

Minutes of Q3 Board Meeting held on 9 February 2022

Context

Due to the Government restrictions and need to social distance, this meeting took place virtually over the MS Teams platform as requested by WSCC. Board members were asked to read all the papers and submit any questions on these in advance of the meeting.

As this is a public meeting and the public were made aware of the meeting via our Events Page and social media posts. Spaces to attend the meeting were limited, but the meeting was open to the public to observe.

Permission to record the meeting, for the purpose of notetaking was agreed verbal and the recording was started.

Present

Board Directors: Steve Cooper (Chair) Jeremy Gardner (Vice Chair), Non-Executive Independent Directors: Linda Cairney, Martin Phillips, Renee Fickling, Emma Leatherbarrow (Help & Care Member Director).

In attendance: Sally Dartnell (Chief Officer), Katrina Broadhill (Operations Lead)

Seth Gottesman - WSCC Commissioner joined at 10:37am

Apologies: Independent Board Directors Helen Goodman and Nigel Foulkes, Ali Khan, Member Director Mark Sharman, Alison Challenger, WSCC Director of Public Health; Bob Lanzer - Health and Wellbeing Board Chair, Niki Lewis - WSCC Senior Commissioner

1. Welcome and declarations of interest

SC welcomed all to the meeting.

No declarations of interest.

2. Approval of Previous Minutes

Approved with the single adjustment to add Ali Khan to the attendees of the November meeting.

Summary of previous actions:

Action 32 - Safeguarding Week Programme was shared.

Action 33 - Induction Material - Ongoing action. EL and SD keen to arrange induction for RF and AK

Action 34 - Board workshop took place on 26 January to discuss insight and agree future priorities. Output has been developed and shared with the board for review and approval.

3. Impact and Performance

KB expanded on the impact detailed in the [Impact and Performance report](#):

- Showcased Healthwatch In Sussex (the 3 local healthwatch in our Sussex ICS) which has been recognized by NHS England and Healthwatch England with a Promising Practice Case Study and a tool kit that KB has helped a national team to create.
- KB outlined the outstanding work that volunteer Philip does as Liaison Lead with the Ambulance Trust. He also attends quarterly regional meetings with HWE and coordinates insight and themes relating to this area.
- Starting to hear increased frustration from residents relating to circular signposting from 111 to GPs who refer back to 111. Escalated through weekly meetings with the Deputy DPH for the ICS. We prepared a briefing which is currently with East Sussex DPH where this issue sits in the ICS.
- Non Emergency patient transport is also flagging as an issue in relation to a number of areas. Our input is helping contribute to the specification for a new contract for patient transport for the ICS.
- We took the lead in the Sensory Needs Assessment which has received strong positive response. We have suggested follow up to a number of community partners.
- KB ran through the record amounts of insight gathered and what we do with it using the Financial Assessment insight and Dentistry concerns as examples of how we escalate and share insight to HASC.
- 5 of the 7 LHW HASC report recommendations were accepted by HASC. We are looking to continue our collaborative work and co-design follow up.
- RF asked for a feel for the context of the continued growth in insight, engagement and helpdesk service numbers - how do these figures measure compared to what our contract performance is measured against?

SC explained that although we had been due to have a formal contract review on 8th Feb in response to our request for a review in July 2021, this had been postponed on the morning of the scheduled meeting for a second time. SD had prepared annual numbers in relation to the 2022 performance targets (which included a 5% growth) and so SC asked her to share these to answer RFs query. SD verbally shared the following:

| | Contract annual target for 21/22 (including 5% growth) | Actual for the last year |
|--|---|---------------------------------------|
| Calls to helpdesk | 1260 | 4660 |
| Insight stories accounts on CRM | 2520 | 16,000+ |
| People engaged with | 84,000 | 201,764 |
| IHCAS new cases | 210 | 243 (now operating a waiting list) |
| IHCAS cases closed | 210 | 277 |

RF also then asked how the significant increase relates to funding. KB said that it doesn't and had relied on goodwill of the team but this isn't sustainable so keen to explore with commissioners when the contract review meeting which was postponed for the second time on 8 Feb is rescheduled. The agreement and publication of the priorities for core healthwatch funding for the 2022/23 year (output from the January board workshop which included input from WSCC and ICS Health colleagues) will be shared with all stakeholders and work outside of this will need to be commissioned/funded separately.

KB said that resilience training for the team to support wellbeing is to be undertaken in March. Many of the stories we hear have a personal impact as they are very powerful. Everyone has worked above and beyond and we must be confident that although requests for support are always about important work we must say "no" when asked to take on more work by stakeholders when there is no more resource available.

