

Healthwatch Hampshire Board Meeting

13.00 - 15.00 22nd September 2021 Via Teams

Present: Ann Smith (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), Ann Brosnan (AB- Minutes)

Apologies: Tracey-Clare Dunlop (TCD),

1. Welcome and Apologies

AS explained that TCD had handed in her resignation but is now able to return to her NED role in October.

2. Declarations of Interest

SM and AS have role changes and will inform AB who will update the form and reissue, plus put it on Sharepoint.

Action: AB

3. Sign off approved minutes of 13th May 2021

Minutes signed off by board.

4. Matters Arising

RM raised the SLA sign off and AS has not received any additional documentation from HCC who have agreed to roll forward the funding.

5. Updates:

Safeguarding.

AB has now sent out the most up-to-date Safeguarding Policy out and all the board will confirm verbally, or in writing, that they have read it.

Action: All

EL: There will be some child safeguarding courses run and if anyone wishes to attend then please make her aware.

Action: All

Covid

AS: Are people happy to continue board meetings on Teams?

It was agreed that November would be held on Teams and F2F considered for 2022.

HWH Meetings with AS

AS thanked everyone for their feedback. The general impression was that working with Help and Care and CitA gives HWH the greatest reach with the resources available.

It was felt that communications among everyone could be improved and maybe Teams could be a platform for this as well as the potential for some F2F meetings among members.

PB: Claudine improved the formal communications in her role and it was the informal communications that was hit hardest by Covid. There was a WhatsApp group some time ago so perhaps the Teams idea could replace that?

Pascoe Two (this was discussed after SM had left the meeting)

Documents were distributed. The report recommended quarterly meetings between HWH and Southern Health.

EL: Have spoken with AS about this as we would struggle to service that many meetings. We need operational and senior level engagement and a good line of communication with their comms lead.

AS and NBH are meeting to discuss this further and a letter to Ron and Lyn requesting a meeting.

Action: AS/NBH

Community Cash Fund

GYP produced and update on the projects that came under the CCF. A number have been affected by Covid but are getting back on track.

GYP has also produced a pro-forma in order to make it easier to track what is happening.

KK: Due to staff limitations it will be hard to put in place the next round of funding.

SA: Can we look back at past projects and offer them a project to enhance what was done previously?

KK: CCF is currently only for one-off projects

EL: It would be good to focus on children and young people's mental health. It should be possible to award the new funding at the end of the financial year and accrue it as it is important that we focus on the current projects with the resources we have. Can speak to Nihar about accruing.

Action: EL

6. Staff and Volunteers

Staff: Alex had her baby and both are doing well.

Claudine has left to join the NHS Confederation and has kept in touch with the team.

NBH: Recruitment has been a challenge but pleased to announce that Lucy will be joining the team and has an excellent background in comms and has worked with KK in the past. She starts on 11th October.

Comms

There has been a bit of a gap since Claudine left, but more formal communications will return when Lucy joins.

Volunteers:

NBH: Have to look at the health and safety aspects, especially for those entering Care Homes as everyone is required to be double-vaccinated. We held a meeting with volunteers which went well and we are co-producing the annual survey in October, with the volunteers. Aim is for the volunteer offer to be wider and more compartmentalised.

SM: Are we doing anything to recruit more volunteers from across the board?

KK: The opportunity to work with university students is good during term time and we have a real mixture of people although the geographical spread is not so wide.

SM: What about young people regarding the mental health issues?

EL: We won't recruit until we have something to offer them as they tend to move on. We also need to ensure we offer the right support and supervision, so need to ensure we have enough staff in place to do this.

7. Delivery Plan

a) Projects

GP Access

NBH: What Matters Most and CRM both picking up the issues in General Practice at present. HealthWatches in the South East are collaborating on a project looking at this with input from the NHS.

Desk research has been conducted and a survey for Practice Staff is being produced to enable us to understand what it is like for them and find out the barriers and solutions to the current challenges.

Once we have the findings there will be further engagement with communities and then we can share best practice e.g. is Primary Care the best place for you with the issue that you are currently facing? That is a huge public education campaign.

We have a lot of buy-in from practices and hope to conclude by the end of the year.

Have been approached by Frimley ICS and HW Surrey to look at the quality of all GP Websites in Frimley ICS and to look at the quality of information within around twenty GP practices and will sit well with the broader GP Access Work.

Care Homes

KK: Currently attending the monthly group meetings. Staffing continues to be the main issue and Isle of Wight has been experiencing serious problems. Haven't got a programme restart date as yet.

EL: Staffing is an emerging risk across the region and one of our biggest concerns.

Carers

KK: This is linking into the Hampshire Carers Partnership Board. Plans to run the research for the next year with our partners and speak to people about their experiences with the carer's assessment to inform for future approaches.

NBH: Making some real impact around carers.

PCN (Primary Care Network) Collaboration

This was paused when Rachel moved on.

NBH: I have spoken to a consultant regarding picking up this work but there is a challenge with the capacity of the two PCNs to deliver and they need to be contacted. It is a good time to be doing this piece of work given the challenges in Primary Care. Will update. *Action:NBH*

Have met with one surgery in Aldershot who are keen to be involved going forward and have worked with them in the past.

SM: Lots of media attention and GPs are trying to focus on things such as 'a day in the life of a GP' to inform people.

Hampshire Together (Modernising Hospitals and Health Services)

JC: Meetings have been halted due to delays and this has led to some members asking for them to be reinstated.

