

our 2nd

**Children's
Commissioner
Takeover
Challenge**

2017

Children's Takeover challenge 2017 notes

Five pupil representatives from the Five Islands School Council took part in the Children's Commissioner Takeover Challenge with Healthwatch Isles of Scilly on 24th November 2017. The students were from year 7 to 10 and lived on St. Mary's and the off islands.

Healthwatch Isles of Scilly Board meeting

The students were joined by two Healthwatch Isles of Scilly Board members and two staff members.

The students nominated a chair, a secretary, and a time keeper.

Due to the scope of the Healthwatch Isles of Scilly work plan the students were each asked to put a tick next to the 4 topics that interested them the most. The topics with the most ticks were discussed, with 20 minutes allowed for each topic.

The topics chosen were:

- Medical Travel – escort criteria.
- Medical Travel – NHS funded travel for the off island leg of a mainland medical trip.
- Adult health and social care provision.
- Find out more about the experience and support for people living with dementia.



Minutes of the Healthwatch Isles of Scilly Board Meeting 24/11/2017

Present: Five Islands School: Henry Dean, Piran Julian, Remy Lewin, Daniel Perry, Mila Spence (students); Sarah Shave (staff)

Healthwatch Isles of Scilly: Paul Charnock, Chris Douglas (Board members); Carol Clarke, Julie Love (staff)

Apologies: Julia Day, Penny Penn-Howard (HIOS Board)

Students worked from the current Healthwatch work plan, see Appendix 2.

1. Medical Travel – Escort criteria.

Status on Healthwatch work plan: Active

Carol Clarke (CC) talked about NHS patient transport policy and explained who can receive an NHS funded escort; this includes all patients who are under 16 years of age. However anyone over 16 years of age will not automatically have an NHS funded escort. Students who are over 16 years of age will only get an NHS funded escort if they meet certain criteria, for example someone with a disability.

Students discussed this issue. Discussion included over 16's being considered to have capacity to attend a hospital appointment on their own, their right to privacy, and ability to give consent to medical treatment. Students discussed that whilst many local 16 year olds will be in further education on the mainland, some Five Island School students may turn 16 in September and will have most of the school year without an NHS funded escort. Some may be on-island working in an apprenticeship. Therefore not all 16 and 17 year olds will have a mainland support network. CC noted that many of the students' concerns about 16 and 17 year olds not having an escort for a medical appointment also apply to people who are frail and/or elderly.

The students were asked: 'if you are taking a trip by yourself, is it OK, would you feel safe, should a parent come with you?' Students described a series of challenges. It is not just about the medical appointment, you would need to travel, find your way to an appointment on time and then retain information about the appointment. Chris Douglas (CD) asked: would it not be a learning experience to travel on your own? Students replied that they would find this terrifying. They explained that you may need to access other services, e.g. an optician to buy glasses; and that a trip to Penzance would be very different to a trip to Truro. One student described travelling on the Scillonian when on crutches as being awkward and difficult to manage without assistance. Students said that when you move to the mainland at 16 years of age you would learn quickly about travelling around, but before this, while living in Scilly, it would be a difficult experience.

CC referred to the right to privacy. If a parent was automatically offered NHS funded escort travel would that cause conflict with a young person and infringe on their right to privacy? Students felt that they might need support on the mainland and that it is difficult to retain information at a medical appointment. They discussed if a solution would be for an independent person to offer support. They suggested that the Patient Transport Office could ask a young person if they had a friend or family to assist them, and felt that every unaccompanied young person should have someone on the mainland that could provide assistance and this may be a role for a support worker.

There was further discussion about inpatient arrangements for 16 and 17 year olds; this may be on a child ward or an adult ward as there are limited teen wards and beds available. Sarah Shave (SS) said that it was her understanding that it depends if a patient was previously treated as a child, if so they would stay on same ward where they were previously treated.

At the close of this topic, CC asked the students: 'Do you think that the NHS should pay for an escorts' travel if a young person asks for one?' All replied yes.

