

Date:	Tuesday 3rd November 2020	Location:	Zoom	Time:	2 - 4pm
Present : Deborah Mechaneck (DM as Chair), Jason Davies (JD as Co-Chair), Peter Gordon (PG), Richard Davy (RD),					
Don McIntosh (DMc), Maria Millwood (MM), John Bateson (JB), Laurence Oates (LO), Lynne Omar (LOmar),					
Andrea Lecky (AL), Tacye Connolly (TC)					
Other HWSY Attendees: Kate Scribbins (KS), Lisa Sian (LS), Natalie Markall (NM), Tessa Weaver (TW)					
Apologies: None					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	DM welcomed everyone.		
2. Declarations of interest	PG, DM, AL and LOMar had updates to make to the declarations of interest.		
	Action: LS to follow up and update the declarations of interest accordingly.	LS	26.01.21
3. Questions from the Public (previously tabled)	No questions had been received from the public.		
4. Approval of the previous minutes (July 2020)	Minutes from July 2020 Board meeting in public were approved.		
5. Review of Q2CEO Report including financial summary & KPIs	KS gave an update on the last quarter. Reflecting on the quarter, we are back to business as usual. However, we have tweaked the way we carry out engagement and have been attending virtual and online groups, speaking to over 700 people in Q2. There have been a couple of issues around this:		
Quarterly Activity and Outcomes report	We are mindful that we need to reach the digitally excluded, with Healthwatch Surrey's role of being a critical friend, we are constantly holding partners and services account for not doing any offline engagement, therefore we have to be careful to ensure we are doing offline engagement too. We are currently looking at ways to do this and brainstorming different techniques. We have already published in a couple of newsletters/parish magazines. There may be an opportunity to take something to Surrey Heartlands system board, and we are working with them to look for opportunities to raise awareness of Healthwatch Surrey to the digitally excluded.		
	Because we're engaging in a different way, we're getting a variety of experiences. We are getting richer and longer holistic experiences from people, which can create challenges, and also new opportunities on how we code, store, use and share back		



into the system.		
We are back to business as usual with sharing our Insight Bulletins, and most of our meetings have resumed. We have gained a strong audience with our Insight Bulletins and we have around 900 people on our mailing list for the bulletin.		
DM asked if there has been discussion with other Local HW's about their experience of engagement during the pandemic. KS confirmed that Sarah Browne regularly attends a Healthwatch workplace group.		
PG asked if we are capturing the demographics of who we are hearing from. KS confirmed that we are pulling this information together for the Horizon Scanning.		
KS highlighted the extensive number of volunteer hours as a fantastic contribution and our volunteers have collected over 100 useable experiences for us. Young Healthwatch is now up and running and they are currently deciding their priorities.		
AL asked how we are getting inpatient experiences. KS replied that we are getting them no differently to how we're gathering all our experiences. In the run up to the WWH meetings with the hospitals, we have done a specific call out for patient experiences in an attempt to gather as much information as possible. Although we haven't got many experiences from inpatients themselves, we are hearing from their family members.		
There was a discussion around how Directors might be able to help if they have links into hospitals. It is important that insight is shared with us in the form of experiences (via all our usual channels) so that we have evidence to share with system partners.		
Action: Directors to contact Laihan, if they are able to promote awareness of HWSy?	All	ASAP
TW gave an update on the thematic priorities.		
We have continued to deliver projects. We ran a survey early on in the pandemic about how COVID has impacted people, and we are now hearing about the longer-term effects it is having. The Insight Bulletins have continued, and we have just published our 6 th bulletin. We are beginning to find that the insight is settling down and returning to issues that we were hearing about pre-COVID, with a few around digital exclusion. We will be continuing with the Insight Bulletins as they bring fresh insight and ensure we remain topical. We will ensure we balance what we talk about, being careful not to be repetitive as this could lose an audience. We will talk about what is emerging and not being heard elsewhere.		
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Strategy Development Meeting' and the Surrey County Council Domiciliary Care Contract is being renegotiated. They have just started engaging with service users. For our thematic priorities – Mental Health and Care at Home. Mental Health – we attended the dementia strategy board. Talking to stakeholders, Surrey County Council, leads in dementia wards, Dementia Navigators and people with lived experienced. It is the people with the lived experience that the dementia strategy board really needs to help. There will be a project development document coming out shortly, but at the moment we are still talking to people involved with system input. Care at Home – Surrey County Council approached us to look into the value of day centres for older residents. They're scrutinising their spend on day care and there is pressure on the system but the provision of day centres is an old strategy and doesn't necessarily reflect what people want currently. They want to engage with both people who use or don't use day centres. As we are independent, SCC are happy for HWSy to research what is happening in this area. We're not sure how lockdown will impact this. We shouldn't need to start developing any new priorities at present, but it would be a good idea to keep one thematic priority open to keep space in the diary to respond to emerging issues. **7. Relationship Mapping** KS opened discussion around the paper circulated in advance. and Influencer strategy LO –offered to attend Surrey Heartlands ethics committee. DM – Happy to participate in CRESH when there is an update on what is happening with those meetings. JB – would be happy to attend meetings where our role is clear. MM – Insight reports are useful when attending these meetings. Any specific questions that can't be answered there and then, we can come back to them. Agree with recommendations in the paper. We have to be flexible to the ever-changing situation around us and what we have in place. DM – Have used some CRM systems in the past which were so complex that they were not used. We need to have a simple system. PG – Recommendations, in favour to simplify with a proviso. We need a set of goals for the meetings we attend, this will make us look more professional and make us attractive to do business with. Briefing people can take longer than attending the meetings themselves. Need to be

careful to protect credibility, which can easily be lost.



	JD / TC / LOmar & DMc also offered to help by attending meetings where needed.		
	Lomar suggested that having details of the frequency and where and when the meetings are would be useful.		
	The Board approved the recommendations in the paper to be reviewed in 1 year.		
	Action – KS to give details on frequency and where/when of meetings we need support with. KN will co-ordinate meeting attendance.	KS	ASAP
	Action – LS to add the relationship mapping and influencer strategy to the Board calendar for October 2021	LS	ASAP
8. Action Log	All green actions were to be removed. Ambers to remain.		
9. Public questions not			
already dealt with	None.		
10. Any other business			
	No AOB.		
44.5			
11. Date of next meeting	Tuesday 26 th January 2020 – venue TBC.		

These minutes will be approved by the Healthwatch Board at the next Board meeting to ensure any Actions are progressed. Any questions or queries raised by members of the public at the next Board meeting in public will be welcomed and considered.

Minutes approved	
by:	
(please print)	
Signature:	
Date:	