**Healthwatch Sandwell ISAB**

**Minutes of meeting on July 1st 2024**

|  |  |
| --- | --- |
| Item |  |
| 1 | **Welcome and Apologies**  **Present**  Interim Chair - Elizabeth Learoyd (EL)  ISAB member – Amritpal Randhawa (AR)  ISAB member - Rajneesh Kaur (RK)  HWS Manager – Alexia Farmer (AF)  Projects and Partnership Lead – Sophie Shuttlewood (SS)  Information and Volunteer Lead – Anita Andrews (AA)  Community Outreach Lead – Melissa Elders (ME)  Project Officer – Paul Higgitt (PH)  **Apologies**:  ISAB member - Tonia Flanagan (TF)  ISAB member - Dave Bradshaw (DB)  ISAB member - Stephanie Thomas (ST)  ISAB member - Dr G Cheema (GC)  Information and Signposting Officer – Loretta Higgins (LH)  EL welcomed new members and gave thanks to previous Phil Griffin, previous chair for the time he spent with HWS.  All staff and members introduced themselves and gave an overview of their work/experience. |
| 2 | **Declaration of Interests**  No declarations of interest recorded. |
| 3 | **Health and Social Care Issues from the public.**  Nothing raised |
| 4 | **Minutes and Action log from Public Board Meeting held on 23.01.24**  Minutes agreed. |
| 5 | Work programme 2023/24 |
|  | **Business Plan**  AF explained that we put together a business plan on an annual basis, this runs alongside the work programme and enables staff to keep on track with their work. The business plan also enables the ISAB to keep a check on progress and monitor KPI.  AF said that the enclosure was last year’s business plan but considered it to be useful to new ISAB members and support understanding of how HWS keep a track on work programme progress.  AF said that in the future the business plan needed to be more specific in KPI.  EL said that the HWS Annual report gave more insight into the work that HWS had been doing over the past 12 months. ISAB members agreed and said that the report was very informative and well presented.  AF introduced the new work programme and explained how HWS decide on project work for the new year. AF asked HWS staff to give a brief overview of their work within own roles. |
|  | **Priority Projects**  SS explained that HWS were continuing with the Diabetes in Sandwell project from 23/24 as the recommendations from the published report had identified that there needed to be more support for people with the condition, more accessible information and buy in from senior stakeholders. SS said that SHCP had agreed to formally respond to recommendations at the next board meeting – the report had already been presented at SMT.  SS gave an overview of the key points for 24/25 Diabetes in Sandwell continuation:   * Are services all working together and joined up as they're supposedly meant to be with integrated health and care services. * For the short term project work I am in coms with the diabetes clinic called Care Network at Sandwell Hospital. It flagged up as a pilot project service for young people. NHS use workers for people with long term conditions that are transitioning from children to adult services, and this project is too short a time line at the moment. * Working at Black Country level around the diabetes prevention program and some exploration of diabetes champions. Big messages need to continue around the fact people need information around diabetes and awareness raising and to meet cultural needs and language as well.   SS gave an overview of the second project SS would be working on:   * Looking at Integrated health and care (and support services) and if this was working for Sandwell residents. SS said SS hoping to get mini case studies as an evidence base for positive and not so positive outcomes.   AR(R) said that R husband was a diabetic and that they had received very good care from their new GP. Diet has been addressed and there had been improvement. R said that things were moving forward for R husband which is really positive.  ME said that the Practice that R husband had attended had participated in the HWS GP showcase event, with a focus on diabetes. This had been well attended also PPG had attended. |
|  | **Community Outreach**  ME explained that ME had just returned from compassionate leave so some community engagement events needed to be cancelled during this time.  ME said that there had been some recent engagement with Birmingham Healthwatch, at the maternity clinic at City hospital. This was the first one together and it was ok.  ME said that ME had met with a church youth group this was well attended. The children seemed quite comfortable, and the organizers were really nice, and they did share a few as their health experiences.  AF explained that ME produced a community engagement forward plan on a quarterly basis and there were approximately 40 venues ME would visit during each quarter. ME also co-ordinated the GP showcase events – these are events that showcase good practice. The reports are shared with key stakeholders and published on HWS web site |
