**Healthwatch Sandwell ISAB**

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

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| Item |  |
| 1 | **Welcome and Apologies****Present** Interim Chair - Elizabeth Learoyd (EL)ISAB member – Amritpal Randhawa (AR)ISAB member - Rajneesh Kaur (RK)ISAB member – Tonnia Flannigan (TF)ISAB member - Stephanie Thomas (ST)ECS Executive Director – Simon Fogell (SF)HWS Manager – Alexia Farmer (AF)Information and Volunteer Lead – Anita Andrews (AA)Community Outreach Lead – Melissa Elders (ME)Project Officer – Paul Higgitt (PH)Information and Signposting Officer – Loretta Higgins (LH)**Apologies**:ISAB member - Dr G Cheema (GC)ISAB member – Dave Bradshaw (DB)Projects and Partnership Lead – Sophie Shuttlewood (SS) |
| 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 |
|  | **Priority Projects**AF explained that SS Projects and Partnership Lead was not in attendance to verbally update the ISAB on the current programme. AF said that SS had put together a written update which was sent as part of the ISAB meeting pack. AF asked ISAB if they had any questions re the update. No questions were asked, and nothing raised. AF said if ISAB member wanted any further information about the SS work programme then to email SS directly but copy AF in.  |
|  | **Community Outreach**ME gave an update on ME work plan. ME gave some insight into the community engagement spread sheet for the last quarter. ME said sometimes there was a delay in revisiting some groups due to not receiving feedback from the relevant stakeholders on issues raised, hence nothing to take back to the groups. Community Groups often get discouraged and may not want to further engage. ME said that ME had been working with Local Authority Multifaith Lead to identify contacts, especially from the travelling communities. ME gave an update on GP Showcase events, Victoria HC had just been finished and the infographic information produced. TF asked if there could be more detail on the community engagement spread sheet – dates of community facility visits. AF agreed and asked ME to add to the next set of recording.TF said that TF had a contact for support for travelling community. This person was based at Langley Lodge. ME to follow up on contact |
|  | **Enter and View**AA explained how the first six months of the Enter and View Programme had gone. There were 6 visits over 2 sights, 3 visits per site at different times of the day/evening, to include weekdays and weekends. Aa said that the weekend discharge service was as good as the weekday services, which was positive. AA said AA had just completed the write up of the City Hospital visit, this had been circulated to ISAB for approval/comments. Aa said AA a little delayed in producing the Sandwell Hospital visit due to annual leave. AA said this should be ready within a couple of weeks. AR said there were a couple of things AR had picked up on within the report regarding languages and communications the use of family and friends for interpreting in discharge lounges. AR said AR unaware of the policy for City hospital but at ROH the policy was not to use family and friends due to interpretation been very different. RH gave an example that AR had witnessed when supporting a patient who requite language support. “They didn't know I spoke Punjabi, but the husband, when he was interpreting for his wife, basically was telling her that everything was OK, and she could start doing XY&Z. However what the Dr had said was that she needed to do things gradually. Once the consultation had finished, AR asked the husband to step out for a moment while I while AR talked to the doctor and the patient.AR asked AA how viable is using family and friends to interpret?AR also asked about documents medical staff were using about patients preferred method of communication. RA said for me, the nursing document should state whether the patient requires a BSL interpreter and any language interpreters. It should be documented after asking the patient, because surely the patient is the best person to say how I'd like to be communicatedAA said AA unsure as to the policy of Sandwell and West Birmingham, Trust of using family and friends for interpreting. AA said AA would source the information and pass on to ISAB.AA said the other point about asking the communication preferences, had been written in a recommendation. AR agreed. |
|  | **Volunteers**AA gave an overview of the volunteer programme. AA said there had been some promotion over the last few weeks in regard to youth volunteers. LH had supported AA in poster design, and this had been presented through our social media platforms. There had been a number of positive resources from individuals and agencies, colleges etc that AA will follow up on. There had been some misunderstanding about available volunteers’ roles by some training providers – students were asking for volunteer placements within offices for admin type work and wanted to risk assess HWS offices. AA gave an update about some of the work generic volunteers had been doing to support the service. There had been a survey completed in regard to GP appointments to support PH work programme. There had been research, and an information infographic produced about support for stopping smoking in pregnancy  |
|  | **Social media platforms and information sharing**LH said that work within LH role was going well. LH said that LH had ran a campaign a few weeks ago to encourage people to use the web site. There were 15.000 responses, some of these would be robots etc so LH was going through the responses picking out the real ones from fake.LH said the HWS had had an additional 4000 subscribers. LH said that regular ebullitions were sent out via mail chimp and Insight reports on a monthly basis. LH said that the social media was on the up and could only get better. LH said there were some issues to overcome in the future but nothing that would be difficult to sort out  |
