

Minutes of Q1 Board Meeting held on 18 August 2021

Context

Due to the Government restrictions and need to social distance, this meeting took place virtually over the ZOOM platform. 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, ZOOM is used as it does not need a license and can be accessed for free. 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), Mark Sharman (Help & Care Member Director), Non-Executive Independent Directors: Jeremy Gardner (Vice Chair), Linda Cairney, Renee Fickling and Nigel Foulkes, and Helen Goodman (Independent Board Directors)

In attendance: Bob Lanzer - HWB Chair, Sally Dartnell (Chief Officer), Katrina Broadhill (Operations Lead), Niki Lewis - WSCC Senior Commissioner, Seth Gottesman - WSCC Commissioner and Alison Nuttall, Alison Nuttall - Commissioning Lead.

Apologies: Independent Board directors Alan Pickering and Martin Phillips, Emma Leatherbarrow (Help & Care Member Director), Alison Challenger, WSCC Director of Public Health,

1. Welcome and declarations of interest

SC welcomed all to the meeting.

Formally noted that AK has been appointed as an Independent Board Director since the last meeting.

2. Approval of Previous Minutes

Approved

All previous actions closed:

19 - Contract change meeting - DPH discussion in June. Seeking meeting with

Commissioners as follow up.

20 - WSCC Stakeholder relationship - New monthly meeting series started with Daniel McIntyre

21. Complete - SD asked to chair new Insight and Improvement Cancer and Planned Care Forum. The forum will focus on themes identified from the Healthwatch Insight Report and other stakeholder input. The first being Did Not Attend (DNAs). SC stated he was pleased to see this forum has been set up and asked if SD has the capacity to do this. SD said that she already attends meetings and so chairing does not increase commitment but increases our ability to influence as set out in Healthwatch Statutory Requirements.

22. Complete - Ali Khan appointed to board.

3. Impact and Performance

Team have primarily been engaging through various virtual formats and social media as well as through numerous community partner groups and this has proved successful. Face to face engagement will resume when safe.

KB summarised the [Impact and Performance report](#):

- Refresh style for the new financial year and we will showcase work under the priority heads to demonstrate impact.
- This report has focused on some of the work we have done under Access to GP-led services.
 - The work we did with The Croft Surgery to encourage better communication with patients around the challenges when transferring to a new clinical IT system. Have asked the Practice Manager to share learning with CCG so that other practices can avoid the same issues. Not confident that this will happen.
 - Use of one page 'Patient Journey' examples.
 - Lack of ability to attach photos to e-consult - fed into national picture. We are part of Task & Finish Group working regionally on engagement around Access to GP care.
- Volume of insight has dropped as expected and will remain low in Q2. However, we are planning engagement around access to GP-led Services for Q3 and believe this will provide significant insight. Mindful of workforce issues and so treating the priority sensitively.
- IHCAS
 - We have added more information to this section (p.17 and 18) to help the system to understand what we are supporting people to complain about (a request from the Clinical Commissioning Group (CCG)). We have also published a reflective report on what the service did in the last year.
 - KB asked Board to note that the Sussex Integrated Care System (ICS) is an early adopter of the new NHS Standards (which come in effect from April 2022).
 - Referrals continue to grow in volume, e.g. new referrals in Q1 were 78 (contracted for an average of 50 per quarter). This mirrors the increase in

complaints across local NHS services including Serious Issues, Safety and Safeguarding Concerns.

- Also, the complexity has increased in regularity as well.

10.12am. Niki Lewis joined the meeting

HG asked about the impact on our resources in relation to the IHCAS volume and complexity.

SC asked whether it is possible to track “Time on Task”. KB explained this does happen to some extent through the help desk and the advocates themselves. KB also emphasised the Fairer Access to service policy which aims to ensure IHCAS focuses on support of those who are unable to do so themselves. The team strive to avoid waiting list at all costs and this has included short term use of other team members to support but has the impact on reducing team time on engagement activity so is not a sustainable solution.

SD noted NL had joined the meeting and asked for an action to agree a meeting about IHCAS resourcing outside of the meeting.

ACTION

4.2 Financial & Performance Sub Committee Report

SD - Reported that the financial and risk reports had been examined and discussed at a meeting on 9 August. Sub committee had discussed again the increased demand and complexity of public Information, advice and signposting and how to resource this. Still seeking a meeting with Senior Commissioner to discuss significant and ongoing change in circumstances since the contract was tendered as a contract change.

SC shared that the finance sub committee has been meeting virtually. It will look to get back to face to face meeting for most board meetings. F&P could continue online virtually.

These meetings now have a set agenda and it is hoped to record them in future to ease demand on SD's time.

The sub-committee is currently attended by SC, AP, NF, SD and EL. SC said the committee is looking for one more NED to participate and asked people to think about joining the group. The time commitment is an hour a quarter. SC is also looking to rotate the chair of this meeting.

ACTION - SD to follow up with NEDs in relation to this.