NBH: The feeling is that cancelling the meetings is creating further suspicions about progress.

AB: Ruth Colburn-Jackson is attending the November board to give an update.

NBH: Suggest we write to Ruth and get an update in advance of the next board. *Action: NBH/JC*

SM: Are there any Terms of Reference about having regular meetings, that could be referred to when we contact them?

ICS (Integrated Care Systems) Integration

NBH: HIOW have agreed an MOU so that all the HealthWatches can work collectively on this.

EL: There is a very significant restructure affecting all CCG colleagues and it is going in a very positive direction. The issues around dentistry have been

raised as well as the GP access issue. Also, the challenge around elective targets and how to reach these in such a challenging environment in terms of workforce. Health inequalities have been part of the conversation as we need to find solutions.

RM: There seems to have been a lack of national HealthWatch publicity on this.

EL: HWE only have limited resources and are also a sub-committee of CQC which has its own challenges as it needs to be politically neutral.

SM: Are there any influencers that can help raise awareness? Jason Manford's recent Twitter feed created more awareness. Perhaps use his comments in our comms?

EL: It's a real challenge. We need to find people who can speak up and advocate for the most disadvantaged. Focussing on GP Access feels like the right way to go, given all the current bad press.

AS: We are looking at a better comms flow to and from, the ICS for Hampshire. The public are not getting the information on why things are changing.

EL: Suggest a longer agenda item on this for November. **Action:AB**

IAPT (Improving Access to Psychological Therapies) Services

KK: We are continuing to work with the North East Talk Plus organisation and we have provided feedback via some mystery shopping. Positive changes are being made.

Clinicians have distributed the survey and we have had twenty back so far, with good emerging themes, and have also attended one of the sessions and invited people to stay on and talk to us. We have some more of these sessions coming up and then we will be able to report back.

What Matters Most

340 responses and a presentation was prepared and delivered. This included the care governance board who, as a result of receiving some negative feedback, felt that they should have been consulted and want to drill down further into the data and find what the main issues are for them.

Remote Monitoring - Hypertension

GYP: Phase 2 has been extended due to the small distribution of the questionnaire. There have been challenges and now we have expanded to anyone using a BP monitor and not just those that were issued the monitors supplied to the GPs.

It is now a more general survey than planned, due to the challenges we have encountered as the GPs lack the capacity at this point. Am optimistic that this new approach will give us some good returns.

Mental Health

KK: Jessica Winkworth, who is the transformation project lead on this and will be doing some F2F patient and family research in the Gosport/Waterlooville area around mental health journeys and what is and isn't working. Has been difficult to get people to come in and now want to do a questionnaire with our support. It is currently delayed until October.

AS: I hear that lots of money is being put aside for Mental Health and the concern is how do we transform mental health services for the population?

NBH: Had a meeting with Debbie Woods after PB put me in contact with her and she is attending the next HIOW meeting in October to give an update.

GYP: Young people's mental health coming up as a huge issue, and a lot of this is due to Covid.

Clinical Policies Operation Group

PB: EL and I have been in touch with the above group. They meet to determine NICE guidance and what Hampshire will adopt and changes of policies and procedures with hospitals and GPs. It is influential but has scant patient involvement and they identified this, and I was invited to attend a meeting and EL and I decided to have some conversation with the chair and operational manager and they recognised the need for patient engagement. There is a need for HealthWatch to be further involved. The concern we have is, that having recognised the need to involve patients/public more they lack a set of principles they work with and how and when to engage and with whom.

EL: The work they do is complex (e.g. how many rounds of IVF people get). Will pick up the actions and will contact them. *Action: EL*

PB: Have suggested I attend one meeting and will catch up with EL after that. *Action:PB*

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.

NBH and AS to meet with the commissioner. *Action NBH/AS*

EL: Sue if you can give us your raw data Power BI means we can drill down.

SA: Will catch up with Richard H to discuss in more detail. *Action: SA*

Office Space/Remote Working

NBH: Still having discussions with staff about working in the future.

EL: It's a big piece of work about the best way for people to work, and there is a clear demand for hybrid working.

HWH still has a good relationship with Unit 12 and there are other spaces in Winchester for holding meetings.

9. AOB

RM: Wheelchairs - there seems to be a lack of funding for children who are growing out of their chairs. Also, a home visit is required and many experience poor service.

NBH: An interesting area to look into. Do we put a call out for evidence?

EL: We did do some work on this several years ago. Will look for the report.

Action: EL

NBH: Dentistry is still a big issue across HIOW and there is currently an oral health needs assessment taking place in HIOW by the NHS which will take place over a six month period. What is the public engagement?

Propose that we join forces with IoW and go back to Alison to ask about the plans for engaging with the public.

AS: Also engage with the other Hampshire HealthWatches as this is one of the biggest health inequalities affecting people in the area, affecting the ability of people to receive other treatments until their dental issues can be resolved.

NBH: Will liaise with Emma McKinney at the ICS.

Action: NBH

PB: Long Covid? We got some communication about this - did you go back to Rebecca on it?

NBH: We will raise that at the next HIOW meeting and will let her know.

Action: NBH

PB: Happy to have virtual board meetings but do feel that we are lacking the capacity to share information gleaned by associates such as Steve and we need a forum in which to share intelligence.

EL and PB to discuss.

Action: EL/PB

10. DONM

Thursday 18th November 2021 11.00 - 13.00