

# Board Meeting in Public

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| <b>Date:</b>  | Tuesday 27 <sup>th</sup> July 2021 | <b>Location:</b> | Zoom video call | <b>Time:</b> | 2 – 3.30pm |
| <b>Present:</b> Jason Davies (JD as Chair), Deborah Mehanek (DM as Co-Chair), Peter Gordon (PG), Richard Davy (RD), Maria Millwood (MM), Laurence Oates (LO), Andrea Lecky (AL), Tacye Connolly (TC). |                                    |                  |                 |              |            |
| <b>Other HWSY Attendees:</b> Lisa Sian (LS), Natalie Markall (NM), Tessa Weaver (TW), Julie Callin (JC), Sam Botsford (SB)  |                                    |                  |                 |              |            |
| <b>Apologies:</b> John Bateson (JB), Kate Scribbins (KS)  |                                    |                  |                 |              |            |

| Agenda Item   | Discussed/Action  | Who | By When  |
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| <b>1. Welcome and apologies</b>   | JD welcomed everyone.   |     |          |
| <b>2. Declarations of interest</b>  | It was noted that PG had sent an update to his Declaration of Interests to LS prior to the meeting.<br><br><b>Action: LS to update PG's interests accordingly.</b>  | LS  | 02.11.21 |
| <b>3. Questions from the Public (previously tabled)</b>   | No questions had been received in advance from the public.  |     |          |
| <b>4. Approval of the previous minutes (April 2021)</b>   | The minutes from April 2021 Board Meeting in Public were approved.<br><br>DM enquired about page 8 of minutes, which made reference to the HW England Engagement HQ trial, and whether we were still doing this and how has it progressed?<br><br>LS confirmed that the trial project ends 31 <sup>st</sup> July. We are providing our feedback (which is similar to the feedback from other local Healthwatch), it looks good and was a good 'hub' to direct people to for the engagement trials we did. However, it is designed to best be used with people signed up to a 'community' and the sign up was not successful. We will now await to see the overall outcome of the trial from HW England.   |     |          |
| <b>5. Review of Q1</b><br><br>• <b>CEO Report including financial summary &amp; KPIs</b><br><br>• <b>Quarterly Activity and Outcomes report</b> | We have heard a lot about GP access in the last quarter, both positive and negative and have now reviewed all the experiences we have heard. The findings show that the drivers of frustration are wider than just digital exclusion and highlight the importance of good, honest communication whilst services are in high demand. KS presented the findings (which were well received) at the Surrey Heartlands Partnership Forum on 21 <sup>st</sup> July. We have also been talking with North East Hants and Farnham and Surrey Heath about how GPs can develop clearer comms on their websites.<br><br>We have been working with Action for Carers on a project around hospital discharge and we're currently developing recommendations with them. |     |          |