2. Medical Travel – NHS funded travel for off island leg of a mainland medical trip.

Status on Healthwatch work plan: Completed

CC explained the NHS patient transport policy and that from May 2017 the off island leg of a mainland medical trip is covered in the £5 Isles of Scilly travel warrant scheme. This is for travel to a mainland appointment but does not cover appointments at St. Mary's hospital. This is because the legal framework for NHS patient transport refers to Isles of Scilly residents' travel to a mainland hospital. She explained that the case for subsidised travel for Isles of Scilly residents is to ensure that they can access services which are not provided here. The NHS subsidises travel to services on the mainland as it would not be possible or cost effective to provide all those services here.

Students had some questions about the off island system. What would happen if you are unable to get to St. Mary's, but they are flying; could you cancel your flight and appointment at no cost? What would happen if you travelled to St Marys and they are not flying; who would cover the cost of travel down and return in that case? CC said that these were very good questions; she did not know the answer and will ask.

The students asked if the travel booking system could be made simpler for patients, what could be done to help patients with travel, and if more treatments could be provided on St. Mary's. They also asked if a phone call would sometimes be sufficient, and why is the onus on the patient to ask for a telephone consultation. Students suggested a robot doctor; CC gave examples like remote reading of x-rays and virtual options for consultations instead of attending a hospital appointment in person. Students were concerned about security of video links and privacy of a video consultation.

Students suggested that as a number of young people have to have braces tightened on a regular basis, that an orthodontist could visit the islands to do this rather than each young person having to go to the mainland.

3. Adult health and social care provision

Status on Healthwatch work plan: Monitor

Students asked if this included mental health. CC said yes and described the mental health services available to island residents and reports of difficulty in accessing support. CC explained that the Council and health services had agreed to provide additional support but had not been able to find a provider for this service.

Students asked how a child would find out about what support was available to them if they were affected by an adult's mental health, and there was a discussion about consent to share information and when safeguarding concerns overrule this. CC asked the students if they thought Adult Social Care should be able to tell Children's Services if they are concerned about the effect on children in the family. Students felt that Adult and Children's services should work together, that support should go to both the adult and child, and that families should be supported.

Students discussed how a young person would know if something is not right, and find out what support is available to them. Existing sources of support include a support worker and School Nurse, and children can approach any trusted adult in the school. Sarah Shave reported that there will be a new role at the school soon, an emotional and welfare support officer. These sources of support are something that the school could promote, including the work that these people do, and how they can help and support a young person.

Students said that some pupils will not speak up and would feel nervous about going to someone they did not know, and that trust was an issue. If a young person confides in an adult they worry that it will be passed around; they are also not confident that they would get support or if it would be left there and nothing would be done. There was a discussion about the duty of confidentiality and consent. CC asked the students if they would use a third party such as an online support service; they said they were aware of these options and recognised the value.

Students felt that some young people would not think that their problem is big or important enough and would not ask for help.

4. Find out more about the experience and support for people living with dementia.

Status on Healthwatch work plan: To do

CC said that this task follows on from a from 'Tell us your story' section in the recent Healthwatch community survey for other topics such as cancer.

Paul Charnock (PC) asked the students about their understanding of dementia. The students knew a lot, and talked about the impact on people they knew, and family and friends. There was a discussion about how to act on concerns, and assessment procedures, usually starting with someone's GP. Relevant questions have recently been introduced into older people's annual health checks.

SS said that normally it is a family that supports a person first and then as time goes on there is more involvement from services. Neighbours and friends are also really important. It can be very isolating and family and neighbours also need support. One student pointed out that a family member with dementia may not live on the islands and this still has an effect on the family.

CC asked the students if they thought that their community supports and understands people who are living with dementia. The students said that they would like to think so and would like to learn how to be confident when in contact with someone with dementia.