|  | **Project Officer**PH have an overview. PH said PH was focusing on 3 areas under representative groups, digital access in Sandwell and send out send provision outside of school in terms of weekends and in terms of after 5:00.PH said PH had recently produced a report – Conversations with Foster Carers after an engagement session with the said group. Some of the issues were getting the right provision, ECP's education, healthcare plans in terms of being able to get right appointments in terms of being able to get GP appointments to be assessed, to be a foster carer. getting the right provision, ECP's education, healthcare plans in terms of being able to get right appointments in terms of being able to get GP appointments to be assessed, to be a foster carer.PH said he had been looking at how the NHS App was being used in Sandwell. It was identified that Sandwell has one of the lowest uses of uptake, so HWS are working with the ICP to look at the reason and how best to support communities with this issue.PH gave some examples of issues faced by patents who had children with special educational needs. PH said that there were frustrations with the level of support in place, there was not enough respite care support, and some parents were paying privately to get an EHCP in place to enable a special school placement. PH said PH will be meeting with pastoral leads and family groups to get as much information as possible so that these issues can be raised with commissioners etc.  |
| 6 | **Meeting feedback**  |
|  | **Extraordinary Scrutiny Board Meeting** AF said this was meeting to establish the timescales for the opening of the MMUH. Richard Beekin – CEO SWBHT had given an interesting insight into the timescales and had said that the opening date was set at October 6. There would be a gradual transition over a period of months. AF said that there would be some work in the future re the patient experience of the transition, but we must embrace and be excited by the opening, its fabulous to have such a facility on our doorstep.PH said that there had been concerns raised by a nurse on the dementia ward at Sandwell hospital about the safety of dementia patients been cared for at the MMUH if they were in a single room. **AF said HWS would be mindful of this concern and follow up in the future.** TF raised concern about some of the treatment of dementia patients in hospital settings and when professionals visited people with dementia within TF own organisation. **EL suggested that HWS conducted Enter and View to look into concerns. AA agreed.** TF asked if TF could be involved as an observer. AA said that TF could be part of the Enter and View team if TF became an Authorised Rep. TF agreed**. AA to send information to TF about becoming an Authorised Rep, including training.** **Sandwell Heath and Care Partnership**EL attended this meeting, there were two HW items on the agenda. SS did a very brief presentation about the Diabetes in Sandwell Report, which was well received. There was also the Harvest View Enter and View Report. EL said the meetings were good but due to attendance they are not always quorate so decisions cannot be made.PH said that the communications and workstream group that was part of the SHCP structure had been stood down on a few occasions. AF had tried to establish if this group was still planning to meet but had no response.  |
| 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**. |
| 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**EL informed the board that we were commissioned by the Council to deliver Healthwatch, but our contract was due to expire at the end of September, so over the last six months ECS had gone through the retender process and were informed that ECS has been awarded the contract again, which was wonderful. EL outlined that the new contract starts on the 1st of October and that it is for five years. EL gave thanks to the staff and everyone involved in the tender process and said it was testament to all the amazing work that staff had done over the last few years and a huge well done. EL explained that now we know the future of the contract with it being retained by ECS, we can go out to recruit a new Chair of the ISAB and an advert would be going out shortly. AR asked what kind of feedback we got from the tendering process. EL said that there was good feedback on community outreach and demographics and also on the work that AF had been involved with re the co-production charter. EL said EL happy to share feedback in more detail should that be required.EL said that HWS would need to be more mobile in the future, having a profile in community bases throughout Sandwell on a rolling basis. AF said we are looking forward to the next five years but would really need some support on meeting attendance. AF asked the Board to consider what meetings they would like to be involved with. **AF to undertake a mapping exercise and circulate to members in the future.**SF gave some information on the charter that we are asking organisations sign up on and support HW by becoming a participant’s champion. We need support to amplify people's voice because what we want to do is to get people to share more of the stories that they hear from people who are using their services.To say that they are a participation champion working with Healthwatch Sandwell in order to amplify people's voice because what we want to do is to get people to share more of the stories that they hear from people who are using their services. We can hold people to account through our statutory powers, and we can also give kudos back to the organization by giving them a badge that can display. By mentioning them in reports that it, in partnership, with whomever it might be, we've been able to find out publish this challenge that so that they can then still use that in their grant funding and commissioning activities. |
|  | **Date and time of next meeting**AF to circulate board meeting diary asap.  |