- SC again thanked the team, wider Help & Care help desk team, board and other volunteers for their continued work to respond to demand and capture such high levels of insight which in turn we can share to influence change. KB will pass on thanks.
- KB explained how although some volunteers who usually undertake "Enter and View" activity in health and care settings haven't been able to do so during the pandemic, they have been undertaking other volunteering including desk-based research, mystery shopping working with practice managers, liaison on committees, forums, networks and supported co-design work with stakeholders.
- GP Access work which is being undertaken regionally is having great impact. Work is being done sensitively in collaboration with front line staff, practice managers, commissioners and elected members mindful of the pressures primary care face. 1500 responses across Sussex (800+ from West Sussex including 40 non digital responses directly from the community). Preparing an interim report from these findings with the top themes from across the region and some suggested tips. Then plan to produce local Sussex wide and West Sussex specific reports.
- Commissioned to deliver a piece of work as Healthwatch In Sussex which West Sussex lead on focused on Living with Pain. We exceeded the target of 50 responses with over 280 responses. We are supplementing the survey with semi-structured interviews and 4 case studies which the commissioner is going to use to shape the new service specification for this area.

JG stated that given the increased waiting times for planned care and the pain that many experience during these waits this is a particularly timely piece of work. KB also explained how the team have fed back into the "My Planned Care" system launch including the importance of clearly titling communications to people so that they know what a letter or appointment relates to as many people are on several diagnostic pathways or treatment plans.

Have also taken part in some MSK workshops that have taken place to feed into this specification.

- Our project in relation to access to exercise and impact on wellbeing before and post pandemic lockdown is being widely shared with the community networks and has been picked up by wellbeing hubs to help recognize what needs to change for all ages. A really useful conversation starter.
- Updating some of our community spotlights given changes resulting from the pandemic.

The NHS led Cancer and Planned Care Insight and Innovation Forum, chaired by SD looked at Did Not Attends (DNAs) and Communications as two topics in the last quarter. We will be following up issues and possible improvements with the Booking Team as a result to try to find solutions to an issue that is losing up to 6-7% of clinical capacity in cancer and planned care services.

SG joined at 10:37am

- **IHCAS**

KB outlined ongoing issues with IHCAS capacity. MP asked whether volunteers could be used to help relieve pressure on the team. KB explained that specialist training is needed and although we have begun training a third advocate this would take a number of months and the case demand continues to be high and complex with some cases taking several years to complete.

KB said we are looking at some possibilities for Peer Support from those who have been through complaints for others going through the process.

Working through these cases often results in incredibly useful and deep learning for the system. KB cited one case that has had national impact with scripts being changed as a result of a case involving sepsis.

Some area went into Business Continuity planning in Jan so stopped handling cases so there may be a surge of new cases in March and April. There is a waiting list of 6 IHCAS cases at the moment despite help desk hub team giving as much generic support as possible.

One practice has changed its med management processes as a result of an individual case.

- KB outlined the refreshed HWE branding which follows feedback to improve engagement with a view to hearing more. MP asked for more information on this. KB explained the refreshed beliefs and values and a new presentation to introduce Healthwatch to new stakeholders and partners (both health and social care focus). Moving away from Consumer Champion tag to Independent Champion for Health and Social Care for all people.
- Dentistry continues to be a high level of enquiry and so stays on our Concerns and issues radar.
- ACTION - SC asked to share the new Healthwatch England Introduction Slides
- ACTION - SC asked for the board to confirm the 2022/23 priorities previously circulated. All agreed. KB will now publish and share widely with stakeholders.

4.2 Financial & Performance Sub Committee Report

JG and SD reported that while there has needed to be a higher spend on service delivery due to public demand, this has mainly been balanced by lower expenses.

A number of small social enterprise commissions continue to be received by Health partners in the Integrated Care System for work which is delivered above and beyond core priority work.

IHCAS is working at 30% above contracted case rate which is causing issues which we

are trying to discuss with commissioners.

In summary core Healthwatch West Sussex work within the budget and plan for a breakeven outcome at the end of the financial year.

The risk register was reviewed. Stakeholder relationships with WSCC continue to be of primary concern and it was acknowledged that there is continued pressure on the local authority. There are a number of stakeholder changes and new appointments and we will endeavour to establish those relationships when possible.

5. Independent Director and Staff Feedback

5.1 Health and Wellbeing Board (HWB)

SD updated that at the HWB meetings continue to be held virtually and are informative and interactive. There has been a heavy focus on pandemic related issues but the forward plan is moving back towards other areas. There is high attendance as a result. A HWB seminar is scheduled for 11 March.