There was a discussion about care for people with dementia or other needs and the clear wish expressed by the community to support people on the island. Students felt that for some people who had grown up in Scilly it would be too big a change to move to the mainland and that they would not get many visits from family members which is important. The Council of the Isles of Scilly aims to support people to stay on island but currently there are limited facilities and a small staff team; students agreed that there should be new or additional facilities so that services can be improved and increased. CC explained the planning for future services which is being undertaken as part of a regional Sustainability and Transformation Plan. These plans require all Councils and health systems across England to work together to improve services in their areas.

CC asked how Healthwatch should go about the task of finding out more about the experience of living with dementia, and what they should do with the information they collected. Students said

that not everyone has the same story. They said that you should find out a person's story and understand that one size does not fit all, and find out what support a person needs to stay at home.

Students thought that everyone should be aware of the issue of dementia so that the community can be engaged, and Healthwatch could pursue this task by looking for leadership from an organisation. A number of people and organisations should be involved such as GP's, Community Nurses, Park House and care workers, friends and neighbours. Someone would need to lead on this and all services would need to talk to each other.

5. Any Other Business

5.1 Students were asked: 'what things would support young people in Scilly?' The students discussed this and said that clearer information about where to go if they have a problem would be helpful. There needs to be some discussion about how confidentiality and consent works between services.

5.2 Students were asked: 'if you were to meet your MP, what would you say to him?'

There was a lively discussion about improvement in schools:

- no homework ('it shouldn't be necessary if the school is doing its job');
- a curriculum for life, including how to manage finances;
- the benefit of a broader curriculum, not just a focus on academic subjects like Maths and English as some students will never meet these targets. Students felt that there should be greater teaching of different religions, and about race, sex, gender and sexuality, so that there is a greater understanding and increased tolerance of others.
- Promote reading and books;
- More music teaching, as it improves learning ability.

5.3 Students said that bullying is an issue and a greater awareness that people have different views may reduce bullying. They discussed banter and bullying. Some people say things and are not aware that what they have said has caused a negative impact on someone, and perhaps other people would not be affected by the same comment. Some people will be very aware of the impact of what they are saying and this is bullying. Students agreed that young people need to take responsibility for their actions. SS talked about restorative justice and how this trains people to resolve conflicts; this will be introduced in school.

5.3 There was a discussion about giving young people an opportunity to have a say on things that affect them, about putting different views across and how to do this, and why are politicians in charge of education?

5.4 One student made a suggestion that if someone is doing an apprenticeship on island that it would be good if there was a local apprenticeship tutor who could assist with course work instead of having to go to the mainland to do this.

5.5 JL told the students about the NHS Youth Council and how to find out about it as it may be of interest.

Summary of recommendations

- Look at support and information provision for 16 and 17 year olds attending a mainland hospital appointment. Include a discussion about escort criteria and authorisation and a role for a mainland based support worker.
- Look at whole family support when an adult is receiving health and care support.
- Further discussion between school, services, and young people on issues of confidentiality and consent. Include information to young people about what is confidentiality, what to expect, what to do if confidentiality is broken, duty of safeguarding.
- Improve information to young people about sources of support and advice. Look at signposting training for everyone in contact with young people, to promote services that can support a young person.
- Dementia awareness training for the whole community.
- Look at extended curriculum to include religion, race, gender and sexuality.
- Further discussion and measures to reduce and deal with bullying.
- Look at support for young people undertaking post 16 further education and apprenticeships on island.

Next steps for Healthwatch Isles of Scilly

- Publish report and recommendations, and send to: Five Islands School Student Council and Head Teacher; Council lead Member for Children's Services; Director of Children's Services; Children's Trust Board.
- Discuss medical travel for island 16 and 17 year olds, support required and escort criteria with NHS commissioner for patient transport.
- Discuss medical travel for off islanders and travel scenarios with NHS commissioner for patient transport and Patient Transport Service.
- Discuss remote/virtual consultations to reduce the need to travel for a mainland medical appointment with Royal Cornwall Hospitals Trust.
- Discuss how to make booking and arranging medical travel simpler with NHS commissioner for patient transport and Patient Transport Service.
- Discuss how to support information provision for young people with health services, Children's Services, and Five Islands School.



