

Healthwatch Hampshire Board Meeting

12.30pm 20th August 2020 Via Teams

Present: Ann Smith (AS), Richard MacKay (RM),

Emma Leatherbarrow (EL), Neil Bolton-Heaton (NBH), Subashini M (SM) Jonathan Chambers (JC), Kate, Knowlton (KK), Rachel Stanton (RS), Claudine Weeks (CW), Ann Brosnan (AB - Minutes)

Apologies: Tracey-Clare Dunlop (TCD), Pat Bull (PB), Sue Alford (SA), Alex Solomon (AXS)

1. Welcome and Apologies

AS welcomed everyone to this Teams meeting during Covid-19 restrictions.

2. Introductions

AS asked those present to introduce themselves and welcomed Suba, Jonathan, Rachel and Claudine to the team.

GOVERNANCE

3. Declarations of Interest

There were no new Declarations.

AB has updated the main document and will load onto Sharepoint.

Action AB

4. Approve the minutes of 15th May 2020

Minutes were approved by the board in July for issuing the final document.

5. Matters Arising

Action Points from May Meeting:

Sharepoint: Ann B to Archive and to re-organise the folders.

Action AB

Influencing Activity: Meeting with ICS Chief Exec in Sept.

Action NBH

Impact and Outcomes Report to be sent to Councillors/MPs

Action NBH

ICS survey has gone to all relevant parties

There was a Data breach at HHFT and NBH was in touch to see what actions had been taken.

NBH and SA spoke about 'deep dives' and the increase in CAB activity means it would be good to wait and look at end of Q1 and see what also comes out

of HWH survey. Plan is to do deep dive around the tagging on Covid-19 and look at what comes out from there to decide if further exploration is required. There is a £2k budget for this and they will investigate.

RM suggested that NBH should be delegated authority to approve the work and this was agreed by the board

Bio from TCD needed for website - Claudine to chase. **Action CW**

Community Cash Fund needs to be updated AXS has done an introductory letter and will prepare a brief to update the board. **Action AXS**

KK said there has been lots of virtual contact with volunteers but due to Covid-19 many of them have other commitments.

(CCF - HWH has pots of £1k funding available with a yearly theme and voluntary organisations can apply for one off funding. This year it has focussed on young people's mental health and disability.

AS: Not sure under current conditions if there will be another CCF this year. Views needed on if it should continue: RM not sure if this is the best time to be funding, given the current situation with Covid-19 EL felt we need to be mindful of reset and restore and think this fund is one way that we can help charities. NBH spoke about a similar initiative in Wokingham. Hard to reach groups have either stopped meeting or meet digitally and they have been supported to get online. SM felt that young people with mental health need to be supported and so perhaps reshape what the money is used for. AS felt this money should be held in reserve and it could be rolled forward as it is not bound by timescales. RM said that there is no limit on timescales for this project.

NBH felt that it is better to use the money for those groups who are already working digitally to support those who are yet to go digital, NBH will write a proposal. **Action NBH**

6. Quality Framework - to be discussed under Delivery Plan.

7. Non-Executive Directors:

a) Lead Areas Document

AS thanked TCD who has agreed to Chair the Finance and Performance Sub-Committee

EL to speak to TCD to get dates into the diary. **Action EL**

JC is working with NBH and support from SM on Hampshire Together and PSSAG (Patient Staff & Stakeholder Advisory Group) There will be a report coming out in September to assess how well the communications have worked during lockdown. So far it has mainly concentrated on the new hospital and in the Autumn the focus will be on the staff and getting their views.

Remove West Hants CCG from PB as a new partnership is being formed **Action AB**

NHS Wessex is now Hampshire and Thames Valley Action AB
RM is happy to sit on the Finance Group but would like Income
Generation to be removed Action AB
Portsmouth is not involved in amalgamating the CCGs
SM happy to support in any way that suits HWH best. AS and NBH are
attending a meeting re patient partnership run by the local council and
they will do the initial scoping and the plan is for SM to lead on this area.

8. Safeguarding Update

EL has been attending these meetings. They will review all of those discharged into care homes.

Also the issues around DNR forms being issued too readily by GP practices.

Ethics committee looking at issuing of ventilators when shortages occur.

Important that people in care homes are not left isolated.

Deprivation of liberty referrals have dropped off.

AS commented that DNRs should be a clinical decision and she has raised this.

RESOURCES

9. Staff and Volunteers

a) PCNs/Public Engagement Role Update

NBH pleased to have a full team with RS and CW on board. Initial proposal has been issued and a comms briefing has gone to stakeholders and RS has started to make contact. HWH going into GPs with an offer to help. Aiming to get key allies on board first and people have been positive so far.

RS says they are in a place to start networking and make contact with key players in PCNs.

Have a script of questions to ask people and RS expects the project will grow more from September when people are back from holiday.

RS asked if anyone has key contacts to pass them on to her. **Action ALL**
NBH said it might be segmented by PCN area. There is a specific comms piece to this and will aim to include comments from the board as to why this is important.

RS said to give it six weeks so we know where the gaps are and then see if the board can help around these gaps.

10. Finance

AS asked if the HCC money has been delivered against the PO. NBH is chasing this up. *Action NBH*

EL said all is on track and still have money in reserves.

STRATEGIC PLANNING AND PERFORMANCE MANAGEMENT

11. Performance Reports

NBH said there has been a reduction in people getting in touch with HealthWatch and we are increasing the reach by broadening the scope of the Comms Role.

