

Board Meeting in Public

Date:	Thursday 28 th July 2022	Location:	Zoom	Time:	4:00 – 5:00pm
Present: Jason Davies (JD as Chair), Peter Gordon (PG), Richard Davy (RD), Maria Millwood (MM), Laurence Oates (LO), John Bateson (JB), Tacye Connelly (TC), Andrea Lecky (AL)					
Other HWSy Attendees: Natalie Markall (NM), Kate Scribbins (KS), Vicky Rushworth (VR), Sam Botsford (SBo) and Tessa Weaver (TW)					
Apologies: Lisa Sian (LS) and Deborah Mechaneck (DM)					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	<p>JD welcomed everyone. LS and DM had sent their apologies.</p> <p>JD welcomed a member of the public, Robert Oulton, a retired GP and member of the South West Surrey Compass.</p>		
2. Declarations of interest	There were no updates to the declarations of interest.		
3. Questions from the Public (previously tabled)	<p><i>'Is there a plan for Healthwatch Surrey to have a formal role within the ICS and is HW Surrey happy with the proposals for public engagement offered so far by the ICS?'</i> from Robert Oulton.</p> <p>KS shared a slide on the governance structure of the Integrated Case System (ICS) Statutory Components and explained the differences between the Surrey Heartlands Integrated Care Partnership and the Surrey Heartlands Integrated Care Board, and our interaction and position we have within the two.</p> <p>Surrey Heartlands Integrated Care Partnership (ICP) designs the strategies, whereas the Surrey Heartlands Integrated Care Board (ICB) is responsible for delivering health services across Surrey, in line with the strategy set by the Integrated Care Partnerships. We don't have a seat on the ICB, but we are a standard meeting invitee, and we're welcome to contribute and raise issues in the meeting. We currently have a seat on the ICP as well as three of our voluntary sector partners. We have a statutory seat at the Health and Wellbeing Board. Within these boards, committees and at "place", we want to ensure we create the right relationships, involving the public and engaging, whilst also being a critical friend to the system.</p> <p>JD noted that Local Healthwatch were being treated differently by different ICPs around the country in terms of funding and involvement.</p> <p>RO thanked Kate for the clear information.</p>		
4. Approval of the previous minutes (28 April 2022)	The minutes from the Board Meeting in Public, 28April 2022, were approved.		

<p>5. Review of Q1</p> <p>CEO Report including financial summary & KPIs</p> <p>Q1 Influence and Impact report</p>	<p>CEO Report including financial summary & KPIs</p> <p>KS described a positive Q1. While delivering well on our local Healthwatch contract, we are also delivering on our new SCC Giving Carers a Voice (GCAV) contract and creating a number of synergies, outputs and outcomes. This is mainly due to now having the strength of a full team. Our engagement work has been comprehensive and we continue to hear a variety of experiences. The main issue is still based around the public’s concerns around accessing primary care. We have embarked on our Enter and View programme and we are visiting care homes across Surrey. We have published our Waiting for Hospital Care report, which has been well received, and we are waiting for further feedback from the system. We have also produced our Annual Report, which can be found on our website.</p> <p>JD noted the rise in advocacy cases by a third, and asked if there were any particular themes developing or reason for the increase. KS reported she had asked this of our IHCA provider and there wasn’t anything specific. Our new Involvement and Communications Officer has been busy promoting the service even more than we have done in the past which could in part explain the rise.</p> <p>LO wondered if there was any reason for the lower KPI numbers in respect of the Helpdesk, but KS said it is currently too early to tell.</p> <p>Q1 Influence and Impact report</p> <p>The report was well received by the Board.</p>		
<p>6. Thematic priority update: the Board is asked to note progress.</p>	<p>TS said that during Quarter 1, we have published our report ‘Waiting for Hospital Care’ and we have already received some responses from the hospital trusts and places. They have acknowledged the issue of waiting for hospital care and have noted our recommendations.</p> <p>We have continued to contribute to the implementation of key recommendations from our “Dementia support” report.</p> <p>The July Insight Bulletin has been finished and will be published soon.</p> <p>TW and KS are working closely to shortlist four future project ideas, and at least one of these will be around children’s mental health. These project ideas will go to our volunteers for input and then to the Board for consideration. Interested audiences have been identified for all project ideas.</p> <p>We continue to receive queries and hear use of our “Carers’ Discharge” report across the system.</p> <p>PG asked if there was a way of getting more outcomes of our impacts to share what we are doing and how we are making a difference. TW explained that we have our ‘Outcome Tracker’ and we plan on following up on our previous reports, but we need to allow time for</p>		

	organisations/services to be able to implement our recommendations.		
7. Escalations Panel and reasonable response updates	<p>SBo gave an update.</p> <p>At our last review (July 2021), about it was agreed that we would be moving away from solely escalating individual cases to concentrating on clusters. When escalating these clusters we ensure we include recommendations to make impact and outcomes easier to demonstrate. However, we continue to share individual cases and these continue to result in changes and learning. This has tended to happen after sharing personal details to the provider. We are putting together qualitative and quantitative data to make more of an impact.</p> <p>We have introduced a fortnightly Concerning Cases review with our volunteers and we have expanded our Escalations Panel to include more of our volunteer groups.</p> <p>We have heard a lot of complaints around GPs, which we have then sent onto the relevant practices (we have recently done this 3 times) which has led to good discussions and responses to recommendations.</p> <p>We have published our cluster report on ‘Pregnancy Loss’ and ‘Wound Dressing’ which both received good responses and the system have acted upon our recommendations.</p> <p>Our Strategic Influencers are inputting lots of soft intel which helps before escalating.</p> <p>As well as written reports, we will be producing patient videos to create more of an impact.</p> <p>There was praise from members of the Board for the escalations process .</p>		
9. Action Log	Green items were approved to remove.		
10. Public questions not already dealt with	No more questions received from the public.		
11. AOB	No AOB.		
12. Date of next meeting in public:	Thursday 3 rd November 2022 – 4–5:30pm		

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.

Board Meeting in Public

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