

Healthwatch Hampshire Board Meeting

11.00am 11th February 2021 Via Teams

Present: Richard MacKay (RM), Emma Leatherbarrow (EL), Neil Bolton-Heaton (NBH) Pat Bull (PB), Tracey-Clare Dunlop (TCD), 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)

Apologies: Ann Smith (AS)

1. Welcome and Apologies

AS was unwell, so TCD chaired the meeting

2. Declarations of Interest

Updates for JC and SM have been added and added to the website and Sharepoint by CW and AB.

3. Sign off approved minutes of 5th November 2020

Minutes signed off by board.

4. Matters Arising

Community Cash Fund (CCF) was raised as it was felt important that any money is spent in areas where there is a beneficial outcome.

AXS said that the Young Persons Project hasn't happened so far due to Covid and the focus groups for Rose Road were also cancelled. The substance misuse project is all set up but has also been disrupted and it is hard to put dates in place due to the pandemic. RM agreed that there is a need to be flexible, but there should also be an end point.

TCD suggested a timescale of completion around three months after coming out of lockdown.

AXS: CCF is a good way of developing community links and TCD asked if we can link this in with the PR work being done by CW? NBH suggested weaving the CCF through the engagement strategy stream to gain intel and a future resource. SM agreed to pick this up and look at dates for future allocation of funds, due to her experience in selecting projects in a previous role and being able to look at the best fit for HWH in terms of which are chosen.

Action: SM

TCD thanked the team for continuing to do excellent work under difficult circumstances.

RM raised the issue of the SLAs which are running out. EL has updated versions which can be extended and can recirculate for feedback from the HWH Board. *Action: EL/Board*

5. Quality Framework - Safeguarding.

EL attended a new Safeguarding group which is Hampshire only and this sub-group is chaired by the police and is getting feedback from service users. Set up by the Local Authority and received the unpaid carers report from HWH which went down very well. Keen to work with HWH around service user engagement. EL and NBH have had a discussion and will progress this prior to the next meeting of this group in April.

Action: EL/NBH

The online courses have been launched and are open to the board. EL will send a link to AB to circulate with the minutes. *Action: EL*

There is a review of safeguarding policies so that people will know what to do if there are issues. An independent scrutineer has been appointed and it may be useful to invite them to a HWH board meeting. EL and NBH will make recommendations and start a dialogue with this person.

Action: EL/NBH

6. Staff and Volunteers

Comms Plan/Engagement Strategy: Aim is to develop long term relationships with communities across Hampshire and engagement with the volunteers. Looking at mapping out communities in terms of their health issues including before and after the impact of Covid. Looking at stakeholder partnerships and how we engage in terms of working with voluntary groups and building up relationships and how we engage in terms of processes. Will develop a toolkit on this. Encourage organisations to work with HWH. CW asked for feedback on this document to be sent to her.

Action: ALL

CW also looking at patient engagement for Southern Health Trust and is talking to them about relationships with community groups across the county and Sarah Bowkin has offered to do a workshop about engagement and how they have developed a successful strategy. *Action: CW*

Would be useful to have a Board Members Engagement Working Group.

CW and AXS are doing some training on 11th February around an engagement digital tool. HWH are trialling this for six months. Would enable us to run forums and online groups, so could be very useful.

RM: Issue with QA hospital in Portsmouth. How do we handle them? CW is looking at this. AXS commented that we need to monitor if things are done when HWH escalates issue, especially if some things come up repeatedly.

RM: How do we work with Portsmouth HealthWatch if we raise a concern as it is officially outside our area? AXS can run a report and pull information from this and have a conversation with Portsmouth HW. Good to share with other HealthWatch areas if there is an overlap.

Southern Health: RM mentioned that HWH had been working with aggrieved families and had understood that the process had concluded successfully, but a BBC news report on 29th January had an article headed 'Southern Health: Bereaved families bullied and gaslighted by the NHS'.

NBH to follow-up on what has happened following the review being produced.

Action: NBH

Volunteers:

KK: Has been challenging to keep volunteers engaged but they helped design the questionnaire for the mystery shopping.

NBH: the role of volunteers is weaved through the Engagement Plan to further increase our reach.

7. Finance

EL: There is a draft budget for 2021/22 which was put together by RM. The room hire budget has been retained in anticipation that we will have F2F meetings in the next year.

