

Healthwatch Hampshire Board Meeting

10.30am 5th November 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 - Part (RS), Claudine Weeks (CW), Ann Brosnan (AB - Minutes) Alex Solomon (AXS), Sue Alford (SA), Tracey-Clare Dunlop - Part (TCD)

Apologies: Pat Bull (PB)

1. Welcome and Apologies

AS was delayed in joining so TCD welcomed everyone.

2. Introductions -N/A

3. Declarations of Interest

SM has a new declaration to send to Claudine for updating and putting on website.

Action SM/CW

4. Sign off approved minutes of 20th August 2020

Minutes signed off by board.

5. Matters Arising

Impact and Outcomes report not yet sent to Councillors and MPs as only just completed.

Action NBH

6. Quality Framework - Safeguarding.

EL attended the Safeguarding board and there are still excess deaths in Care Homes.

Annual report will be sent to the board.

Action EL

There is some Safeguarding training available and EL will forward this on to the board.

Action EL

The Safeguarding Policy will be refreshed, and all H&C staff need to know what to do in the event of there being an issue.

AS asked about deaths in care homes and KK said that, at present, the main concerns were around visiting, and guidance is currently awaited as per the new lockdown.

7. Staff and Volunteers

NBH said that the team is working well together; expanding the reach out into hard to reach communities and establishing some good joint working around common issues and themes.

CW: There has been a lot of success with partners such as HCC and smaller disability groups who have shared the carers' survey. On Hampshire Together we ran some positive workshops with Chrysalis Group and Basingstoke Disability Forum, and they are keen to work with HWH going forward and continue the partnership. In terms of Instagram, followers are now up to 75, Linked-In is 42. The Carers' survey is getting lots of attention on Facebook. SA said that CitA had also shared the survey (the survey end date is 12th November) in order to have the report completed for 26th November, which is Carers' Rights day.

AXS mentioned the importance of partnership working, in order to not just build our profile around a specific issue, but to develop the relationship and having them as part of the project from the beginning meant that they had buy-in for the Zoom meetings, as well as promoting the survey and suggesting questions that we would not have thought about e.g. Carers' Assessments. We need to involve them in this report and encourage them to promote the results, and let them know about anything relevant that is coming up in the future.

KK: The Hampshire Together work was a challenge in a short timescale as Zoom fatigue had an impact. Disabilities board did a 'ring-around' which helped as young carers were meeting in parks, rather than online. Visual questionnaires were created, and the leaders were able to factor that in for Zoom sessions, plus offering vouchers also helped. Great feedback was received from them, which added value.

Hampshire Carers Partnership have asked us to produce another piece about access for carers to GP services, and there may be some mystery shopping on this. Lots of data from the carers' stuff to sift through now.

Volunteers: Currently they have no specific roles but are helping with things such as Hampshire Together, by contacting people digitally.

'The doctor will see me now' brought the volunteers into other projects and there may be some mystery shopping opportunities. A new volunteer has also been recruited.

Also doing health audits for Southern Health and were due to do Gosport War Memorial Health Audit, and looking into doing that remotely.

RM asked if all their volunteers had stayed involved as some of the volunteers for CitA have been active and others have dropped out and not sure they will come back. KK said that most have continued, with some less involved, but they are kept updated, with different levels of interest.

NBH; Hampshire Together piece is a funded piece and it's the first piece we have done with them and hope this lays the ground for future funding from them. Allowed us to recycle some NHS money back to people and communities via the vouchers distributed.

JC would like some more information on that as it came up in the recent PSSAG meeting. *Action NBH*

AS: Co-production clearly improves output and congratulations to all those involved.

8. Finance

EL: CIC budget is on track and there is a small underspend as expenses are not being claimed due to Covid-19 situation.

H&C is a little underspent. Hampshire Together work; we have appointed someone to work with us that will involve a cost, which can be met within the budget.

RM: Citizens' Advice budget is on track now and will be on track at year end.

HCC has paid HWH for the current quarter in advance, which is unusual as they usually pay in arrears, so the next payment should be due at the end of March.

AS asked if we have an SLA coming up to be reviewed in March?

