

Board Meeting in Public

Date:	Thursday 3rd November 2022	Location:	Zoom	Time:	4:00 – 5:30pm
Present: Deborah Mechaneck (DM as chair), Jason Davies (JD), Peter Gordon (PG), Richard Davy (RD), Maria Millwood (MM), Laurence Oates (LO), John Bateson (JB), Tacye Connelly (TC), Andrea Lecky (AL)					
Other HWSY Attendees: Kate Scribbins (KS), Lisa Sian (LS), Natalie Markall (NM), Vicky Rushworth (VR), Lisa Roberts (LR) and Tessa Weaver (TW)					
Apologies: None					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	DM welcomed everyone, there were no apologies. (AL joined at 4.55pm via Zoom.)		
2. Declarations of interest	DM has stepped down from her role as Trustee in Face Forward. Action: Remove Deborah’s Face Forward interest from the declarations of interest.	LS	
3. Questions from the Public (previously tabled)	No questions have been received from the public.		
4. Approval of the previous minutes July 2022)	The minutes from the Board Meeting in Public on 28 th July were approved.		
5. Review of Q2 • CEO Report including financial summary & KPIs • Q2 Influence and Impact report	CEO Report including financial summary & KPIs This quarter we remained busy, and we are on schedule with our workplan to meet all of our KPIs. We continue to hear a healthy number of experiences. We continue to work hard on our projects and have recently published our report on Waiting for Hospital Care, which Tessa will update on later in the meeting. The ‘Voice Group within VCSE Alliance’ is off the ground and meeting monthly, and meetings have been set up for 2023. We are seeing more attendees at each meeting, and it is an effective way of sharing “hot topics” and empowers us to feel we’re playing a wide representative role. Our Enter & View programme has continued, and we have a good band of volunteers helping with these. We will be picking up the pace with our Enter and View programme in the next quarter and throughout next year. The challenges remain with the new ICS governance structures and where decisions are made, at place or system level. We are working hard to understand where we take our escalations and		

	<p>recommendations to make most impact and we are discussing with Surrey Heartlands how we go about this. Within the Frimley patch, we are pursuing a conversation regarding additional funding for a coordination resource to support the multiple LHW.</p> <p>JD asked whether the team are keeping track of where people are moving within the system. VR mentioned that we do keep an up-to-date list of who's who within the system, but we don't keep track of where they're going when they change roles. Our Place Leads keep an eye on their places and the key people we need to keep in touch with.</p> <p>Q2 Influence and Impact report</p> <p>Our Influence and Impact report covers the main areas of activity we are working on. There has been lots of feedback on primary care, and we've been hearing a lot of feedback on access, which we share regularly with our primary care colleagues. There is a new Access Board within Heartlands where we can take the overarching themes and we continue to challenge commissioners on whether plans in place will meet everyone's needs. We have seen a spike in pharmacy experiences covering a range of issues, but unexpected pharmacy closures is something we've been hearing quite regularly about.</p> <p>We are waiting to hear from Heartlands where the best places to take these concerns are. Dentistry continues to be something we hear about, and we have shared these experiences with the Adults and Health Select Committee. Our work with dentistry is shared with HWE and helps to influence national conversations including parliamentary debates</p> <p>DM praised the report, to be passed on to the team involved.</p>		
<p>6. Thematic priority update: the Board is asked to note progress.</p>	<p>Tessa gave an update on our thematic priorities.</p> <p>We have published Insight Bulletins for July, August, September and October. Taken a few different slants on GP access, trying to keep it fresh. We will carry on taking a balanced approach in the Insight Bulletins.</p> <p>We have published the responses to Waiting for Hospital Care. In future, we will allocate time for people respond to us (in line with their legal obligations) and if they haven't by that date, we will consider publishing the summary of responses which we have received regardless.</p> <p>Working on a review of 'What can we learn from our advocacy cases?' 90% there on the report and we have been asking for feedback on the team for this project. We will be making recommendations and points for consideration within the report, one of these being: better and clearer complaints navigation on GP websites.</p> <p>Our scoping work on "Waiting for assessment for neurodiversity" has been slowed as there are a lot of changes within the system.</p>		

