

Minutes of the 54th full Healthwatch Warwickshire Board Meeting
Tuesday 13th July 2021
10.00am to 12.00pm
MS Teams Conference Call

Present:

Liz Hancock (EH) - Chair	Paul Tolley (PT) - Vice-Chair
Mike Flaxman (MF) - Finance & Audit Chair	
John Copping (JC)	Len Harvey (LH)
Gita Patel (GP)	Jerry Roodhouse (JR)
Katie Weetman (KW)	Robin Verso (RV)

In Attendance:

Chris Bain (CB) - Chief Executive (CE), Claire Jackson (CJ) - Head of Operations, Su Jenkins (SJ) - Authorised Representative, Lucy Dean (LD) - minutes.

1) Welcome and Apologies

Paul Tolley gave his apologies for the start of the meeting.

2) Declarations of conflict of interest

Liz Hancock, Chief Executive, Mary Ann Evans Hospice
Jerry Roodhouse, Councillor, Warwickshire County Council

3) Minutes from the previous meeting

The minutes of the Healthwatch Warwickshire (HWW) Board meeting on 11th May 2021 were agreed to be an accurate record of proceedings and were electronically signed by the Chair.

4) Matters Arising

There has been no notification from Healthwatch England (HWE) about their next committee meeting (normally 3 times/year).
The Chair and CE raised HWW's concerns about duplication of services with the commissioner.

Clarification to previous minutes: under item 8, *'We are looking to simplify the Articles of Association to provide an abbreviated user-friendly version for the website.'*

It was agreed that this is misleading and should read: *'We are looking to provide a Decision-Making policy on the website.'* The Articles of Association will not be abbreviated or rewritten. The document that HWE have asked for is a transparent, easy-to-read document to outline our decision-making process for the public.

It was discussed that we are not legally bound to comply with HWE requests; they provide the Healthwatch branding - which can be revoked at any time if they are unhappy with how a Local Healthwatch is conducting itself.

5) Chair's Report

The Chair attended a very positive performance review meeting in May and expressed congratulations to CB, CJ, and the staff team for the report to the Commissioner which stands HWW in a good position.

At the combined East and West Midlands Healthwatch Network meeting, chaired by CB, there were presentations about community diagnostic hubs; opportunities to represent Healthwatch (HW); and HW's involvement in the Integrated Health Care System.

The Chair also attended an informal HWW meeting; part of the HWW Volunteer Forum; the Joint Place forum with Coventry & Warwickshire; and the HWW Task group meeting.

The Chair and the CE met with Mel Coombes, CEO of Coventry and Warwickshire Partnership Trust (CWPT) who highlighted the increase in Mental Health referrals, in particular those from acutely unwell people who had not previously presented for treatment.

The Chair had a conversation with someone interested in joining the HWW Board, who is an associated lecturer and tutor in social studies, is a PhD student in Philosophy and Theology, and has previously represented Labour in the County Council. The individual has a specialist knowledge on Special Educational Needs and Disabilities (SEND) and had been on the Adult Social Care Overview and Scrutiny group. Following a very positive telephone meeting, the Chair recommends that HWW proceeds with the interview process.

A meeting was held with both Chairs and Chief Executive Officers of Healthwatch (HW) Warwickshire and HW Coventry. A Memo of Understanding (MoU) was drawn up as a mark of a closer, more effective and transparent relationship with them; also recognising that the footprint of Health and Social care is moving towards Coventry and Warwickshire. The two Healthwatches will continue to work as separate entities, commissioned individually but with a commonality in the geographical area covered by our work.

The Chair invited any comments and suggestions on the MoU document to be forwarded to her. It was clarified that the HWW staff team are aware of the document; it is similar to other MoUs we hold with other organisations.

ACTION: any comments on the HW Coventry MoU to be sent to EH.

The Chair and CE held a very positive meeting for the CE's annual appraisal.

