

Healthwatch Hampshire Board Meeting

11am-1pm 18th November 2021 Via Teams

Present: Tracey-Clare Dunlop (TCD) (AS) Richard MacKay (RM), Emma Leatherbarrow (EL), Neil Bolton-Heaton (NBH) Pat Bull (PB), Subashini M (SM), Jonathan Chambers (JC), Kate Knowlton (KK), Sue Alford (SA), Guy Patterson (GYP), Lucy Fitzgerald (LF) Ann Brosnan (AB-Minutes)

Apologies: Ann Smith

1. Welcome and Apologies

TCD chaired the meeting in Ann's absence and expressed condolences and sympathies to Ann on behalf of the group, for her recent loss. TCD asked that any queries that would go to Ann, be sent to herself or Neil for the time being.

Action: All

LF was introduced to the rest of the board.

2. Declarations of Interest

TCD gave updated information. AB will update the form and reissue, plus put it on Sharepoint. LF will update it on the website.

Action: AB/LF

3. Sign off approved minutes of 22nd September 2021

Minutes signed off by board.

4. Matters Arising

EL had shared the Wheelchair report from 2017 and asked if it would be prudent to get some more recent feedback to see if people's experiences have changed since then.

TCD: Agree some gentle reaching out would be best, given how busy the team is on other projects.

LF knows the new comms and engagement person for Hampshire Wheelchair Services and are doing an online coffee morning, so will develop a link with them.

Action: LF

One volunteer uses a wheelchair and can be asked to attend the planned online meetings.

Action: KK

TCD: Keep Dentistry in mind in terms of what is happening elsewhere as it is of national importance.

5. Updates:

Covid:

EL: Stats from Frimley shows a large number still in hospital and that Social Care is struggling to get people home due to lack of Social Care.

TCD: Challenges now accessing tests and lots of companies no longer supplying them for staff.

GYP: The 119 service was good in terms of the booster.

TCD: Issue here is with booster supply.

SM: Are they still looking at hard to reach communities?

TCD: Not at present due to the supply issue being the main cause of low take-up.

Community Cash Fund

GYP: Chasing up the applicants with most done and a few left to speak to. Feedback has shown we need to develop a template for feedback, and also ensure we get specific feedback on how the money has had a positive benefit for them, so we can show this to HCC, and they can see how HWH has helped.

KK: There will be a final summary report, but a presentation was not in the original brief, and it has been a challenge in some cases to get feedback.

SM: This is an opportunity to share the knowledge from each group and gives them a platform to promote what they are doing. If it is possible for them to give a presentation on their projects, this would be useful.

GYP: Wary of asking them to do too much and feel we would be better to look forward and see what can be done for the future, as it is too late to build this into current projects but can go back and ask. **Action:GYP/IKK**

RM: What results have enabled something to get better

TCD: Budget can be set-aside for next financial year based on the success this year.

Chairs and Board Networking meetings

NBH: AS has attended HWE meetings. Next one in January and all board members are welcome to attend.

Will send HLOW minutes out to the board, from now on, to keep them updated. **Action: AB**

6. Staff and Volunteers

Staff

NBH: Excellent to have LF on board with her skills.

Well done to KK and GYP for all their work while AS is on maternity leave and Claudine moved on to her new role in the NHS Federation.

Comms Review

KK: Suggest we look at comms quarterly for board, in order to spot trends more easily.

TCD: would be good to have a comms sub-committee to look at this type of thing.

PB: I attend other meetings and currently feel under-briefed on what is happening. Feel the group needs to be more strategic in our approach.

TCD: Suggest NEDs have a conversation about regular quarterly meetings based on what NBH outlined happens for HW IoW. **Action: TCD/AB**

RM: We don't appear to be getting CitA data in the hub?

SA: Our demographics are going into Power BI. Our list of issues does not match the issues in Power BI and this needs to be resolved.

TCD: Suggest myself, Emma, Sue, Richard and Richard H meet to discuss this. **Action: TCD/AB**

SM: Feel that this is a priority and feeds in to all our work.

EL: Would be good to get access to Sales Force for NEDs who could fill in a simple form when attending other meetings (JC has looked into this) and so will then be able to be kept informed about what has been said. Would be a smarter way of ensuring everyone knows what is happening when interacting with other organisations. **Action: EL**

TCD: Team to keep producing monthly reports until the next Board meeting in February and TCD, EL and PB to talk. **Action: TCD/EL/PB**

LF: Comms - suggest focusing on the more meaningful stats e.g. Facebook 'likes' as opposed to number of posts. **Action: LF**

Volunteers:

KK: Struggling to keep them engaged as most want to go back into the community. Do we also focus more on GP Surgeries?