5.2 Health and Social Care Scrutiny Committee (HASC)

- KB updated that HASC met in January. KB had several items of feedback in relation to the financial assessment area in particular. She said that she feels the scrutiny is of a high standard.
- Have asked WSCC for the Oral Health Needs Assessment for children and young people is also refreshed.

5.3 Safeguarding Adults Board (SAB)

MP reported typically per month there are 700 referrals of which 200 become concerns and 100 become enquiries that are followed up. 50% of these are from peoples own homes rather than care homes.

The number of care homes on red alert level has dropped off - MP felt that this shows signs of the system working better and improving. MP did still flag that when services and issues are considered they are still usually looking from the top down rather than from the person up.

KB thanks MP for his continued work in this area and also mentioned that Jo Tuck from the Healthwatch Team attends the Care Home Forum and promotes the need for good communication between homes and carers and residents.

5.4 Autism and Learning Disability

KB explained that this work has been put on hold as Alison Nuttall has left that role in WSCC. We were due a commissioner/provider meeting but this was postponed. We hope to be able to update on our recommendations which we know have a huge impact on lives for many adults across the county.

5.5 CCG Communication and Engagement

Formal networks have been stood down while Business Continuity demands take priority. Jane Lodge ICS will share latest Public Involvement Strategy in the next week and this will help define how we work together. Our weekly meetings with Jane have continued and we can escalate rapidly as needed. This West Sussex ICS working style has been championed in the NHSE Promising Practice Case Study.

5.6 Stroke Task & Finish Group

JG updated that work has intensified around appraising options and the process has been good.

Healthwatch have been seen to be a useful member of the group to ensure that issues aren't lost. A number of options that would meet the specification have been identified and these are now going to the clinical senate for response by March before moving on to public consultation.

5.7 Stroke Task & Finish Group

Pharmaceutical Needs Assessment - SD reported that WSCC have thanked Nigel Foulkes for his invaluable input to this work

5.8 Planned Care and Cancer Insight and Innovation Board

SD reported that this forum is gaining traction and able to focus on the person upwards. Latest meeting looked at My Planned Care and we were able to feedback comments.

A new case study around breast screening is ready to be shared.

5.9 Local Outbreak Engagement Board

SD these meetings continue bi-monthly and are largely retrospective looking at the moment.

5.10 Regional insight

EL explained that Healthwatch are not resourced to work at ICS level which continues to pose problems. Help and Care work regionally with HWE and others to explore how to address this need as ICS develop. Some ICSs are finding resources to enable Local Healthwatch to work at this level effectively. ICSs become statutory bodies in July 2022 so we need to find a way to make this work.

6. Vaccinations

Team still attending West Sussex Vaccine Cell and fortnightly meeting with Director of Communications which are very useful and enable us to be agile when we find issues and share intelligence quickly.

7. Policies and procedures update

No updates from SD.

8. Escalation Log

No formal escalations this quarter. KB is sharing case studies for reflection from providers in different areas.

Intention is to move away from pure Escalation to Escalate and Track will allow us to track detailed insight in relation to the Equalities and Inclusion work that we are using.

9 AOB

Implementation of HWE Quality Framework - has been incorporated in the team work plans

EL has a revised version in Word which is easier to use than the Excel version.

SD has a Quality Framework follow up meeting with HWE regional manager Olly Grice.

SC - we will have to update on Contract Review once we have a new date and specification from WSCC. SG commented that he is also waiting for instruction. He said that WSCC do not now recognize the need for a review of the contract in light of the development of the ICS and the specification was written in a world that no longer exists - the world has radically changed so there is potential for the change. SG is very conscious of the IHCAS issues. SG has no organizational issues - as an organization he can see that Healthwatch West Sussex are very well run and the priorities are all good. SG may have an update later today but will update as soon as he can when he is updated himself.

10 Questions

There were no questions.

Meeting closed at 11.20 am

MP wanted to say how good he thinks the 2 page priority document is superb, clear and well written.

11 Future Board meeting dates:

| Provisional Board Meeting dates |
|---------------------------------|
| |
| Q4 - Wed 11 May 2022 |
| Q1 - Wed 10 August 2022 |
| Q2 - Wed 9 November 2022 |

Action Plan

| Item Number | Action required | By Whom | Notes/ Completed |
|-------------|---|---------|------------------|
| 35 | New HWE introduction slides to be shared with the board | KB | |
| 36 | Priority Document to shared with stakeholders and published | SD/KB | |
| | | | |

DRAFT