10.20am Alison Nuttall joined the meeting

5. Independent Director and Staff Feedback

5.1 Health and Wellbeing Board (HWB)

SD updated that at the HWB on 24 June we had presented our annual report and taken two actions to share a briefing on funding across local healthwatch in our ICS and neighbours and share more detail on the volume and complexity of IHCAS cases. Response to both actions are complete with a briefing and IHCAS annual reflection report shared to HWB Chair and Key WSCC stakeholders in July

5.2 Health and Social Care Scrutiny Committee (HASC)

- KB updated that she was not able to attend the last meeting as it changed from virtual to face-to-face, causing issues with travel. However, the meeting had no items that we could have contributed to.
- In the meantime, we have met with the new Chair, Cllr Garry Wall and the new supporting lead.
- The next meeting is on 15 September and this they hope will be a blended meeting (face-to-face and virtual) but KB can attend in person. We have asked to lead on the item raised, e.g., financial re-assessments for Adult Social Care.

5.3 Autism and Learning Disability

KB reported that there is a new national Autism Strategy which is a refreshing read. Team has mapped our recently reported recommendation for Adult Autism Assessments against this strategy and shared this with system leaders and that we are realistically not expecting an immediate response, as we appreciate the system is likely to be waiting on what the national funding for this year (as implied in the strategy) will be. However, in the meantime there is a real need to look at implementing a way of carrying out wellbeing checks for people on the waiting list and ensuring they can engage with community support whilst waiting on an assessment. We will continue to push for this.

5.4 Safeguarding Adults Board (SAB)

MP shared input in advance:

There is little to report from Safeguarding with just one board meeting since our last board.

The QSIG (Quality and Safeguarding Information group) meets every month. There are still serious concerns on around 17 care homes which both West Sussex County Council (WSCC) and the Care Quality Commissioner (CQC) are trying to tackle with varying success.

MP has challenged them that the information on abuse is almost entirely from care homes. Domiciliary care is rarely reported because the carer would not report their own abuse and the customer is unlikely to know how to. Similarly for those in supported living accommodation. CQC and WSCC are considering the issue.

5.5 CCG Communication and Engagement

KB updated that there hasn't been a recent meeting.

We were asked to comment on some new generic comms to the public, and whilst some of the feedback has been incorporated, one of the key points remains unresolved. This being that the message around *right place, right time* doesn't work because people don't know what is the right place?

KB has been asking the system since start of the Emergency Department/Urgent Treatment Centre Task & Finish Group (beginning of May), and at varying levels, for a list of what is open and when in the County. This has proved to be impossible so far.

Have also been pointing out that the increasingly negative comments about access to GP-led services now regularly references why people are going to A&E and fears this is reinforcing the wrong message.

#ConfusingComms campaign - starting to see a little traction on this and there is a keenness within the NHS to utilise the #ConfusingComms Advisors and we continue to recruit fresh volunteers to this role.

5.6 Stroke Task & Finish Group

JG reiterated that the stroke aim is to improve services in West Sussex and that there is currently pre-consultation engagement underway looking at the experiences of stroke patients and their carers. The findings of this will be wrapped up in a report that will go to HASC in September. There is an impressive plan which has formal consultation within to engage with a wider audience and how a specialist stroke unit will be created.

JG sits on oversight group and comms group. Consultation is scheduled for February 2022.

KB reflected that we are seeing evidence that NHS is taking people on the journey with them.

5.6 Cancer Board

SD - Focus on addressing backlogs continues.

West Sussex Cancer Action Group has been restarted and Healthwatch have been invited to be members.

New Insight and Improvement Forum will report back to both Cancer and Planned Care Boards.

5.7 Local Outbreak Engagement Board

KB - Reported that rates were high but going downward. However, since the meeting on 5 August the rates have gone back up and stayed red to the current date.

More sensitive Lateral Flow Tests (LFTs) are now out in the community but need to use old stock first. Could not answer if these would be used on the return to school.

It was acknowledged that this has been a very difficult time for health and care services because of the staff shortages because of COVID-19 and isolation. This appears to be continuing.

Discussed the changes from 16 August around isolation.

Street Collection Teams – doing a lot of effective face to face engagement on testing regularly, vaccine and downloading NHS app.

Big events and learning from some of those - deemed successful in West Sussex. BL cited the Goodwood event Events Research Programme. Public Health team were involved heavily.

5.8 Regional insight

MS summarised the issues and concerns they are seeing elsewhere across the south of the country which mirror those in West Sussex

Tender for Healthwatch East Sussex is out - Help and Care will take a view on that in coming weeks and in particular in relation to the influence and impact of Local Healthwatch across the ICS.

LHW managers have collaborated even more in the last year (dentistry, GP access), not seeing anything different elsewhere to what we are hearing in West Sussex. Collaboration and sharing of activities and resources and insight continues to be powerful.

KB mentioned that dentistry commissioning will not be transferred across England to ICSs from April 2022 and we do not know if Sussex will be an early adopter of this? Therefore, it may be that the plan to engage people in Q3/4 around dentistry will not happen. In this case we will focus on helping people to understand how best to access dental services and have two draft leaflets that are currently with dental experts for consideration.