RM said that it would continue and asked if HCC has extended the contract? NBH and AS will keep requesting a meeting as have not yet had one agreed by HCC. RM not aware of any reason to re-write the SLA. AS will review the SLAs *Action AS*

EL said she can talk to AS about the SLAs. Usually it is a 3-year contract with an additional two years. RM confirmed that the contract began in April 2018, so we are approaching the end of year three.

Action EL

9. Activity Reports

NBH, SA and SM met and concluded that some information is not relevant to HWH but might be relevant to the Commissioner. We may need to look at the information that is more relevant to us.

SM would like to see what we should be monitoring to inform what we should do and the relevance of the data; are we happy or do we need to pull out more from that?

SA: we probably need to compare questions so that we can see patterns, as some quarters are different to others and look at what we normally do each year.

NBH said the Impact/Outcomes report helps us and SA said this gives us information on which category things fall into but it is more of a headline

issue and we need to do more deep dives and look at Covid issues to see what impact they are having. In terms of the report on carers, the figures tell us something but are not always telling us enough.

NBH asked if the board understands the numbers on these reports?

RM: the numbers reported are confusing and some seem to fluctuate so much. Perhaps have fewer things and really be able to understand them.

SA: What do we do with 'signposting'? It is information asked for by the Commissioner to see if we were collaborating with other organisations, but not really useful to HWH and also unsure what the Commissioner does with this information. Feels more like a number gathering exercise and HWH has never acted on it. May need to check with the Commissioner to see what is useful and what isn't?

RM suggested approaching the Commissioner to suggest the kind of information HWH thinks will be most useful, as it seems to be a low priority for the Commissioner.

NBH: Doing a similar exercise in HWWok which is centred more around what HWWok needs, rather than the contract management. Proposed a small working group to refine what we actually want and come up with a revised model for ourselves.

EL: we are in the final stages of revising the main CRM. Currently the data sheets only report people who 'phone and email, and we get more contact through surveys and engagement work, so we are underselling ourselves and need to find better ways of getting that data together. There is a lot of learning in the network, but the changes to the CRM we use will make it easier to extract data in a more meaningful way.

SA: website figures don't tell us very much social media gives us much more information as they are engaging

SM: One report doesn't show you the impact and we could do a lot more.

What is the timeline of engagement?

It was suggested that a working group be set up to look into this, and that the group would be made up of NBH, EL, SM, SA and CW

The group will give HCC a proposal when that meeting is arranged.

NBH will set up the initial meeting for the working group and be responsible for plotting a timeline.

Action NBH

Delivery Plan

NBH: Most of it has been covered. There will be a recognition event for volunteers.

RM said a gift would be good in recognition for those volunteers who had continued to contribute.

AS: set a finance limit on that and the team to then decide what is best.

SA: Covid information went down well and now needs to be done again and this will be picked up after the deep dive results. Looking for themes, trends

and particular issues and will have that in December and can pass that back to NBH.

Action SA

NBH suggested CitA need to do something as the Away day never went ahead and SA suggested perhaps two sessions over Zoom?

Action NBH/SA

NBH: Communications only had a strategy in the past but there is now a plan in place, and we are looking at a proper engagement plan, which is just about to be started.

CW has signed up for 'Engage 2020' on 16th November and will do the best practice events to then pull the strategy/plan together.

AS suggested a proposal to the finance group, using budget underspend.

EL: we can use FB ads as there is budget for this.

Communications is in order and moving forward fast. Deep dive Covid survey is underway along with some on carers as well.

HW IoW want to work with us, they just do not know when.

NBH: CCF budget? AS said it was £10k last year. Some projects have been delayed due to Covid.

NBH: Currently renewing the website to ensure we have everything we legally need there. Interim View, and Complaints policy need to go on the website.

HWH Board to only use HWH email addresses: AS is looking at this with TCD.

Action AS

It was agreed that it was good to have the team at the board meetings.

Data Intelligence/Sub Groups: there is a change to working group review and NBH will amend.

Action NBH

360 review 2021: EL said that is it a review on everything about HW. Ideally it should be done every three years so that we can spot gaps in stakeholder relationships to underline the QF. Due to Covid situation it was agreed that it would be better to do this towards the end of 2021, especially as there will be a new ICS and CCG.

NBH: Meeting was held with ICS chief and other HealthWatch groups.

