

Board Meeting in Public

Date:	Tuesday 25 th July 2017	Location:	High Cross Church Camberley	Time:	2pm – 4pm
Present: Peter Gordon (PG), Jason Davies (JD), Mark Sharman (MS), Laurence Oates (LO), Richard Davy (RD), Deborah Mechaneck (DM), Kary Backhouse (KB),					
Apologies: Wanda Jay (WJ), Lynne Omar (LOmar), Kate Scribbins (KS)					
Other HWSY Attendees: Matthew Parris (MP), Lisa Sian (LS), Natasha Ward (NW)					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	<p>PG opened the meeting, welcomed those present and noted the apologies.</p> <p>Due to late running of some Board members the meeting was inquorate for the first 4 agenda items. Then became quorate for subsequent agenda items and ratified the first 4 items.</p> <p>(The declarations of interest and approval of the previous minutes were later ratified.)</p>		
2. Declarations of interest	<p>There were no new declarations of interest to note.</p> <p>PG reminded Board Members to update their declarations of interest prior to the meeting should they change at any point.</p>		
3. Questions from the Public (previously tabled)	No questions were received from the public this quarter.		
4. Approval of the previous minutes and matters arising	The minutes were approved by those present and later ratified once the meeting was quorate.		
5. Chair's Report	<p>PG gave a verbal update to the Board. He shared details of a Chairs meeting he had attended with Healthwatch Brighton and Hove, East and West Sussex. He felt this was a positive meeting and highlighted that the Health & Social care system in Surrey appeared to be developing well compared to other areas especially regarding Surrey Heartlands STP. The East Surrey and Sussex STP was problematic, particularly for the other HW areas.</p> <p>PG had attended the Health & Wellbeing Board and presented the Annual Report on behalf of Kate (due to a clash with the HW England conference). The Annual Report was well received and PG was given good informal feedback on the report both before and after the meeting. JD added that there was good feedback for the Annual Report from Guildford and Waverley CCG who felt it gave a sense of how Healthwatch is working as a team with the system.</p>		

	<p>PG informed the group that following representations that there should be VCFS representation on the Health and Wellbeing Board it was now agreed that Surrey Community Action will represent the VCFS as a full member on the Board. This will also help alleviate the confusion that has arisen in the past about whether Healthwatch represents the VCFS in the meeting.</p> <p>PG complimented the staff team on their work that has enabled him to become less operational and more appropriately non-executive. He felt this was due to the manner in which the whole staff team have come together and are performing and he asked that this message be passed back to the staff team with his thanks.</p> <p>LO added that the Board have become better at looking at the bigger issues.</p>		
<p>6. Review of Q1</p>	<p>Please refer to the CEO report, Influencing strategy and Quarterly activity & outcomes report.</p> <p>MP gave the following overview of the Q1 highlights;</p> <p>Participation of local people;</p> <ul style="list-style-type: none"> - The quarter has seen more and different volunteers and volunteer opportunities - 6 PLACE assessments have taken place - The first of the patient leader programmes began - Surrey Heath volunteers took part in engagement training then an engagement event at Camberley Mall in which 58 experiences were collected in 2 hours. - A new volunteer has now joined the escalations panel. <p>A statement was issued to Children’s rights department of Surrey County Council about issues with Children & Adult Mental Health Services (CAMHS) relating to problems around access to services.</p> <p>Our new Community Cash Fund has launched offering community groups and individuals the opportunity to place bids for up to £1000 for initiatives that a) make it easier for people to share health and social care experiences and b) promote health and wellbeing. The closing date for submissions is Friday 8th September.</p> <p>We have been following various new business leads which include;</p> <ul style="list-style-type: none"> - submitting proposals for 2 pieces of work around citizen representatives for the Surrey Heartlands STP and to promote public engagement in a Public Health initiative around data sharing. - We have had conversations with one hospital department about assisting with the engagement aspect of an accreditation programme. - We approached the NHS 111 re-procurement team with an offer to assist with engagement 		