Some money from our reserves has been allocated to discretionary spend for things such as 'deep dives'.

Board agreed to sign this off.

8. Activity Reports

Signed off by Performance Group.

NBH, SM and SA have met to review how we report. It was a positive meeting, and the next quarter is being finalised.

9. Projects

PCN Collaboration

RS: Scoping project in the summer and the report is now in draft format. RS has spoken to the PCN clinical lead and other stakeholders about involving the community in PCN planning. There is a need to embed community involvement in PCNs. Some PCNs are looking at combining PPGs which tend to lack diversity, so the aim is to reach out to leaders of diverse groups to get engagement.

Recommendation is that HWH pick two PCN areas and do some in-depth work to develop models of engagement, participation etc. RM mentioned that Gosport is an area where CitA has access to less able people.

SM: tends to be a reluctance from some groups to participate if they feel that things are not going to change. There can be a mismatch in terms of what is being asked of them and then what is actually delivered as has been happening with the BAME community.

PB: most of the CCGs do have equality and diversity leads who will work with emerging PCNs and HWH can align with them. Need to create mechanisms to engage with hard-to-reach groups.

TCD: the challenge of engaging with some groups who do not wish to be involved. Need to establish long-term relationships as opposed to 'one-off' projects.

RS: Phase 2 of this project is about developing models that work for PCNs to enable them to engage with their communities.

EL: the ability of CCGs to engage is limited as they tend to focus more on PR. Phase 2 is important to get PCNs doing this well.

NBH: We want to develop a strong proposal for Phase 2. Ross Hartley may have some money for this, and the new CEO for Gosport is keen to work with HWH. NBH asked board for approval to go-ahead. RS suggested also looking at a second PCN that had a wider diversity. SM suggested looking at areas with the biggest health inequalities.

Board voted to approve further work and a proposal for Phase 2 if budget is available.

Care Homes

Vaccines are the biggest issue at present with concerns over the take-up of them by staff.

Carers

Currently there are no universal carers' packs, so the plan is to develop one and potentially looking at information on the website to improve the quality of information, so also plan to do some evidence gathering.

KK: there is a lack of awareness/knowledge about carers' assessments and there is no overall information about the various options open to carers.

CW: looking into developing an online pack to consist of a Roadmap (step-by-step guide) and a directory of all the support groups in Hampshire by area as there is a lack of coverage in rural areas.

KK: We have done some mystery shopping around Carers' Assessments and it has shown how difficult it is to access information. A campaign will be implemented from this.

Hampshire Together

The formal consultation has now been pushed back to May.

JC: Do we need a presentation to the board?

NBH will ask Elliot to attend a future board meeting

Action: NBH

ICS Integration

NBH: The White Paper is out. HWH has highlighted a number of issues in the consultation response, including where HWH will sit at a statutory level if there is a regional approach. A joint approach from HealthWatch is needed and there is a meeting 15th February regarding this.

TCD: Board meeting in March on this topic please.

Action: NBH

IAPT Services

NBH: Talk Plus provide some of the IAPT services and are going to do some service improvement sessions over the next year. Concerns around accessibility and pathways

Homelessness/Health Inequalities

CCGs have been approached to support a piece on the health inequalities across certain groups. NBH to keep board updated.

Action: NBH

10. Covid-19

NBH: HWH is supporting all the central communications. May need a different approach to Group 6 (learning disabilities).

Lots of calls received about the vaccine and BAME community a big focus.

RM: CitA did a deep dive before the vaccination programme was announced, did it get used?

NBH: Still looking at it. EL: it shows the kind of problems that are likely to arise in the long term and we need to make sure we are addressing these.

SM: Information sessions to bust myths for BAME have been useful.

11. Sub Groups

PB: Influencers Group is static with no meetings for a year. ST is doing well at and ICS level but there is disconnection and propose that we start this group again. Conversation will be had offline about this as AS would like to be involved.

TCD is looking at who sits on all the boards and how we use HWH board members. TCD to follow-up with AS. **Action: TCD**

12. AOB

Emails: Important to use HW email addresses for security reasons. EL said a policy is being drafted by H&C.

Southern Health Review: NBH to pick up with AS **Action: NBH**

Local Transport Plan Engagement: EL happy to liaise with Christine about this. **Action: EL**

13. DONM

Thursday 13th May 2021