

Healthwatch Hampshire Board Meeting

11.00 - 13.00 19th May 2022 Via Teams

Present: Ann Smith (AS), Richard MacKay (RM), Emma Leatherbarrow (EL), Pat Bull (PB), Kate Knowlton (KK), Sue Alford (SA), Guy Patterson (GYP), Lucy Fitzgerald (LF) Tracey-Clare Dunlop (TCD), Subashini M (SM), Joanna Dixon (JD), Ann Brosnan (AB-Minutes)

Apologies: Neil Bolton-Heaton, Jonathan Chambers

1. Welcome

AS welcomed everyone. JD gave a brief introduction to herself and her role in HWH.

2. Declarations of Interest

TCD asked for HCC to be removed.

Action: AB

3. Sign off approved minutes of February 2022

Minutes signed off by board.

AB to add page numbers in.

Action: AB

Action for NBH/AS to meet commissioner now becoming urgent

TCD to keep action from February Minutes

4. Matters Arising

Moving On all completed and GYP will do report.

Action: GYP

Funds have been returned by Rose Road association who could not use them in the timescales

Wheelchairs: EL said there has been no formal response to her letter. One issue is that it is not clear who to write to. It was raised with Maggie McIsaac from the ICS.

AS suggested it is added to the agenda for the HLOW June meeting.

Action: AB

5. Updates:

Covid

Children's programme has begun and there has been a reduction in the number of Covid patients in hospital by two-thirds. No decision yet on jabs for the Winter and this will be re-evaluated as Winter approaches. GPs are expected to combine 'flu and Covid jabs. Medics who took part in the vaccination programme had temporary licences, which have now been revoked.

The HCC Covid programme has now been closed and focus is on preparation for the forthcoming inquiry. The portal is still live if you have been asked to do a test, and you can get tests for free.

AS: not heard about NHS waiting lists and electives, but this has been raised with the ICS as to how this can be handled.

Community Cash Fund

A discussion took place around the CCF as, although outcomes are positive, it is very time intensive and takes up resource. Many projects run in excess of a year and, as the contract is up for retender this year EL proposed suspending it for this year, which was agreed by the board.

KK and NBH have been discussing an alternative way of using the CCF money. One option is to highlight and showcase PPGs and PCNs working together. TC and SM felt that the CCF money was better spent on smaller charities and the PCN/PPG funding should either come from PCNs or from the HWH Project budget.

GYP: CCF gives a good return overall on investment, but how this is assessed could be improved and hence the development of an assessment form. Can review and evaluate this while the fund is suspended over the summer. **Action: GYP**

AS: We need to evaluate if we need to allow for more hours when the CCF is reinstated. Board agreed to suspend giving out new grants this year, until the retendering is over.

EL: CCF fund is managed from the H&C budget so this should be fine and we can manage the review from this budget as well.

CCF Fund to be put on Agenda for interim board in July.

Action: AB

6. Staff and Volunteers

Staff

Affected by Covid, but team is nearly up to date now.

Volunteers

JD: Have met with most of them F2F outside in small groups. Have one new volunteer. All are keen to get going and the aim is to utilise their skills.

TCD: What is the situation with 'Enter and View'?

KK: Not recommencing yet as there is a policy review.

EL: It is a case of balancing the risk as volunteers could take covid in, due to the absence of testing. Care Homes have always worked with us in a collaborative way and Enter and View is usually done as part of a specific project in these locations. HHFT has asked us to participate in some work and we must make sure we work in line with any risk assessment that is required.

SM: Can we use the volunteers in communities in which we don't regularly engage? What is the make-up of the volunteers?

JD: Tends to be older and retired people and we are looking for a more diverse demographic.

SM: Corporate volunteers could be one option to investigate?

RM: University students doing relevant degrees may be interested?

Comms

LF: Currently busy looking at promotional materials as there has been a HW brand refresh and am focusing on using recycled card. Digital as well as physical materials being looked at.

SA: Would be good to have CitA branded material to put out.

Action: LF/SA

KK: Need to look at budget for the CitA materials.

7. Delivery Plan

a) ICS Integration

EL: Dorset CCG has produced an explainer for the acronyms which can be found [HERE](#) Met with the ICS about the ICB. Biggest risk is in being an Observer and we have asked about this.