Evaluation of Takeover Challenge

Students filled in a feedback form and were asked for a few words to describe Healthwatch and what they would like to happen next.

Did you enjoy the Takeover Challenge at Healthwatch Isles of Scilly?

100% 😊

What was the best thing?

- Having the discussions about the four ideas.
- Discovering what are most important issues and that everyone agrees on the same issues.
- Listening to the students points of view.
- Discussing what we thought was important.
- Getting our views heard.
- Discussion the things that we need to improve in the community.

What could have been better?

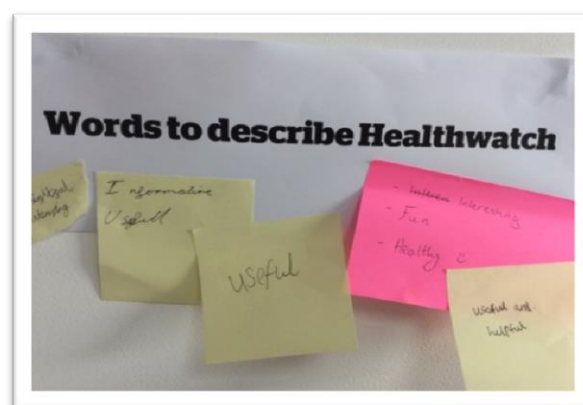
- More discussion time.
- To know what the other services do.
- To learn what each service does.
- More discussion time.
- The introduction.

What have you learnt today?

- About different aspects of health services and their jobs.
- It is vital that the local children are given the opportunity to be heard.
- That everybody could be affected by one person's health.
- How most health services work and function.
- How Healthwatch works. How the people living with dementia are affected.

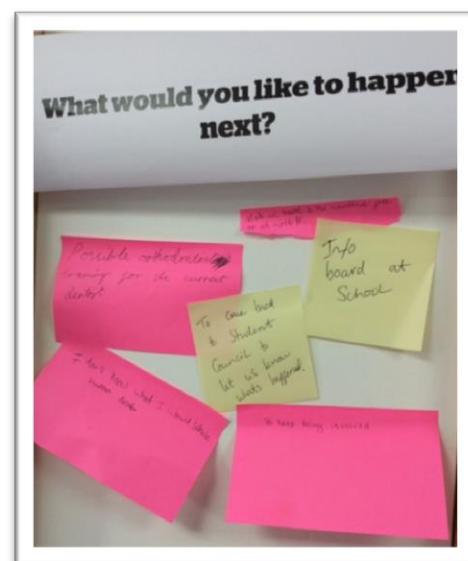
'Words to describe Healthwatch'

- Insightful
- Interesting
- Informative
- Useful
- Useful
- Interesting
- Fun
- Healthy
- Useful
- Helpful



'What would you like to happen next?'

- Make all travel to the mainland free or at most £5.
- Information board at school.
- Possible orthodontic training for the current dentist.
- (Healthwatch) to come back to Student Council to let us know what has happened.
- To keep being involved.
- I don't know what would happen next



Appendix 1 Children's Commissioner Takeover Challenge – Timetable 24/11/2017

9.15 Students arrive

- Welcome
- House keeping
- What is a Takeover Challenge, who is the Children's Commissioner – background JL
- What is Healthwatch? CC

09.25 Explain the outline for the Board meeting and will vote for work plan topics during the break – 4 only due to time available. Students will need to elect a chair, time keeper and secretary.

09.35 Rest break

09.45 Directors arrive

09.50 Board meeting

ACTIVITY - Students' takeover of the board meeting

- Reminder that this is an opportunity for students to 'have their say' we are listening.
- Directors and students - introduce themselves.
- Work plan summary – go through each task on the work plan, explaining the background to each.
- Main topics of work plan – finalise the 4 topics/vote
- Elect chair, time keeper and secretary.
- 20 mins for each topic –HIOS staff and Board members to give an overview of topic; students to discuss and ask questions on topic.
- Time keeper to alert chair when 3 mins left to round up topic.
- DISCUSSION led by students (if discussion lacking then go through a few scenarios for each topic and brainstorm those).