RM suggested that 'phone enquiries from CAB be added. KK said these figures are included in the narrative, rather than the spreadsheet that is used primarily for HCC and suggested a revamp of the spreadsheet.

AS suggested a meeting with HCC.

SM suggested a 'data dictionary' and have an average to compare figures to try and understand what 'good' looks like.

NBH maybe something can be produced for the board which is more useful and NBH, AS and SM to chase up a contract meeting with HCC.

Action NBH/AS/SM

12. Delivery Plan

NBH: TT left at the end of June, so there has been a comms gap as well as annual leave and staff sickness in addition to Covid-19.

HWH working more collaboratively across all the Healthwatches, KK is keeping volunteers informed and the board were happy with the updates they are receiving.

NBH felt that HWH wasn't reaching out enough in terms of comms and engagement regarding external comms. The strategy has yet to become live and a comms plan needs to be developed to align with that and also update online areas.

Stakeholder list has been growing in recent months and stronger links need to be established across the system re Hampshire and Hants/loW.

Need a more regular newsletter.

Want to review lead areas and how they fit in to the gaps currently in comms.

FAQs for Covid-19 has been successful and kept regularly updated Plans were to bring the HWH and Citizens Advice people together so everyone knew who was who and what the relationship is about and how CAB signposts people to HWH and needs to be picked up with SA and Claudine to refresh comms and do a 'thank you' to CAB staff.

Action NBH

Need to increase engagement and reach.

CW spoke about a webinar on how to engage online and shared HW experiences. One did a survey and they worked closely with GP surgeries to send out text messages via their messaging system and they had over 1,000

responses. Some did YouTube interviews with senior staff to talk about Covid-19 and what to expect when visiting hospitals etc. and these proved very useful. Virtual coffee mornings with local community groups and online chats through interpreters for asylum seekers.

A new plan will be put in place to test some new approaches, but it also depends on the quality of the stories we can tell.

Outstanding Care Homes report went to the commissioner and was a published report. Recommendations have been made for care home support packages and keeping residents in care homes connected. KK did a piece identifying good practice in outstanding care homes. AS said HCC put this report on the website and were very pleased with it.

Will continue to work with outstanding care homes to find other ways to engage with them. AS said there is an issue in terms of care home availability which could cause problems in terms of lack of places available and the aim is to produce high quality in that sector to regain the confidence of people after all the issues that have been highlighted in the press.

Care Homes Quality Pilot: did four out of six interviews due to Covid-19 and the report has been sent to the commissioner. Not a funded piece and probably unlikely that the remaining two will be done under current conditions.

ICS meeting booked in with new Chief Exec in September along with other HW chairs. Potential for some work.

PCN project is in Phase 1. Not sure what Phase 2 will look like. If we can evidence enough need that would attract monies to that, this would be good.

Southern Health KK undertook this and some Pilot visits took place and all HWH recommendations were taken on board and had a good impact for those using those services. Southern Health has a new chief exec who has spoken to AS and is keen to continue working with HWH.

ICS wide survey completed. Main concerns were carers and the low representation from BAME communities.

Had an interim delivery plan and ideas and discussion around BAME health inequalities and how we address this in Hampshire. Suggested that desktop research is done initially, and this may inform next steps in terms of a specific project. Possibly developing a toolkit across BAME communities in conjunction with other HealthWatch groups. Need to access communities perhaps via Faith Leaders for example and looking at what groups are in existence and asking them what we need to do. Considering a BAME health section on the website and a BAME health inequalities survey/intel gathering.

SM commented that this is a politically charged topic and BAME also affected by social and economic conditions so there is a need for a nuanced approach and that care is personalised, rather than putting non-white people in one group. Important to open up avenues of communication and ensure people know how to speak up.

EL said work has been done in the past to amplify the voices of those who find it hard to be represented (eg. Deaf and those with learning disabilities) so may wish to rekindle some of the past relationships. Also need to put it against the work sub-regionally and nationally. Those people who do not have access to technology are at a substantial disadvantage and this is a broad number and it affects their health outcomes. Promotion of online ways to use NHS services doesn't address those who have no access.

Carers: Wish to do a piece on this. AS said that this is an important area to look into given what has happened during Covid-19.

GP website mystery shopping is on hold. NBH added that online mental health support would need recruitment of young people and this needs to be scoped up and put forward as a proper proposal, especially given the effect of Covid-19 on mental health. *Action NBH*

Community Cash Fund: NBH asked if we could utilise this to support some other objectives/projects. AS said we need to ensure this money is used most effectively.

NBH will transfer all the actions from the Quality Framework Action Plan into the delivery plan. *Action NBH*

NBH: don't know what will be happening this winter so need to have some slack in our capacity to address this in terms of comms.

13. Risk Register

14. Projects - Carried Forward to November meeting

15. Care Homes

Talked about earlier and KK will be joining AS working on this.

16. PCNs Briefing Doc

Covered off earlier

17. Communications and Marketing

a) **Annual Report** - Comments received and on website

b) **New Comms Plan** - to be worked on now Claudine has taken up her post

18. Review of Sub groups

Only obliged to have the Finance and Performance Group under the HWH remit and AS suggested the other groups are on hold until the NHS and Adult Services settle down with the new way forward.
Other groups will be suspended for the time being.

19. Sharepoint

Board folders will be updated by AB

Action AB

20. AOB

21. DONM

Provisionally planned for 5th November 2020, 10.30-12.30. This is the week that the HWE virtual conference is taking place. However, this is the only week that board members can attend; shouldn't be a problem as will be run on Teams again with the aim of having some (if not all) board members attend in person at a future date.