

Board Meeting in Public

Date:	Tuesday 27 th April 2021	Location:	Zoom	Time:	2 – 3.30pm
Present: Deborah Mechaneck (DM as Chair), Jason Davies (JD as Co-Chair), Peter Gordon (PG), Richard Davy (RD), Maria Millwood (MM), John Bateson (JB), Laurence Oates (LO), Andrea Lecky (AL), Tacye Connolly (TC), Andrea Lecky (AL)					
Other HWSY Attendees: Kate Scribbins (KS), Lisa Sian (LS), Natalie Markall (NM), Tessa Weaver (TW), Zoe Harris (ZH), Julie Callin (JC), Sarah Browne (SBr)					
Apologies:					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	DM welcomed everyone, and noted AL running late due to other work commitments.		
2. Declarations of interest	No updates to the declarations of interest were needed.		
3. Questions from the Public (previously tabled)	No questions had been received from the public.		
4. Approval of the previous minutes (October 2020)	<p>Minutes from January 2021 Board meeting in public were approved.</p> <p>LO - What was the outcome from the small group discussing where we are represented and how well we are represented?</p> <p>KS – We joined a working group to look at the architecture of Surrey Heartlands and the implications of the ‘White Paper’ proposals. This led to a request for Healthwatch to create a costing proposal to be the public voice at various system boards under the White Paper proposals. The FPC has discussed what needs to be put in place. There are no actions for the Board at the moment.</p> <p>Action: KS to circulate note to Tim Oliver for information.</p>	KS	Done
5. Review of Q4	One of the key highlights of Q4 was that we met all KPI targets, with the exception of Advocacy referrals, despite the challenges of operating in lockdown and during the pandemic. Our advocacy referrals remain lower than normal which has been a challenge throughout the year, and this decrease has been experienced by other Healthwatch that provide advocacy services in the country. People are still reluctant to complain but advocacy and complaints services expect to see a rise as things begin to return to normal. We have comms plans in place to increase advocacy awareness going forward and we are working with our system partners to ensure they are promoting it. We have managed to sustain the number of hours that our volunteers have done, and we have exceeded our KPI target for the number of experiences we collect per year.		
<ul style="list-style-type: none"> • CEO Report including financial summary & KPIs • Quarterly Activity and Outcomes report 			