SM: Felt a bit unfair that people are allowed to go in for Enter and View, ahead of families.

EL: Agree with Suba. It is hard to argue for access for them when families and friends of people in hospitals and care homes is restricted. HWE have advised against 'Enter and View' for the time being.

TCD: Add Enter and View to agenda for February. EL to give an update at that time **Action: AB/EL**

LF: Would any volunteers be interested in helping with projects?

NBH: There is a piece of work that CQC want to do a piece of work on Trusted Local Intermediaries and there may be a role in this for volunteers. EL and I will discuss **Action: NBH/EL**

7. Delivery Plan

a) ICS Integration

NBH: Now have an MOU for Sue Bickler to represent HLOW HealthWatch on the ICS. This is all still in the process of forming. Must be careful not to attend meetings outside this framework. New 'Solutions Group' to look at all comms and engagement that is being put in place.

PB: Realignment of patient and public groups under the ICS. Five separate patient and public groups will align with the new system. There is a pilot in the South West, but the issue is the lay chair is also an ICS representative and people have asked for a second lay chair to ensure they have a fully independent member of the public there. Hope that Sue B will have an input into this and have briefed her on all of this.

EL: Disappointing that they have not been more creative.

b) Projects

GP Access

This finishes on 19th November and dovetails in with the piece on Public Engagement which finishes on 31st December.

LF: Could we share more widely such as on Facebook?

TCD/RM: Concerns this will skew the results.

NBH: Suggest taking this discussion offline.

Action:NBH/LF

North East Hants Primary Care

NBH: This is running across Frimley ICS and has already started looking at all primary care websites, telephone lines and will visit 20% of practices.

Looking at accessibility. Ends on 30th November. It involves East Berks and Surrey HWs as well as Frimley ICS.

Care Homes

KK: Currently non-vaccinated staff make up 2% of the workforce. Clinicians are going in offering the Covid jabs and 'flu. 58 homes have issues with staffing and 17 homes have a significant concern.

Carers

KK: GYP presented a report to the Adult Safeguarding Board on this. Also the Hampshire Carers Partnership Board asked to see the information and LF is now in the Southern Health Families and Carers Involvement Group.

TCD: Lots of focus on Carers and Safeguarding in HCC.

SM: Southern Health looked at the safeguarding training - can this be linked to the HWH team? KK to contact Amelia.

Action:KK

GYP: Levels of stress among carers is extremely high.

PCN (Primary Care Network) Collaboration

NBH: Will return to that at next meeting as having discussions about timings.

IAPT (Improving Access to Psychological Therapies) Services

KK: We have got good feedback from service users and the report is now being written.

Remote Monitoring - Hypertension

GYP: Despite all the issues we came top in the number of responses as well as doing the most qualitative interviews. Waiting for the feedback from HWE.

TCD: Many thanks from us all for the hard work put into this.

Mental Health

NBH: Supporting groups in terms of the grants programme.

Elective Care

NBH: We want to do a piece on this and will take to H10W meeting. Will be doing it on a Frimley Level but also want to do it on a H10W level.

Safeguarding

EL: Proposal into Hampshire Safeguarding Adults Board who need to improve their experience of using Safeguarding, but also want to assess people's understanding of what is meant by 'Safeguarding' so we have put something together around the latter. Waiting to hear back from them. Need to work with the council on the comms to establish what they want.

Anticipatory Care

EL: First phase is in North Hampshire to do more in-depth work to find out what it feels like to receive anticipatory care services. How can they design these services for people who will need a hospital appointment in a short space of time to keep them well into the community until their hospital visit. Live Pilot phase planned for the New Year. It involves the care network as well as the person at the centre.

GYP: Very valuable piece of work.

8. Governance

Finance Update:

EL will put together and update and chase annual accounts and organise a meeting of the sub-committee.

Action: EL

Contract Monitoring:

NBH: Report produced from what we have been asked and now using Power BI so can send SA and JC the raw data if they wish to drill down further.

Board happy with the new report format.

There is a concern from HWE that we are underfunded in Hampshire

NBH and TCD to discuss meeting with the commissioner. *Action NBH/TCD*

9. AOB

None

10. DONM

10th February 2022, timings to be adjusted for Teams

Action: AB