09.55 – topic 1

10.15 – topic 2

10.35 – topic 3

10.55 – topic 4

11.15 Rest break

11.30 Any Other Business

- 20 mins to discuss any other business
- What next - discussion about what Healthwatch will do next with the information that they have given us.

11.50 Feedback

- Ask Students to come up with 1 – 3 words about what they think of Healthwatch and write them on a post it note and put it up
- Ask students to put a smiley face, sad face or neutral face for those that they agree with put next to post it note on windows
- Evaluation form
- **12.15 END**

Appendix 2

Healthwatch Isles of Scilly Work plan summary – 24/11/2017

TASK	STATUS	TARGET & TIMESCALE	OVERVIEW
<p>3 NHS Patient transport policy and eligibility criteria</p>	Active	<p>Added Aug 2017 Scrutinise and respond to NHS Non-Emergency Patient Transport Policy Monitor impact Ongoing</p>	<p>This policy is for travel to routine planned appointments for patients in Cornwall and IOS. IOS patients are eligible for subsidised travel to appointments on the mainland. The new policy restricts travel by air to Lands End, and removed NHS funding for the shuttle bus to Penzance. We queried a change to allowances for some escorts, see below. It then became apparent that previously funded travel on a scheduled flight for urgent treatment and funded travel for return after a medical emergency evacuation was no longer supported by any policy and was no longer funded by the NHS, see next page.</p>
<p>3.1 Escort criteria</p>	Active	<p>Added Aug 2017 Discuss escort criteria in respect of IOS circumstances, including escorted travel for 16-18 year olds, with NHS Kernow ongoing</p>	<p>NHS funding for escort travel is generally restricted to patients unless they have a need for assistance, for instance a learning disability, dementia or medical need. The NHS also funds escorts for patients who are under 16. 1) NHS Kernow also allows escorts for patients who are attending a 20 week antenatal scan or attending an appointment where they may receive bad news about their condition. The new policy made this dependent on further means testing, i.e. the patient should be eligible under measures of medical or financial need. We challenged this and the additional test of eligibility has been removed. 2) The NHS has applied stricter rules about funding for escort travel and the number of escort travel warrants issued by the NHS for IOS patients has dropped. We undertook a survey which shows that the same amount of patients are taking an escort, but half of these patients are now paying for this themselves. We have asked for further discussion with NHS Kernow. 3) The NHS does not fund an escorts travel for any patient over 16</p>

TASK	STATUS	TARGET & TIMESCALE	OVERVIEW
			unless they have a need for assistance, for instance a learning disability or medical need. We have made the case for young people who are 16 and still at school on IOS to have an escort. We have asked for further discussion with NHS Kernow.
3.2 Travel for urgent treatment	Monitor	Added June 2017 Address withdrawal of NHS funding for travel for urgent treatment Monitor development of additional policy Completion Jan/Feb 2018	Sometimes a GP will advise a patient to get themselves off to the Emergency Department, or Urgent Care Clinic, for urgent diagnosis or treatment which can't be provided here. These patients can travel on a scheduled flight. Funding for this was not covered by the revised patient transport policy which is only for planned treatment. This was challenged by patients, GPs and Healthwatch. NHS Kernow has reinstated funding while they write a policy to cover this. We can't be certain that the new policy will cover everything that was covered in the past.
3.3 Return after a medevacuation	Monitor	Added Nov 2017 Address withdrawal of NHS funded travel for return after a medevacuation Monitor development of additional policy Completion Jan/Feb 2018	In the past, if someone was taken by emergency air services to the Emergency Department, their return travel on a scheduled flight would be funded by the NHS. This was the same whether the patient had been admitted to hospital or had been treated and discharged from the Emergency Department. Funding for this was not covered by the revised patient transport policy, if the patient was discharged from the Emergency Department. This was challenged by patients, GPs and Healthwatch. NHS Kernow has reinstated funding while they write a policy to cover this. We can't be certain that the new policy will cover everything that was covered in the past.
4 Patient information	Active	Produce and make available up to date patient information on medical travel Ongoing	Ongoing: produce and update timetable information for mainland leg of trip. Include information about procedures and developments in medical travel in newsletters, bulletins, website and social media.
5 Virtual Care Options	Active	Support RCHT-led work stream to develop virtual care options	Royal Cornwall Hospital Trust is looking at ways to reduce the need for IOS patients to travel to the mainland for all appointments. There are already some clinics held by RCHT consultants on St Marys. They