	<p>- We approached North West Surrey CCG with a proposal relating to PPGs</p> <p>Being in the right place at the right time; we made challenges around the East Surrey capped expenditure programme and Kate appeared on BBC Surrey radio in an interview relating to this topic and stated that people have to be involved.</p> <p>Our outreach activity has increased awareness of HWSy amongst those accessing sexual health services and led to us championing the voice of users in relation to an important service change.</p> <p>In terms of finance for Q1 we currently have a £30K under spend which is due to the phasing of projects, so will be rebalanced when the project work progresses.</p> <p>Our influencing plan has been updated and we have a main project planned out within each of the 4 priority areas;</p> <p>Natasha Ward (projects officer) gave a brief update on each of the projects.</p> <p>Care Homes; will involve a second Enter & View programme looking at person-centred care and hydration/nutrition.</p> <p>Hospital Discharge; a recent survey done in collaboration with other HW covering the Frimley area is now available online. The future projects include the work with the Epsom@Home service and also a smaller project looking at what discharge leads, patients and families would like to know to plan a safer discharge.</p> <p>Access to GPs; there is a plan to collaborate with the Good things foundation charity for their 'get online week' in October 2017. Visiting surgeries to understand barriers to online booking use.</p> <p>Early intervention in mental health; the projects are still to be finalised but there will be work to look at experiences of discharge from services by individuals experiencing mental health issues. There will also be following up on the work done with Magna Carta school around the health and wellbeing of secondary school children in the county.</p> <p>PG commented on the wording of the GP access aspiration on the influencing strategy, but would follow this up outside the meeting. He also raised the point about whether people know where to go and when e.g. pharmacy, GP, 111 etc. and if this would be covered.</p> <p>NW replied that this could be covered in the get online week work and LS noted that the winter wellness campaign we get involved with also helps communicate this.</p>		
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	<p>LO commented that the aspiration on the Care Homes influencing plan is internally focussed and should be an external aspiration to enable better quality of life for the residents.</p> <p>MP said that we would take that away and re-look at the aspiration</p> <p>Action: MP & NW to re-look at the Care Home aspiration wording</p> <p>MS raised the point about new guidance on discharge assessment and safety and appropriateness has been issued and how this may feed into the discharge work.</p> <p>Action: MS to signpost MP/NW to the new discharge guidance cited in the meeting.</p> <p>LS introduced the new Q1 activity & outcomes report and explained that this now included a summary of our key outcomes from the larger full Q1 outcomes document.</p> <p>There was some confusion regarding the difference between the activity and the full outcomes report.</p> <p>LS explained that ordinarily the full outcomes report would not be shared with the Board as this would be placed directly online for those who may be interesting is seeing the ‘unabridged’ document of all outcomes.</p> <p>The activity report with the summary of key outcomes will be circulated quarterly and is designed to be public facing as well as an internal report.</p> <p>The benefit of the new format is that individual pages /sections can be used in isolation for different meetings, depending on the audience, or in full as the activity report.</p> <p>PG asked whether, as well as documenting our outcomes of ‘what has gone well’, we should also be documenting ‘what has not gone so well’. LS said that she would take that comment away and discuss with the wider team.</p> <p>Action: LS to discuss whether we should add what hasn’t gone so well to our quarterly report.</p>	<p>NW/ MP</p> <p>NW/ MP</p> <p>LS</p>	<p>12/09/17</p> <p>12/09/17</p> <p>24/10/17</p>
<p>7. Awareness-raising strategy</p>	<p>LS gave an overview of why the strategy had been developed, the key elements and what the Board was being asked to endorse.</p> <p>There was some debate around the social media element of the campaign targeting women. LO felt this was excluding men. MS noted that we need to be politically correct, as not all families include women. PG raised the point that men are often slower at seeking advice and perhaps there is something that could be done around that theme with men.</p>		