|  | **Enter and View**  AA gave an overview of the programme:  AA said that the 23/24 programme is completed now and the reports have all been published.  AA said that AA produced an analysis report which gave an overview of all the visits undertaken during that programme. AA said Aa would share the report with ISAB members. AA said the 24/25 program is planned up until the end of September 24 and the focus is on the discharge lounges within Sandwell and West Birmingham NHS Trust. The visits will be at City Hospital, at the acute medical unit and Newton ward which is at Sandwell Hospital. AA said that the plan is to do 3 visits at each discharge lounge, that will be 6 visits in total, this will also include weekend visits. AA said that the visits so far had been really successful.  AA said that there was a joint visit planned with ICP Quality Team to SWBHT Emergency dept and same day treatment centre. This was really positive for HWS and had been initiated after HWS Enter and View at Birmingham Eye Hospital had been well received.  R said that R had done quite a lot of patient engagement in previous roles, and it was so important to get the views of patients. R asked if the reports had recommendations. AA said that reports do have recommendations . The report is sent to the provider for comment before publication. AA said AA would send details of the steps taken during the enter and view process which would enable members to have better over sight. Members said they were looking forward to becoming part of the enter and view team once training had been completed. |
|  | **Volunteers**  AA had previously given an overview of the volunteer programme within her role introduction |
|  | **Social media platforms and information sharing**  LH gave apologies for the meeting so will report at the next meeting. |
|  | **Project Officer – ICP patient voice**  PH gave an update of work so far.  PH said that PH was concentrating on engagement with underrepresented groups in Sandwell, such as ethnic minority, unpaid carers, children with SEND needs/support etc. PH said that PH was asking some generic questions based on themes from local priorities. PH said that PH had recently engaged with a group of foster carers who had raised concern over a number of issues. PH said that the mini report would be available soon. PH said PH was also asking questions about the digital GP appointment system and the use of the NHS App. PH explained that there is low uptake, especially in regard to the NHS app, so will be focussing some of the work trying to establish the reasoning behind the low uptake.  PH said that PH was also considering some engagement work with patients who will be transferring to the MMUH – opening date October 2024  RK said RK had recently attended a webinar about GP digital appointments. |
| 6 | **Meeting feedback** |
|  | **Health and Wellbeing Board**  EL attended the meeting an gave a brief update: There had been a new chair appointed and this was the first meeting. It had been decided to still proceed with the meeting even though it was not quorate.  The main focus was about the opening of the MMUH. There was a discussion about bed capacity and suitable staffing levels as the hospital is 14 years behind the original schedule and we're focusing on the bed capacity levels of 2010 rather than now.  There was also a discussion about sickle cell ward provision. This was a query for Richard Beeken via Liann Brooks Smith - IDPH   * Concerns over demand and capacity * Whether the sickle cell ward would treat patients from outside of the locality.   There will be feedback at a future HWBB meeting  **Sandwell Heath and Care Partnership**  EL attended this meeting and gave brief feedback  It was quite a limited meeting because it wasn't quorate. There was an update from the interim Director, Public health on the MMUH and the Anticipatory Care project. There was also an update from SCVO. There was an update on the Sandwell Co-production charter. AF said that HWS had played a big part in establishing the charter, this should be adopted by organisations in Sandwell, so all are working towards the same outcomes when working with local communities/individuals about their health and care. |
| 7 | **Intelligence/Feedback update – public issues** |
|  | No public in attendance |
| 8 | **Decisions to be made by Advisory Board**  **Escalations to HWE/CQC etc**  No escalation made |
| 8b | **Publish a report/ agree a recommendation made in a report**  Annual Report signed off and agreed to publish. |
| 8c | **Request information from commissioners/ providers**  No requests made |
| 8d | **Which premises to Enter and View and when** |
| 8e | **Decision about subcontracting/ commissioned work**  **No decision to be made** |
| 8f | **Report a matter concerning your activities to another person- e.g., CCG, Voluntary Sector, another Healthwatch, Advocacy services.**  Nothing to report |
| 8g | **Which health and social care services HW is looking at for priority project**  Decision making documents re work programme projects agreed. Work programme is live and will be disseminated to stakeholders and will be on our web site. |
| 8h | **Report a matter concerning your activities to another person- e.g., CCG, Voluntary Sector, another Healthwatch, Advocacy services.**  Nothing to report |
| 8i | **Breach/s of the decision-making process**  No breaches |
| 9 | **Any other business** |
|  | **Date and time of next meeting**  **TBC** |