Further to recent discussions on the format of future Board meetings (virtual vs. face-to-face), the Chair proposed that, dependent on Covid restrictions, a blended model is adopted going forward: to have 3 in-person meetings per year, and 3 virtual - to take advantage of the benefits of both formats. The September Board meeting will hopefully be face-to-face.

As the Covid Task group meetings have been so successful, it has been decided to create 2 virtual sub-committees: one a continuation/extension of the existing finance group and the other, evolving out of the Covid Task group, to be an operational group - looking at issues including Health & Safety, HR, and the continuing effects of Covid. Both groups would meet virtually, and have been proposed as follows, but are open to comment:

Finance: Mike Flaxman, Paul Tolley, and Robin Verso

Operations: John Copping, Liz Hancock, Len Harvey, Gita Patel, Jerry Roodhouse, Katie Weetman.

The informal Board meetings would continue on a 3-monthly basis.

MF advised that there are rules of governance for the HR subcommittee and Finance & Audit Group, contained within the HWW documents, which will need to be revisited as prior to setting the groups up.

Terms of Reference will need to be set up. It is acknowledged that there will be cross over; some issues will require input from both groups, e.g. Hiring new staff, performance.

It was raised that an immediate issue to be looked at is HR advice, as the current contract comes to an end at the end of August. We need to decide if what have at the moment is appropriate. There has been a proposal to get HR advice on demand, as and when needed.

CJ advised that we have taken the option with our insurance company for HR advice, but not any specialised services.

6) CE's Report and Update on Emerging Strategic Issues

The CE report was distributed to the Board in advance of the meeting.

Th CE reported on the Joint Place Forum priorities, highlighting the commitment to supporting and promoting wellbeing campaigns and noted that HWW are participating in the Thrive at Work initiative. The second major priority that we are engaged in is Tackling Health Inequalities, in terms of service provision, and health outcomes.

HWW is going to continue to support these priorities by looking at specific groups and how they are impacted by changes.

The 'Inverse Care Law' referred to in the CE report suggests that where a population has worse health outcomes it requires a greater input, yet in reality it seems there are not additional resources put in in recognition.

An update of the ICS is given in the CE report. The challenge for HWW is to ensure that the lived experience of patient voice does not get lost in the architecture and governance arrangements.

Concerns were expressed that the new government Health & Care Bill seems to no mention of patient voice, or Healthwatch. As HWW we can ensure that Patient Voice is being considered at Place level as we have representation at the Rugby, South Warwickshire and Warwickshire North Place Executives.

RV noted that the focus on health inequalities gives HWW an opportunity, and that it would be helpful to have data on inequalities in order to develop a new strategy. CB said that we do have access to JSNA data; Some of the findings in our Carers report are powerful and we will promote the findings amongst the decision-making and commissioning bodies.

MF expressed concern that there are no lay members on the new ICS board, it is purely an executive body.

(PT joined the meeting)

CB reported on the new CQC strategy, noting that the CQC aim to assess local systems as well as local providers, although individual assessments will still be carried out, based on risk.

A Strategy Day is being planned for September and one issue that will be discussed is whether HWW should also change its approach to Enter & View.

HWW have a positive relationship with the CQC locally and meet with them regularly to report what we are hearing.

PT agreed that HWW could mirror this pattern of working, by finding a balance between focussing on systems and relationships between various services, while still looking at individual services and acting on intel that we hear from the public - always with the aim to see the patient journey improve, and that patient outcomes are better. HWW can act as an early warning sign for unintended consequences of changes to services.

Helpful to think about 3 'p's: Picture - what is the patient experience like at a local level?

Partnerships - are they working effectively? and Patient Voice - is it making a difference?

CB gave details of the HWE report in the importance (to patients) of good administration.

SJ informed that they are introducing Care Navigators in Cancer care with a responsibility for coordinating appointments, ensuring that investigations and follow ups are done in a timely way, and informing and tracking patients through pathways to improve their experience.

MF highlighted the South Warwickshire Foundation Trust (SWFT) patient portal - which HWW had a significant input into the design and planning of. 6000 patients have registered, and it works as self-administration for booking and changing appointments.