MS observed that where local and national healthwatch have robust Local Authority relationships with open dialogue then local healthwatch can achieve more powerful outcomes.

6. Vaccinations

Team working to support vaccine confidence and we continue to have regular conversations. KB confirmed that the team attend the Vaccine Cell in West Sussex and that Sophie has spoken up about promoting vaccines to a key part of the populations that are not having a high take-up rate, e.g. men in the 30-40s.

AK asked about ethnic hesitancy and gave a personal example of an associate who is currently in hospital with the virus and who had not received the vaccine. AK was keen that the team take forward a key message, e.g. 'its only safe when everyone is safe'.

MS shared some work in Bournemouth - Data is very accurate but politically sensitive. KB explained that we sit on Crawley Task & Finish on Local Community Network - GP access and registration also an issue there. Bus has been going out into communities. Lack of registration is linked to an issue. At least 10% not registered.

There was a good debate and discussion about vaccine take-up. SC shared some feedback from another area on the embarrassment around younger people fainting (before, during and after having the vaccine). This is something that can be raised in the cell.

RF - research on exploring vaccine confidence - good reading and lots of the factors that affect BAME in reasons for not taking up the vaccine do correlate with young people and one of the things that struck is that the feeling that they are being blamed for what is happening (transmission) and this needs to be addressed this in messaging.

System looking at Phase 3 work and contracts for supplying are now in for consideration. We have flagged consideration for which PCNs/Practices should factor in are they managing access to their core services well before agreeing who will provide.

Vaccines to 16/17 year olds is now open and seeing strong demand.

BL - just as important to get across to those who feel invincible - they are also reducing transmissibility and saving friends and family.

7. Policies and procedures update

New Induction resource pack now available. SD to share with AK and RF

8. Escalation Log

KB shared that we have now had two collaborative meetings with WSCC on the financial reassessment of Adult Social Care recipients and we are pleased that WSCC have committed to meeting with us every 6 weeks to discuss concerns.

KB advised that a briefing has been shared with the Deputy Director of Finance at WSCC ahead of this going out today. It provides an update on the concerns to elected members, and community partners - with a call out to talk to people about this issue and to encourage them to approach WSCC if the charge is unaffordable and explains where to get help from Welfare Officers. The issue will be discussed at HASC 15 September.

ACTION: KB to share the briefing with the Board after the meeting.

9 AOB

AK asked about vaccine confidence in Crawley and offered support.

SD said that Simon Mansfield - CCG Commissioning Manager for SHCP Ophthalmology Steering Group had passed on positive feedback on Healthwatch. NF asked to see the sensory report as he has knowledge in this area that could be useful, and he offered support with this work.

ACTION: KB to send links to the sensory reporting.

SD advised that there is a draft report on engagement work around exercise and

health, which will be published next months but the findings have already informed discussions with the Crawley Local Community Network and with Daniel McIntyre.

KB mentioned that there is currently stakeholder engagement around Crawley Hospital and that we will be invited to be part of this discussion. One of the key points we will be putting forward is the need for a information hub (similar to the discussions in Midhurst). KB asked for AK's support in this area because of his understanding of local needs.

11.02 AN left the meeting

10 Questions

Discussion around future board meetings and possible Face to Face and suitable ventilated and spacious venues. AK - suggestion in relation to face to face meetings - it would be easier if we keep more flexible so that we can fit with other arrangements - blended if both options are possible. KB - meeting requirement volume is colossal so keen for them to not all be Face to Face.

BL - hybrid meetings - have chaired some and they are easy to say but challenging to chair. Do some rehearsals before hand re pitfalls so that the real meeting is as good as it can be. Strong and stable wifi vital. So can give equality of contribution to those in the room and those virtually. ACTION - SD to investigate options for some face to face meetings.

AK - asked about digital inclusion - his work has been involved in a recent project around digital exclusion in Surrey - will share in case of value.

LC - in the impact report it was mentioned re access to quotes and messages to push on social media - can we share these with the board. Request to all follow and repost and comment on HWWS messaging. ACTION - KB will also share other comms ahead.

HG - impact on workload for NHS but also mindful of impact on own staff and their health and wellbeing eg IHCAS team and so very distressing re some of the cases. Workload capacity is a huge pressure on the team. SD will include in Commissioner discussion re IHCAS resourcing which has reached breaking point.

Meeting closed at 11.25am

11 Future Board meeting dates:

Board Meeting dates
Q2 - Wed 10 November 2021
Q3 - Wed 9 February 2022

Action Plan

Item Number	Action required	By Whom	Notes/ Completed
23	SD to secure WSCC Commissioner meeting	SD	
24	SD to talk with NEDs re extra representation on F&P sub committee	All	
25	KB to share Financial Assessment Briefing with Board	KB	
26	KB to share Ophthalmology report with NF and include in future work in this field.	KB/NF	
27	Investigate alternative board meeting venue options	SD	
28	KB to share all comms messaging in advance with Board	KB	

DRAFT