	<p>LO – Proportion of responses to reasonable experiences received is 0 on the KPI tracker, are we going to start capturing this?</p> <p>KS – We are working on the analysis and a paper has been shared with the Escalations Panel for comment, once they have commented on it, it will come to the July Board.</p> <p>Highlights CEO report</p> <ul style="list-style-type: none"> • Young Healthwatch – great work contributing to the Young Adults (18-25) Community Mental Health Transformation Programme. • Vaccination programme – mainly positive shared with Adults and Health Select Committee. • Findings from our second vaccination survey led to changes to FAQs on NHS partner websites. • We initiated a discussion at Surrey Heartlands Ethics Committee about visiting in care homes during lockdown. Shared feedback we had received, no immediate actions but a good discussion. • We shared insight around access to dentistry which we continue to hear a lot about. <p>Challenges</p> <ul style="list-style-type: none"> • System architecture – ongoing challenge how we will organise ourselves and our resources to cover Surrey at ICP level as well as system-wide, looking at where we need to have influence. Many key strategies are decided at system level, then drop to ICP for delivery. We need to utilise our volunteer groups to help us cover this. • Engagement remains a challenge with no face-to-face and people becoming fatigued by Zoom • Need to bring in new energy and expertise to help us reach the whole of Surrey. <p>DM – Posters in vaccination sites, how effective have they been? LS – Don’t know directly, but we have seen a significant increase in Q4 experiences related to vaccinations through Website and Helpdesk.</p> <p>LO – Are the Volunteer groups still right in the structure going forward? KS – They match ICP footprints, so they’re right in that respect, we may need to consider making them more local in future.</p> <p>DM suggested that it might be useful to invite the Chair of Young Healthwatch to our Board meetings, after which a discussion ensued about involving Young Healthwatch with the Board in some way. The Board were in favour of this idea.</p> <p>Action: ZH to look at how Young Healthwatch could potentially be involved with the Board.</p> <p>PG – Discussion around how we use our volunteers to target areas we do not currently hear from. We need to find the right people for those areas.</p>	<p>ZH</p>	<p>ASAP</p>
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	<p>JB – Is there money within the system to tackle this agenda? KS – Not sure if there is money available. There is a lot of change with Surrey Heartlands’ own engagement structure, but we don’t yet know what that will look like.</p> <p>Action: KS to establish a small working group to discuss how we best serve the system</p> <p>PG offered to be part of the group via the chat function of the meeting.</p> <p>LS – We are reviewing the Quarterly report and all our reporting with a working group, to see how relevant, accessible and culturally aware etc. our comms are, so this format is likely to change for next quarter.</p>	KS	ASAP
<p>6. Thematic Priority Update</p>	<p>Looking back at Spring 2020, a small ‘Priorities Advisory Group’ looked at our Thematic Priorities for 2020 onwards. We agreed to continue with the two existing priorities:</p> <ol style="list-style-type: none"> 1. Care at Home 2. Mental Health <p>There was discussion over a third fixed priority and then having a 4th priority being left open so we can respond to emerging issues, which at this point was Covid as it was at the peak.</p> <p>In 2020 we started the Insight Bulletins which we will continue with after the pre-election period, and we have done 3 Covid-related surveys, with the most recent focused around the second vaccinations as we have seen experiences coming in relating to the lack of information being provided.</p> <p>During the Summer, we engaged with Surrey County Council (SCC) and the Dementia Strategy Action Board. We have recently delivered a project around the benefits of Day Centres and a report will be publicised after the election. During winter, COVID disrupted project development and we went back to short term priorities.</p> <p>TW outlined the current projects and plans as detailed in the Thematic priority paper;</p> <ul style="list-style-type: none"> • Monthly Insight Bulletins • Care at Home: Discharge work with Action for Carers • Mental Health: Dementia diagnosis project <p>TW proposed a new priority area “Access to Healthcare” as the new third priority. Access has been one of the topics we have heard most about during the last year and the rise in remote consultation replacing face-to-face contact.</p> <p>It was proposed that is should be extended to include “Access to Health and Social Care”.</p> <p>DM – Seems a broad topic, how will you break it down into bite size</p>		

	<p>chunks?</p> <p>TW – First step is looking at what we’ve heard, but it is important it is broad to follow what we’re hearing. We need to be empathetic to what the system doesn’t know already.</p> <p>LO – Agree, it is broad but may be best to start broad and then narrow down.</p> <p>There was a discussion around the importance of keeping Social Care as part of the priority.</p> <p>The Board approved the proposal to take ‘Access to Health and Social Care’ forward as a third priority.</p>		
<p>7. Board Champion role/Special Interest Groups update</p>	<p>For the last 2 years we have experimented with a Board Champion role, allocating Board Directors to particular groups and communities at risk of health inequalities to keep a watching brief and feed back to the team, staying on top of current issues.</p> <p>KS explained that despite our attempts to clarify and define the role, it hasn’t worked very effectively for a range of reasons.</p> <p>On reflection, we may have been trying to cover too many areas, and instead KS proposed that we narrow down the range of issues that we’re trying to cover. These topics should be tighter and more focused on a number of special interest groups, which will be aligned with our thematic priority areas and a couple of important additional areas aligned with our Healthwatch remit.</p> <p>We have created a small number of Special Interest Groups (SIGs):</p> <ol style="list-style-type: none"> 1. Quality of Engagement/critical friend 2. Mental health 3. Care at Home 4. Access to health and social care. 5. Children’s Services <p>If anyone is interested in joining any of the groups above please let LS know.</p> <p>Action: Board Directors to let LS know if they would like to join a Special Interest Group (SIG).</p> <p>There are two additional ways for Board directors to get involved in our work:</p> <ol style="list-style-type: none"> 1. Getting involved with volunteer groups to help get influence at ICP level. 2. Escalations Panel 	<p>ALL</p>	<p>ASAP</p>