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|  | <p>We had our first face-to-face engagement in June at the Staines Health Expo and we have planned a more face-to-face (outdoor) events in the near future. Being able to return to face-to-face engagement has given a boost to the team.</p> <p>We are planning to resume our ICP lead engagement strategy in Q3, but there has been a reluctance from providers to let us return so we will need to adapt the strategy if that is still the case in Q3.</p> <p>The Community Cash Fund (CCF) launched in Q1 and we awarded funding to 9 organisations:</p> <ul style="list-style-type: none"> <li>• Tandridge Befriending scheme</li> <li>• The Brigitte Trust</li> <li>• The Green Hub project for teens</li> <li>• Blossom LGBTQ+</li> <li>• ROC</li> <li>• South Woking Help at Hand</li> <li>• Dorking Men’s Sheds</li> <li>• Banstead Tuesday Club</li> <li>• Surrey Heath Veterans Listening Project</li> </ul> <p>More details of the projects can be found in the Q1 report.</p> <p>We have met the majority of our KPIs this quarter, with the exception of new Advocacy referrals. However, referrals are now on the rise again. There has been a significant increase in Q1, and looking forward to Q2, July has seen 11 referrals. If that trend continues, we will meet the 30 new referrals target in Q2. We have also been looking for ways to promote Advocacy further and one of the Advocates (Omar) has attended a face-to-face engagement event with us.</p> <p>Since April 1<sup>st</sup> 2021 we have changed the way we report on the number of experiences we receive. We are now recording the number of interactions (with people) rather than useable experiences. Previously 1 interaction would have been split into multiple ‘useable experiences’. However, due to changes in the way we share insight it is important to look at the <u>whole</u> journey rather than individual parts of each interaction, so we are now measuring the interactions as a whole. Although the number looks less when measured in people rather than useable experiences, when we look at the Q1 data in the same way we reported previously we are currently tracking slightly higher than last year.</p> <p>PG understood that overall this is a positive change, but we need to have a clear explanation if people question the change e.g. in our Surrey County Council (SCC) contract monitoring meetings. LS confirmed that there will be a 1-page summary prepared to be shared at the Q1 contract monitoring meeting with SCC.</p> |  |
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|   | <p>LS confirmed that we haven't made changes to the style/ format of the Activity report for Q1 as originally planned. This was because our Comms Officer left in June and we had to prioritise getting the annual report completed for Healthwatch England's deadline. The plan going forward is to look at the report and how we can streamline it, with the new reporting to be considered when the new comms person is in post.</p> <p>LO asked about the fact we only recruited three volunteers rather than five for the quarter and whether we will be able to make this up to meet the KPI? LS confirmed that this was due to phasing of the recruitment and that we were confident that we would meet the target, with two more in the interview stage at present.</p> <p>PG mentioned the recent national GP survey and said he would circulate to the Board via email.</p> <p><b>PG – To send around national GP survey to the Board.</b></p>   | PG | ASAP -done |
| <p><b>6. Thematic Priority Update</b></p> | <p>TW provided an update:</p> <p><b><u>Carers' experiences of hospital Discharge (Care at Home)</u></b><br/>                 We are doing the final tweaks of hospital discharge report and in the process of agreeing conclusions and recommendations with Action for Carers. We ended up hearing a lot more information on the communication between carers/families and hospital staff. We heard issues about collaborations – 'it isn't a discharge, it is a handover to the care of someone else'. We aim for the report to be out within the next 3-4 weeks. We had expected our main audience to be Surrey County Council/Adult Social Care, but we will be taking our findings and recommendations to the Acute Trusts where there are opportunities to improve patient outcomes and reduce readmission.</p> <p><b><u>Finding Information and Support in the early years after Dementia Diagnosis (Early Access to Mental Health Support)</u></b><br/>                 99% of this support is being done in the community and well-focused community support needs to be there. We are aiming to achieve 25+ in-depth interviews with individuals, are visiting and collecting soft intelligence from support groups, and will be talking to system leaders/providers such as Dementia Navigators to gain context. We expect the report to be published in September.</p> <p><b><u>Learning from What We've Heard about Remote Consultations (Access)</u></b><br/>                 We've been looking at experiences over the pandemic around remote consultations. We have been working with Surrey Heartlands in co-designing new ways in which people can access GP services. There has been a lot of talk about whether people are digitally excluded. We are finalising the output of our review in the coming month.</p> <p><b><u>Future Project Development</u></b><br/>                 We're currently looking for a new substantial project to work on. TW</p> |    |            |

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|   | <p>asked attendees to keep an eye out for a theme for our next project which we aim to start in the Autumn. We want to ensure we have an audience and that they can influence decisions coming up.</p> <p>JD asked about the working collaboration with Action for Carers. TW said that they helped with recruiting people as this can be difficult. We did the research and they helped with input into the questionnaires and assisted in enabling discussions with system partners. That worked well and we received 78 really good responses on a long questionnaire. It seemed to work very well as a partnership.</p> <p>PG asked about the next project under the access priority, how broad are we viewing access, or is this focus on primary care access? TW confirmed that we need to be broad to add value to the system. We have to be careful to pick areas that have a solution that we can work through. We should consider anything and wider than primary care.</p>  |            |             |
| <p><b>7. Reasonable Response Review</b></p> | <p>SB gave an update to the Board. We have been working on a more streamlined approach for the Escalations Panel (EP). A summary of what we've been working on can be seen in Document #6 in the Board papers. We are now reviewing this process to ascertain the effectiveness of this method. We have been analysing the reasonable response ratings and we are getting good responses that listen and respond to key issues raised.</p> <p><b>Action: DM requested that the Average of Response Rating be put into context by adding in how many cases have been raised with each organisation that has responded.</b></p> <p>We wanted to move away from the concerning individual cases, where providers are coming back to us and saying they need the contact details of the person to treat it as a complaint, and we're trying to escalate clusters more often by identifying where it is an issue for more than one person and taking that forward. For example, the pregnancy loss report was collated from a cluster of experiences, as was the COVID vaccination summaries. The feedback that we have suggested in these summaries has helped some providers update their FAQ's and comms.</p> <p>We have set up a new CoNC review role within the volunteer team. Volunteers are invited every two weeks to look at our data to suggest which actions to take and to outline our initial objectives, as to why we are going to be escalating those to ensure we're doing it in a reasonable way. We have clear objectives as to why we're sharing and escalating a lot of the experiences, this is outside of our 'What We've Heard' (WWH) meetings but we are still sharing information in our WWH meetings with services and providers.</p> <p>TC asked what happens to individual cases, are they still being looked at how they should be?</p> <p>SB confirmed that everybody is being empowered to make their own</p> | <p>SBO</p> | <p>ASAP</p> |