TASK	STATUS	TARGET & TIMESCALE	OVERVIEW
			are now looking at options for more telephone or video consultations.
6 Off island travel costs	Monitor	Added 2014 Raise issue of high costs of 'specials' and make case for reimbursement under travel costs scheme. Completion May 2017	Off island patients can now reclaim the cost of the off island leg of their journey when travelling to the mainland for a medical appointment. This is because NHS travel funding for IOS patients only covers appointments on the mainland.
7 Adult Health and Social Care provision	Monitor	Monitor delivery and request information about future planning Ongoing	This covers health and adult social care services on IOS, and health services on the mainland. Healthwatch directors and staff keep an eye on feedback and surveys about people's views and experiences of treatment and care, and discuss any concerns with services on a regular basis.
7.1 Dental service	Monitor	Added 2015 Monitor delivery and maintain contact with service provider re provision Ongoing	This service has had its ups and downs and a lot of people reported their concerns. We talked regularly to the service provider and they listened. They have already made improvements and are planning further developments for the service.
7.2 Experience of cancer patients	Active	Added April 2017 Look at experience of IOS patients and support available.	We asked for and received a lot of really valuable feedback from people about their experience of undergoing treatment for cancer. We wanted to understand what the problems are and these seem to be the difficult journey when you're ill, and problems with finding and paying for accommodation on the mainland. We have passed all this on to cancer services. We are encouraged that Macmillan, the cancer support charity, is taking a real interest in IOS patients' problems and wants to help. We now need to consider what else Healthwatch can do to help bring about improvements.
8 Children and young people's views	Active	Establish more effective liaison with service providers and improve engagement with children and young people Ongoing	We don't get told a lot about children's health and care services so we don't have much to discuss with service providers. We are delighted that we have stronger links with the Student Council and can hear from you directly. We also are interested in your insights about all the issues we deal with, not just children's services.

TASK	STATUS	TARGET & TIMESCALE	OVERVIEW
			We'd love to know how you think we can work together, and on what.
9 Family support	To do	Added Nov 2017 Improve engagement with families and raise awareness of HIOS remit for children and family services	We think that either everything's working really well in services used by families with pre-school and school aged children; or, families don't think that Healthwatch is involved with these services so don't think to talk to us. If it's the last reason, we'd love to know how we can change this.
10 System transformation: health and social care integration and Sustainability & Transformation Plan	Participate /monitor	Monitor delivery and request information about future planning. Promote community engagement and consultation Ongoing	The Government has asked all Councils and NHS commissioners across England to come up with a plan for sustainable health and care services for the future. Councils have budgets for social care and NHS commissioners hold the money for health. The idea is that if they share, or integrate, their resources, more can be done with less. This is great in principle but in practice it will mean a big change to what we've been used to in how we access health and care. Each region of the country must consult in its own communities about their plans. There is a 'Cornwall and IOS' plan and we think it's important the IOS is properly considered, when making changes to services here and on the mainland. The Council and local services think that too and so there's a local plan being developed alongside the bigger one.
11 Dementia care and support	To do	Added Nov 2017, start tba. Following success of the 'Tell us your story' section in the survey, plan survey work on the dementia journey.	
12 End of Life care	To do	Added Nov 2017, start tba. Following feedback to community survey, plan survey work on end of life care	

blue = complete: monitor, follow up progress

amber = ongoing: participate in discussion, monitor

green = current/active

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