	<p>Action: Board Directors to let LS know if they would like to attend a meeting of the Escalations Panel; all Directors encouraged to join their local volunteer group.</p> <p>Review will take place of the new approach within the year but feedback sooner if needed.</p>	<p>ALL</p>	<p>ASAP</p>
<p>8. What we are hearing: general update on our engagement and what we have been hearing</p>	<p>SB – discussed the Community Engagement Strategy, summary of engagement during the pandemic and future engagement plans, as well as a discussion on the Community Cash Fund (CCF).</p> <p>Outreach is on hold since Catherine Malins has left and we are looking at how best to take this forward. We have made 100 foodbank ‘Self-care packs’ with our flyer inside, which will go to Woking foodbank to raise awareness and hopefully increase our experiences.</p> <p>We are trialling an engagement platform with Healthwatch England called Engagement HQ. This will go on until the Summer and we are feeding back to Healthwatch England with feedback on the site.</p> <p>JD - asked how we will engage post-covid, will we continue with online alongside face-to-face. SB mentioned that we will look at doing a combination of engagement from online to face to face going forward as online works better for some groups.</p> <p>MM – Reminded the group that we need to be mindful of other themes within the system, for example, mothers of children with SEND.</p> <p>In relation to Community Cash Fund, MM asked if there anything we can share from other groups for best practice in finding local groups for CCF.</p>		
<p>9. Volunteer update: general update on volunteers and Young Healthwatch</p>	<p>Our volunteers have worked very hard during the pandemic, carrying out a variety of tasks: :</p> <ul style="list-style-type: none"> • Representing Healthwatch Surrey at virtual meetings • Scrutinising papers • Joining special interest groups • Analysis of data and research tasks • Supporting Sarah at virtual engagements • Conducting telephone interviews for project work • Researching and contacting local publications • Sharing soft intel/ H&SC experiences from people in their networks • Presenting at virtual meetings to raise awareness (e.g. NHS cadets, Surrey Heath veterans) • Reaching out to grass roots groups for the CCF • (Coming soon...) undertaking a volunteer led Dementia project <p>The volunteers have also attended many meetings, including; Learning Disabilities Partnership Board, ‘Local Valuing People Meetings’ in East Surrey, Mid Surrey, North-West Surrey and South-West Surrey, LeDeR multi-agency review meeting (chaired by Healthwatch Surrey volunteer</p>		

	<p>Liz Sawyer) and the LeDeR Steering Board. More meetings can be seen in document 8 of the board papers.</p> <p>We continue to support our volunteers through various training, extra 1 to 1 support, feedback, regular check ins and we sent out thank you cards with HWSy branded masks.</p> <p>Many thanks to Wendy Loosley for her help setting up the Better Impact volunteer management system.</p> <p>MM – There was a dip in volunteer hours in the first lockdown compared to now, do you know why this may be?</p> <p>ZH – There have been a lot more opportunities to be involved in more things other than desk research, for example the CCF and scrutinising papers, we have a lot more on offer.</p> <p>JD – Young Healthwatch are an amazing achievement and the hours they put in are amazing. As we get more involved in ICP level and representing Healthwatch, getting a real feeling of what is happening in our local area is incredibly helpful. Putting faces to names is useful.</p> <p>PG – Fairly easy to cover participation engagement side, but the connection between ourselves and system level is where the gaps are. There is a lot surrounding how we can do that job very well. It is a leadership role and the role of Chair is key.</p> <p>MM – Agreed, she stayed being the Chair which isn't always what MM wanted. At a local level it can be quite powerful when MM attends the WWH meetings as Chair of the local group. It's important to build those relationships so having one or two people in the group that the system knows, the better it will be for us going forward.</p>		
<p>10. 2021-22 Annual work plan – the Board is asked to approve the final version of the work plan</p>	<p>The workplan had not changed since the last version discussed by the Board.</p> <p>The Board approved the 21-22 workplan.</p>		
<p>11. Action Log</p>	<p>LS shared the action log. All actions to be removed and replaced with actions from this meeting.</p> <p>Tweak to the last action to discuss ICP linking with how we grow our volunteer group chairs. PG said he would also be happy to join that group.</p>		
<p>12. Public questions not already dealt with</p>	<p>None.</p>		

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13. AOB	There were no items of AOB.		
11. Date of next meeting	Tuesday 27th July 2021		

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:	