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|  | <p>complaints and being signposted to advocacy or informed about the NHS complaints procedure. It is difficult for us to escalate anything going through the advocacy process as it is already known within the system and there isn't much we can add from our point of view. What we're doing through escalating, as part of more than one case or to demonstrate as a theme or example of an issue, is for the system to learn about the wider context and to use it as an example of what is happening.</p> <p>To be clear: we aren't the complaint handlers, we're here to escalate experiences to learn from. Any Safeguarding issues raised with us/ we become aware of are tackled straight way through the Safeguarding process.</p> <p>PG added we're giving feedback, doing our best, but there is a resistance in the system to bring change in some of these things, and there is more interest in the complaint going away then looking at the wider issues. Can we address this as an organisation? It is hard to bring about change when it isn't of value to them or within their plans.</p> <p>SB said that the system is becoming more open to hearing more feedback. We are getting smarter as an organisation about where we share this information and people are being receptive to this feedback.</p> <p>TC added we can't change the NHS, it is too big, it is about picking our battles where we see something where we can effect real change, we should focus our resources on those.</p> <p>DM agreed with TC, we can't expect and effect change on a large scale, but what we can do is help them decide what their priorities should be based from what we're hearing.</p> <p>LS said that this is similar to our work and the feedback that we give CQC. We can utilise their relationship and how they escalate to the providers, part of our role is just making them aware of issues so they can use this alongside their insight and let them follow up with providers, with us getting reassurance that they are doing so and confirmation of any outcomes.</p> <p>MM added that we should acknowledge that we've been able to push back to specific GP surgeries and we've been able to use our statutory powers to be able to write to these organisations on the back of this process.</p> |  |  |
| <p><b>8. Citizen Ambassador Update</b></p> | <p>JC gave an update to the Board. We're currently in year 4 of the Citizen Ambassador (CA) programme. The CA hours were increased to 15 hours per month from 10 in February which has made a big difference. We've realised throughout "lockdown" that many of the workstreams crossover and there is possibility for collaboration between the CAs. They have already been working much more proactively together which is positive.</p>   |  |  |

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|  | <p>We have recently recruited two new CAs:</p> <ol style="list-style-type: none"> <li>1. Diana Riley – Cancer CA</li> <li>2. Megan Booth – Women and Children’s CA</li> </ol> <p>The focus in 2021 is to:</p> <ul style="list-style-type: none"> <li>• Continue building strong relationships with Surrey Heartlands</li> <li>• To develop an engagement strategy</li> <li>• Look forward to the return of face-to-face engagement</li> <li>• Optimise synergies between CAs and projects within the team</li> <li>• Acting on WWH and involving the CAs in that process.</li> </ul> <p>JD commented that it is useful to be reminded how successful the programme has been over the last 4 years, and how much we’ve learnt along the way. It is gaining a lot of interest within Surrey and outside of Surrey with other local Healthwatch, as it has been a great model.</p> <p>RD suggested that we could offer training on how to run a programme like this? Could this be an opportunity for us? LS to consider this further.</p> |  |  |
| <b>11. Action Log</b>                              | Green actions approved for removal. Amber actions to remain.  |  |  |
| <b>12. Public questions not already dealt with</b> | No public present.  |  |  |
| <b>13. AOB</b>                                     | No items of any other business.   |  |  |
| <b>11. Date of next meeting</b>                    | <b>Tuesday 2<sup>nd</sup> November 2021 at 2pm.</b>   |  |  |

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.

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| <b>Minutes approved by:<br/>(please print)</b> |  |
| <b>Signature:</b>                              |  |
| <b>Date:</b>                                   |  |