	<p>LS explained that the decision to target women was born from the need to target our resources and the fact our statistics show for social media women are most likely to interact and engage with us making them the audience where we could hopefully get most engagement for our expenditure. This will be our first (paid for) content led social media campaign. LS went on to explain that the social media was a small part of the overall strategy and the other elements weren't gender specific.</p> <p>LS noted the comments and would take that away when developing the implementation and social media strategy.</p> <p>Action: Lisa to take the comments of the Board, relating to the targeting of women, into consideration when developing the implementation strategy for the awareness campaign</p> <p>PG noted that the 'meet the team' page on the quarterly report showed that we had a gender imbalance and this lead onto a wider debate about the diversity of Healthwatch Surrey team as a whole including the Board.</p> <p>Action: Diversity within Healthwatch Surrey is to be added to a future private Board agenda and an action plan developed.</p> <p>JD asked a question regarding GP surgeries and whether we felt it was realistic to get our literature into the surgeries given past problems with take up. LS explained that we have stronger relationships through PPGs and practice managers now and that rolling out in CCG by CCG way means we will have more resource to distribute and check the literature through the volunteers in the locality.</p> <p>The awareness strategy was endorsed by the Board subject to consideration of the above raised points.</p>	<p>LS</p> <p>PG / KS</p>	
<p>8. Policy Review</p>	<p>LS updated the group on the policy schedule that LS, KS and JD had recently developed for the Board to note.</p> <p>Any new / revised policies would be included in future Board meetings to be endorsed but those without significant change will be circulated for information only outside of Board meetings.</p> <p>It was suggested the following changes be made;</p> <ul style="list-style-type: none"> - 'Update due' be changed to 'Review due' - The employee's handbook be added to the list - Financial procedures should be added to the list <p>MS recommended that we make the review date a long enough period so we don't have to keep updating them all the time.</p> <p>Action: LS to make suggested changes to the policy review document</p>	<p>LS</p>	<p>12/09/17</p>

<p>9. Data Protection Policy</p>	<p>The policy was noted and endorsed by the Board.</p> <p>DM – highlighted 2 typos’ to be rectified.</p> <p>PG raised a question relating to section 13. Duties of Volunteers. (This states that all volunteers will undertake data protection training prior to being given access to personal data.) PG asked is the data protection training up to date for the Board?</p> <p>Action: Check data protection data is up to date for the Board and amend the typos in the document.</p>	<p>LS</p>	<p>12/09/17</p>
<p>10. Action Log</p>	<p>PG requested that the wording of the Bounce rate explanation in the CEO report is made clearer.</p> <p>Action: To make the Bounce rate explanation in the CEO report clearer</p> <p>The green items were all approved to be removed from the action log.</p>	<p>LTK</p>	
<p>11. Public Questions</p>	<p>The following questions were raised by members of the public;</p> <ol style="list-style-type: none"> 1. Barbara Smithin asked NW about the follow up after discharge project in mental health and how we would be accessing people to take part. NW confirmed that the project was still in the early stages of planning so the exact methodology had not been confirmed but for Epsom@Home there was an information sheet that was given to people at discharge explaining the project and inviting them to take part. 2. Carol Pearson asked that Healthwatch keep a dialogue going with the Independent Mental Health Network as they are keen to work with Healthwatch in shaping the projects for mental health to ensure the projects we do are most relevant. 3. Liz Sawyer asked whether we would be involving Surrey Action for Carers in our project work as the services were all centralised in April and there could be a natural fit especially with our Care Homes project. MP said that we have a good relationship with Jamie Gault at Action for Carers and that we will take her comment into consideration when scoping the Care Home project. 4. Sam Sooi asked a question relating to online engagement and how we reach people who don’t have online access. LS explained that we have other means of contact outside of online which include, our details in libraries, telephone, freepost, face to face with representatives in Citizens Advice. 		

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	<p>We also post out information to those who request paper copies.</p> <p>PG cited a 1-page overview that Jade Parkes (engagement officer) developed which shows all the seldom-heard groups we have reached. LS confirmed that often these groups are not online and we have found that they don't come to us, we have to go to them. Through the outreach work we reach the communities who may have difficulty reaching us and they are able to share their experiences.</p> <p>Action: The one- page overview of the groups we have reached to be shared with the Board and members attending the Board</p>	LS	ASAP
12. AOB	There were no items of 'Any Other Business' and the meeting was closed at 3.20pm		
13. Date of next meeting	The next meeting in public will take place on Tuesday 24 th October at the Guildford Baptist Church, Mill Mead, Guildford.		

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:	