Problems continue with access to GPs and dentistry, although HWW recently have had a dentist contact us to ask for help with patient engagement.

JR reported on the Safeguarding Board and expressed concerns about their performance reporting.

RV reflected on the HWW Engagement plan, that it has a clear focus - but asked about the plans to develop virtual groups - by nature they do not offer good equality credentials.

CB agreed that digital exclusion is a concern - we need to reach people whose voices do not get heard, however we do not have any control over when groups can meet again in person.

There are tentative plans for a Strategy Day in September. HWW Staff are to set the agenda based on the work they are engaged with. The day would only work in person, and we are

looking at venues to see if volunteers can be included too, but face-to-face activities are very restricted.

7) Report from Finance and Audit Group

Confidential

8) Head of Operations Report

The Chair congratulated CJ and the team on a very good Annual report - a reflection on the great work achieved during a difficult year.

CJ provided an update on current projects:

Carers project: 239 survey responses were received, the report will be finalised by the end of July. There has been a lot of interest in the report and the County Council are keen to use the findings. We have worked closely with the council and the work will feed into their strategy going forward.

Community beds report: the 529 survey responses are currently being analysed. The responses were from 2 groups of people: from potential patients, people who may use Community beds in the future; and from people who had been patients in the past. We found that people are very much in favour of retaining community beds.

Diabetes survey: We asked what technology solutions could help people to manage their diabetes - which will feed into the Diabetes Strategy Group that one of the HWW Engagement and Outreach officers sits on.

The Dentistry report is finished - about to be publicised. This work has helped to improve the relationship with dentists, as shown by a dentist recently contacting us to ask for help with patient engagement. The project received extensive help from volunteers.

Exception reporting: HWW is not currently able to carry out traditional Enter & View visits or undertake face-to-face engagement work in line with current guidance and restrictions, We are reviewing risk assessments and speaking to staff members individually about how they feel about the process of services returning.

CJ reported that the Lockdown Task group discussed HR matters, the wellbeing of staff and volunteers. The volunteers continue to be very positive and helpful on a number of projects. The volunteers brought up the challenges of digitalisation, and when this was raised at the informal board meeting, MF helpfully shared some work previously done by the PPPG, so this will be shared with them.

A suite of Risk Assessments and Restoration of Services documents has been developed, which are being put to use, and has proved helpful recently in deciding to cancel a staff meeting that was planned to be in person - as one of the staff members had concerns about a family member potentially having Covid at the time.

CJ is working through recently updated HWE Restoration of Services guidance and templates - includes consideration of equalities.

CJ requested the approval of the updated HWW Complaints Policy circulated ahead of the meeting, based on a HWE template.

RV has some minor comments, which he will forward to CJ.

ACTION: RV to forward comments on the Complaints Policy to CJ

All board members agreed to approve the policy, subject to minor comments/amendments.

9) Volunteer report

SJ reported that UHCW have been put forward as a Tessa Jowell Centre of Excellence – decision expected by September. Lots of work is being done on screening at the

moment, trying to catch up. GPs will be paid for an improvement in their screening figures.

One of the volunteers has done some work with her PPG panel on Digital Exclusion – some research from Weymouth found that 50% of people over 75 were insufficiently happy using digital services.

Congratulations to Poonam and the team on the Carers report.

The regional Cancer units are now having rapid reviews on various cancer pathways to put some alternative services in place.

SJ reported that there is a push to get the UK smoke free by 2030, with further plans for obesity, T2 diabetes, Tuberculosis and alcohol misuse.

10) AOB

None

11) Confidential
Under item 7.

12) Date of next meeting

The next Board meeting will be from 10.00am to 12.00pm on Tuesday 14th September 2021. Location/format to be confirmed.

Summary of Actions:

Item 5: any comments on the HW Coventry Memo of Understanding to be sent to EH.

Item 8: RV to forward comments on the Complaints Policy to CJ.

Minutes Approved by:Liz Hancock.....



Signed:
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Date:14/09/21.....