

## Healthwatch Hampshire Board Meeting

11.30 - 13.30 10<sup>th</sup> February 2022 Via Teams

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

**Apologies:** Tracey-Clare Dunlop, Subashini M

**Guests:** Isobel Wroe, Debbie James, Elliot Nichols, Natasha Kerrigan, Bel Lopez from Hampshire Together.

### 1. Welcome

AS welcomed everyone and thanked the board for all their messages of support while she was away.

The Hampshire Together Team gave a presentation (attached) to outline the current situation regarding the new hospital.

PB asked about the challenge of providing beds due to the pandemic and Natasha explained that she is working with colleagues at a national level about the benefits of separating elective/non-elective services going forward and how this will become clear as more clinical models are developed.

NBH expressed the need to understand more about the digital split and how it affects inequalities, and this is an area where HW can help. Elliot acknowledged that the digital approach helps some but not others and this will be considered. Natasha said that a digital triage option is being trialled with the aim of improving care and NBH said HWH will be happy to be involved at an engagement level.

AS expressed concern that Health and Wellbeing did not seem to be featured under 'Planetary Health' and Natasha agreed to take that back to be considered.

### 2. Declarations of Interest

AS said she would step out if her role in the Southern Parishes Network would prejudice any of the agenda items.

### 3. Sign off approved minutes of November 2021

Minutes signed off by board.

#### 4. Matters Arising

It was agreed that AB would keep the Actions sheet updated to save time at future meetings and will check in regularly with those who have actions to complete.

*Action: AB*

#### 5. Updates:

##### **Covid**

Still a challenge in hospital settings. HW supported comms on the booster programme over Christmas. Produced a hybrid guide around boosters. Moving from a digital approach to comms to more of a mix. F2F will be a key area but still being done in as safe a way as possible.

Enter and View: waiting for HWE guidance on this, especially around care homes.

##### **Community Cash Fund**

Still some outstanding money to be spent and GYP is trying to encourage this to be used. Moving On (Toxic Apple Drug Abuse Project) wishes to return the money they have not been able to use, although there is currently no process for this. Was decided that GYP will go back to them and discuss the future of the project with the Moving On project lead and agree a new project timescale in writing (maximum 1 year), if appropriate.

*Action: GYP*

NBH offered to develop a standard document to cover this.

*Action: NBH*

##### **Chair and Board 4 x yearly informal networking meetings**

Agreed that this would be beneficial and to be kept on Actions document.

PB: Some NEDs work not being included on the quarterly report.

KK: If we put that into Power BI it should go in.

NBH: Will supply a document for NEDs to complete.

*Action: NBH*

##### **ICS and Involving People Update**

Sue Bickler is meeting ICS on a regular basis. Lena, Emma M and Elizabeth K attending HIOW meetings and ICS is still being formed. Slides from HIOW meeting to be shared with HWH Board

*Action: AB*

AS: Bringing dentistry under the ICS will be a huge challenge.

NBH: Health inequalities a big issue for HIOW. Would be good to map where the board members are sitting and then we can spot gaps as the ICS develops.

##### **Data and Intelligence: Feedback from meeting with CitA**

Successful meeting and we are now mapping categories between the systems; the more we can tell stories from the data, the better.

Aim is to ensure we use the data that we are receiving and ensure that this feeds up the line to the ICS and other relevant organisations, which is critical in an integrated system.

## 6. Staff and Volunteers

### Staff

KK now formally the HWH Manager. Alex is still on maternity leave but is keeping in touch. NBH and EL are in discussions about resources for the coming year, including how we work with the volunteers given KKs additional responsibilities.

### Volunteers

Split evenly between those wanting to go back to F2F and those reluctant to do so. PPG work is being supported and GYP has made many calls and engaged with people on this.

### Comms

The GP Access project produced thousands of responses and LF and GYP have been going through these.

Also supported World Cancer Day.

PB: Website is looking good especially the covid booster information.

LF attended the wheelchair user group but this may not be the best route due to the continuing issues being experienced by the service users and their carers.

AS: Can we feed this back into the commissioners to address?

Agreed that LF and KK will draft a letter for EL to escalate.

*Action: LF/KK/EL*

## 7. Delivery Plan

### a) Current/Completed Projects:

**GP Access:** There will be local as well as global reports and will include patients and staff. Aim is to make it as positive and constructive as possible and look towards solutions. Many thanks to GYP for the analysis and the report should be out at the end of March.

**NE Hants Primary Care Comms Review:** Focusing on website review and this was a commissioned piece by Frimley ICS so the report has gone to them with recommendations and a template for a GP Website provided.

**Care Homes:** Currently looking at the way Residential and Nursing care homes are funded (moving on to a framework) and have been asked to design a survey and going into care homes which would be good for our volunteers. Waiting for next steps. Hants doing well for vaccinations in care homes compared to other areas. Seem to be getting more approaches like this thanks to previous work.

**Elective Care:** HWE did a piece on this, which we loosely supported. There will be an ICS-wide piece via Wessex Voices. It will be a collaborative piece with the HIOW ICS. Survey is ready to go and will include some additional analysis, which is being funded by the ICS. Trying to look at it from a multi-faceted perspective.

**Carers:** Currently we are part of a sub-group for the Hampshire Carers Partnership Board, which is trying to improve the internal systems including assessments for carers.

**PCN Collaboration:** Health Inequalities is hugely important and have been approached by a GP in Aldershot with a failing PPG. A PPG toolkit has been developed to use as a pilot, which will also include a workshop to identify priorities.

PB: I'm part of a pilot patient/public involvement groups being set-up for the South West and it is hard to plug-in PCN and PPG representation.

NBH: We need to look at PCN/PPG development and working again with a PCN, that we have worked with in the past will help. One option is that practices could buy-in our help to develop PPGs and create some income.

**IAPT Services:** Completed and currently making some 'quick wins'

**Remote Monitoring:** All complete and HWH achieved the most interviews and it raised out profile.

**Mental Health 'No Wrong Door':** Have been approached by xxx on this and we will approach the ICS as we will need additional resource in order to deliver it.

**Safeguarding:** A proposal has been sent to the safeguarding board. Currently unsure as to where the funding will come from.

**Anticipatory Care:** This is a North Hampshire piece and we are currently working through the detail. There will be a cohort of three in-depth interviews. The questionnaire will create learning resources for the whole ICS

## b) Priorities 2022/23

These need to be included in the Annual Report which will be produced in June and there are discussions taking place around all HW teams around ideas for the year ahead.

Dentistry is a huge issue and a collaborative piece for HIOW like the GP Access project is going to be done.

Elective care and PCNs/PPGs are critical to place, as well as community pharmacies - but do the public know what they do? Optometry, CAMHS and Youth watch also important.

Board to discuss at informal meeting, to be set up in 4-6 weeks.

**Action: AB**

## 8. Governance

### Finance Update:

Will put another meeting in the diary to discuss Q4  
JC agreed to join the sub-committee

**Action: EL**

### Contract Monitoring:

Will try to get a meeting with the Commissioner.

**Action: AS**

## 9. AOB

NBH: Need to align meetings and will discuss this with AB.

**Action: NBH/AB**

## 10. DONM

May TBC

**Action: AB**