moved from being delivered at just clinical level.

Query: At each WT Service User Group meeting can we have an update on where we are with Walsall Together service change.

Phil Ellet noted the importance of linking resilient communities and health and sport. Sarah Taylor gave an example that there is an active lifestyle programme running across Walsall. There are initiatives coming on board to embrace and engage with local people around the commonwealth games.

**Action** – to send out the presentation to attendees.

**Agenda Item 6**

**Cardiology and Respiratory Reports**

Paul Higgitt gave an update that both reports have now been tabled to CPLG based on service users and patients experiences of living and managing with either or both conditions. We are now looking at how these reports can be put in a format like that done by Donna Chalenor (Lead for Community Diabetes) around the Diabetes report in terms of how actions can be taken forward in terms of service change.

Key Points from the reports:

* Timely feedback
* The impact on loneliness and depression and long-term conditions
* Symptom management and understanding
* Sharing similar experiences with other service users / patients
* Best practice in medication and symptom management

We really need now to start looking at feedback to service users and patients and how the information we have gathered will be used constructively going forward.

Phil Griffin highlighted that the word used at the Clinical and Professional Leadership Group was accountability and that the Chair of CPLG, Director of Public Health suggested that this is really needed when clearly improvements need to be made.

**Discussion**

Andy Green: Respiratory covers many different conditions. Is the report representative of these. Response: There are commonalties in relation to some of the main conditions such as COPD, Bronchiectasis but this will need to be query back to CPLG in relation to where there are gaps.

**Agenda Item 7**

**Priority Care Pathways**

There is an End-of-Life Steering Group and part of this strategy is the work around family member and loved one’s feedback of End of Life / Palliative care engagement. We are just finalising the end-of-life survey and promotion and publicity, and this will be promoted in conjunction with Dying Matters Week, commencing the 10th May. We will be promoting this survey through all of our contacts and with the opportunity for people to contact us and share their experiences. This engagement work will be running until the 10th of August.

**Discussion**

Sharon Powers, Service User and Care Home staff member

End of life care and been brought to the forefront through the pandemic. Would this work be expanded to staff working with those at end of life.

**Action:** Paul Higgitt – This is a great idea, and we would welcome the conversation with staff as this is then looking at the views from both sides. Paul to arrange a meeting with Sharon to look into this.

We are not focusing on any particular group but the conversation across all demographics in Walsall. We are going to look at the intelligence that we get back until we consider a strategy of engagement around children and young people and if we do, we get the mechanisms in place.

**Agenda Item 8**

**Presentation, Rethink, Impact of Mental Health**

Janet Lilley and Anne Fitzegarld, Rethink

Presentation on the engagement around listening to people’s voice around mental support. This is a piece of work to highlight best practice and gaps in services.

This was to gather experience from service users and staff within the provision of mental health services.

Key Points:

* Consistency in aftercare and outpatients’ clinics
* Living and managing with a physical condition and the impact on mental health
* Appropriate, accessible and transparent care plans
* Patient and staff communication
* Communication between hospitals and the importance of a central point of information between providers

**Date and time of next meeting**

11am 15th June 2021, rescheduled from 9th June due to apologies.