Influencing activity review meeting on 9th November to include

NBH/EL/AS/TCD

Action NBH/EL/AS/TCD

SM: is the delivery plan a lot of work for the team? NBH said there always needs to be some space built in.

NBH: In terms of young people and mental health, we are looking at how we can complement other organisations. There is a new appointee for this across Hampshire. Looking at gaps and HWH is interested in young people with anxiety, access to education and parents of those with mental capacity needs. How can a youth watch introduced by HWH support this system change?

SM asked if we are able to organise ourselves around what is required.

THRIVE agenda will be sent around to board.

Action NBH

10. Projects

PCN Collaboration

RS: Managed to get into some CCG meetings and do some brief launches. Clinical leads have been getting in touch and interviews have been arranged with them as well as stakeholders, communities, and social prescribers. 15 PCN interviews to date with all keen for things to happen re patients and public engagement. Generally, this is happening in PPGs and a number of barriers exist, such as capacity and data about population needs. There is a lack of capacity and expertise to do this work at present and RS has had to explain that this is a scoping exercise and there is a need for an interim report which will go to the CCG and will raise the issue about the lack of tools.

Action RS/NBH

NBH: this report will provide evidence and what the appetite. We need to get this first report done and work up a business case for Phase 2 to support it and this will cost a quite a bit more.

Fran White (transformation) distributed a lot of development money to PCNs last year but no VFM, so some money may be redirected to us.

AS: there is a big underspend in PCN budget at CCG level. Currently there are issues around housing the new staff they have recruited, as there is not space, so this is preventing them bringing more staff in. Some PCNs are appointing their managers and AS has a good contact in Fordingbridge. AS has contact details that she can send to RS

Action AS

NBH: Phase 2 is going to be HW, but it also involves the VCSE who see it from a community perspective, and so they are critical in any future proposal. This is important for our engagement developments.

RS the maturity matrix talks about HW, people, population and the VCSE developing relationships.

Care Homes

KK: Listening is still important and visitors to homes remains an important issue in terms of the new guidelines re: funding, number of beds, and where people will go when they leave hospital.

Carers

Looking at what comes out of the CCF: once the results have been analysed a call will be put out for how groups can support unpaid carers and help them in being connected.

AS suggested that it may be better to use the CCF for something we already have in place.

RM: Concentrate on things we know and can influence and only use the CCF if we have a good idea of what we are going to do with the report and what it is going to change.

JC: It's about impact and we should prioritise the things that are adding value.

EL: Agree. It is important that we use the funding to amplify the voices of those not being heard.

AS: SM and team to come up with proposal for next meeting. **Action SM**

Hampshire Together

JC: Attended stakeholder and staff meeting and choice of sites has come down from nine to two. DoH aims to build forty-eight hospitals.

Next consultation has business case finalised in November and public meetings start w/c 9th November.

NBH: need to circulate the final report from the listening phase

Action NBH

11. Covid-19

NBH: Meeting with team around latest lockdown. Idea is to do another FAQ and public information campaign.

AS asked that if anyone receives a copy of the guidance that they circulate it, as concerns around a lack of clarity this time e.g. shielding guidance.

Action ALL

SM: people presenting late with symptoms is an issue and what can be done?

AS: Some people receiving oxygen pulsometers being distributed so people can do this from home, but this is not widely known.

RM: things are changing consistently, so it is confusing for people.

12. Sub Groups

Finance still operative.

Influencers group: Associates are Steve (ICS and Ethics board) and Christine who has given feedback on the Health and Wellbeing group.

In discussion with Steve about ICS and if we have our representation right as they are merging the ICSs to be Hampshire and IoW wide.

AS to keep board updated.

Action AS

13. Sharepoint Update

AB has now put the folders in alphabetical order and reduced the number of folder 'clicks' to find some documents. Some more cleaning up to be done by the end of December.

Action AB

14. AOB

AS reminded people to be alert to scammers after some of the board received a bogus email purporting to be from her.

Pat Bull is talking to Ann on 6th November about a potential return to the board.

AS thanked CW for adding the minutes and agenda on the website and asked the board to be vigilant when approving minutes in relation to them being in the public domain.

AB said she would start to look at dates for May and August 2021 board meetings.

Action AB

15. DONM

Thursday 11th February. This will now take place at the later time of 11am. AB to amend meeting time.

Action AB