HIOW collaboration has been very useful, as is having the funding for Sue Bickler.

The biggest challenge exists around 'place'. There is likely to be 3 places aligning with District Councils, but this is a challenge and PCN/Neighbourhood level is being discussed. We had a positive Workshop with the ICS and one question from this is where the patient and public voice fit in?

PB: South-West system seems to be performing well but the five appointed associates for patient and public engagement have been dispensed with.

LF: The meetings are good but tend to be about presenting what has been decided, rather than seeking views and engagement.

AS: Need to keep raising our voices and work with HWE which has a seat at the policy table.

EL: We need to give our reflections back if we feel the meetings are not doing what they are meant to do. Sue Bickler is developing training on engagement which will be useful for people to help them engage better.

b) 2022/23 Priorities

Document has been circulated.

c) Projects

GP Access: NBH still working on reports. Hants completed and the rest being worked on and will be published in the next few weeks.

Dentistry: This is our next focus once GP Access is complete. The emphasis is on speaking to dentists as we have lots of feedback already. This is another collaboration with HIOW colleagues and is also a national issue. Dentistry commissioning will be moving to the ICS but the issue is the current contract, which needs to be addressed.

NE Hants Primary Care Comms Review: Have not been very involved in this but all has been completed and we have adopted the template that has been produced by East Berks.

Social Care: NBH is taking this forward and will do some work on themes, and present using data from CitA. Will present to the care governance board on 20th July. Feedback will be given on this.

Action: NBH

Care Homes: No specific projects at present; keeping in regular contact. Meeting with the Hampshire Carers Partnership board.

Carers: Keeping in touch.

PCN Collaboration: GYP working on this as part of a PPG workshop helping to set up a PPG in North Hampshire.

AS: Can we have feedback on the workshop to feedback to other PCNs?

Action: GYP

IAPT Services: Completed and feedback given.

Mental Health 'No Wrong Door': NBH and Sue Bickler working on this as it is a three-year programme.

Elective Care: LF is working on this and survey is for HIOW and went live on 17th May. Exploring if people would be happy to travel further if it meant they would be seen more quickly.

Suggest that board members sign up for the HWH newsletter to get regular updates on what we are doing.

SM: This is interesting as research I have seen has shown that people didn't want to travel further, even when it is a relatively short distance.

Safeguarding: Workshops have been taking place with the Board. People often don't understand what Safeguarding is. A proposal has been submitted to do more research, but it needs funding. Training events should have gone to a wide range of people in the voluntary sector. There is an app to make reporting easier and are improving the feedback they give after receiving a safeguarding concern, which will help HWH in knowing if further action is needed.

Anticipatory Care: Two subjects were interviewed, and neither were aware they had received any anticipatory care, as patients don't understand it and the process is not patient centred. Further conversations will take place on how this can be improved.

AS: This part of the new GP Contract, and currently GPs are looking at people in the Primary Care team to deliver, such as Social Prescribers and Health and Well-being coaches.

8. Governance

Finance Update:

Healthy reserves which are being moved into the project budget for next year.

More money has been put into directors' expenses as people will be going to meetings more again.

Will free up budget for printed materials.

No outstanding issues, need to make sure JC has seen them.

Action: TCD

PB: Is outside funding coming in from bespoke projects and is this helping?

TC: Yes, the team is having success in getting funded projects.

EL: We have recruited Annie as an external resource to work on funded projects as they come in. We have used her on the Anticipatory Care project already.

The Annual report will record how much money comes from external funding.

Board confirmed they are happy with the draft budget as presented.

Contract Monitoring:

Still trying to get a meeting with the Commissioner.

Action :NBH/AS

KK: We are reviewing the timeline of meetings in terms of producing the reports prior to the board and would be good if CitA could supply data earlier.

RM will discuss with SA

Action: RM

9. AOB

EL announced that she will be leaving Help and Care at the end of June. The board thanked her for all her hard work and support.

EL will keep the HWH board updated with the interim arrangements until a successor is appointed.

Action: EL

PB: Clinical Policies operation group - meeting with EL about this.

Action: EL

PB will update board after meeting

Action: PB

10. DONM

Decided to have August meeting on Teams and look at November for F2F

Ann to set up Interim board meetings on Teams.

Action: AB