	<p>We are still looking at the possibility of projects around Integration and Respite Care and aim to work with different age groups. But it takes time to find something that is viable for us, will add value and has system interest.</p> <p>MM expressed her interest in a project involving children, and TW said that is part of our plans but we need to make sure it will have some system appetite.</p> <p>There was a conversation with PG and TW on the confusion between some feedback that people aren't able to access appointments, but the data shows that there are a lot of GP appointments happening. 2/3 of appointments are happening face to face. We know many are working hard with the demand, but we still have the duty to report those who are unable to access appointments.</p> <p>LO expressed an interest in a project about what people want from integration.</p>		
<p>7. Volunteer Strategy Update</p>	<p>LS ran through the Volunteer strategy update for Nov 2022.</p> <p>As a recap on the strategy for 22-23, we continued with the group model, to build and nurture the Strategic Influencer group and harness our engagement volunteers to run more volunteer led engagement. We continued to look for other opportunities and to grow our young Healthwatch. Our Strategic Influencer group is running well and active, as well are the volunteers that offer their time on our Enter and View programme. Structured engagement seems to be more popular.</p> <p>Unfortunately, what is not working so well with volunteer sign up is our staff led community engagement and this is becoming a bigger drain on staff resource. Some of our volunteer groups are struggling to get off the ground and don't have chairs. The feeling is that they need to work at a more hyper-local, neighbourhood level. It's not the same in all areas, Surrey Heath is doing well. However, it is not a good use of staff resource/admin when volunteers don't turn up to the meetings or don't sign up for engagement, we need to look at alternatives. The suggestion is that local groups can still meet, however this won't be organised by the staff team in future.</p> <p>There is a plan to move away from locality groups and form more special interest groups which volunteers have shown an interest in, including an engagement special interest group.</p> <p>We are also looking at changes around our volunteer offering, for example, micro volunteers – shorter opportunities which volunteers can do when they want. This would potentially suit other community groups and students, and we're already talking with the University of Surrey.</p> <p>We hope to finalise plans ahead of the workplan for next year.</p>		

	<p>LS asked the board for feedback.</p> <p>LO raised concerns of how the groups would operate without staff input and wanted more information on what the special interest groups would be. LS mentioned that the special interest groups would work around what the volunteers were interested in and what current LHW priorities were around. These groups would be led by a staff member.</p> <p>DM asked how the this will affect the quarterly KPI's for volunteer recruitment (5 per quarter), and how to we plan on communicating these changes with the volunteers. LS explained that our KPI's aren't against a volunteer group and are against general recruitment for all volunteers. We will communicate this with the volunteers next year, potentially at the volunteer event in January.</p> <p>PG is supportive of the new suggested volunteer strategy, but also raised concerns that we may miss something if we don't organise ourselves the way the system is organised. KS noted that the trouble with our volunteer groups is that they are not hyper local enough and they don't feel geographically real.</p> <p>It was agreed that as we go into next year, we need to have a Board session on how we interact with the PPG's and PCN's and harnessing volunteer support with that.</p> <p>MM agreed the group areas are probably too large, and we don't have enough staff resource for more local volunteer groups. But queried what will happen around volunteer-led engagement, as volunteer groups have started to build some local relationships. Will volunteers be expected to build these relationships, or will this be under the special interest group umbrella? LS confirmed that the volunteers can still build these relationships within their local areas, and we'd encourage them to do so and share these with the staff team, but in terms of this happening at the moment, there is a lot of resource going into staffing the local groups with limited output.</p> <p>Action – Ahead of next year's workplan, take conversation further into a board workshop to discuss the volunteer strategy and how we cover neighbourhoods, PCNs etc..</p> <p>Andrea joined the call.</p>	LS	
<p>9. Action Log</p>	<p>No actions from the previous meeting.</p>		

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10. Public questions not already dealt with	No more questions received from the public.		
11. AOB	No items for AOB.		
12. Date of next meeting in public:	Thursday 26 th January 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.

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