**Healthwatch Sandwell Advisory Board**

**Minutes of meeting on 23 January 2024 9.30 – 11.30 am**

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| Item | Action |  |
| 1 | **Welcome and Apologies**  Apologies from Pat Johnson – Hab  In attendance:  Simon Fogell – ECS CEO  Rajneesh Kaur – observer pending Hab application.  Valwinder Wallia - observer pending Hab application |  |
| 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 July 4, 2023.**  Minutes agreed.  Action log updated |  |
| 5 | Work programme 2022/23 |  |
|  | **Business Plan**  **AF gave an update:**  We are on track for most of those most of the items within that business plan. There is a hold up on the 360% feedback survey, but we're in the early stages of going through the through the tender process and the local authority are saying that they will send out a survey. |  |
|  | **Priority Projects**  SS gave an overview and update of the project to date.  SS said that there has been a hold up with the main report, due to technical issues. This had been resolved but publication may be delayed. The first draft will be available to circulate to Hab by the end of January.  Main points to note:   * Making sure that people have enough information at diagnosis of prediabetes or diabetes, the patients are aware of what care to expect and that they're receiving their regular checks. * Patients are not using their own initiative to book appointments quite often, and just saying nobody's contacted me. I think there's something around the messaging that needs to happen there for people to realize there may have to take action themselves and to develop up the support offer within communities. * More diabetes support organizations. * More connections with Healthy Sandwell and all the physical activity options. * Some more resources around nutrition and relationship building in terms of the resources for Diabetes UK and promoting the outline.   **Phase two**  Phase two is looking at the ethnic minority groups (African and African, Caribbean, South Asian) more affected by diabetes, which in terms of an earlier age and more prevalence of developing diabetes. Initial thoughts were to carry on gathering more insight, but it's become alive and rolling project now.  Healthy Sandwell have been particularly interested with the African Caribbean Information resource that's already been done. It's just in case of pulling it all together and taking actions. There's certainly intention to work together to improve information out there for ethnic communities.  PG said It's a very important project and I thank. I'm just really quite impressed with the extent of the work and the coverage, so keep it going and thank you very much for the update. |  |
|  | **Community Outreach**  **ME gave an update:**  Engagements going well and I've got some new opportunities coming up too.  ME has been supporting residents within housing associations across the sector, including Swallowfield’s, Willow Gardens and Queens Court. This in its infancy but will form part of a wider piece as the new work programme takes shape.  ME explained about the GP showcase events;  GP showcase would is a way of showing the positive side of what GPS are doing to improve the patient experience. It helps to build relationships with the practice manager, the PPG and also gives an opportunity to promote with the patients what the surgery is doing.  ME said I am in the middle of doing a showcase at Warley Medical Centre at the moment, I attended their PPG and it's quite a good attendance. |  |
|  | **Enter and View**  AA gave an explanation of the programme as there were people in attendance who may not be familiar with what it means. AA said that if you join us on the board, you'll be more than welcome to join us on these visits, and we go to various providers and we're health or social care is provided and where the care is publicly funded.  During the first six months of the financial year, we visited 13 places and I'm pleased to say that all the reports have been approved and are now published and are on our website with a range of recommendations, which means I shall go back in a little while to see progress on the recommendations that we've made.  I will be producing an analysis report at these visits like I did last year for the pharmacies.  The next part and that I'm working on now is the Harvest View visit. We plan to visit Harvest View, which is a brand-new provider of a service for people being discharged from hospital or they've come from their own home and they need rehabilitation to get a little bit better to avoid going into hospital.  The team are going on the 28th of February. |  |
|  | **Volunteers**  **AA gave an overview of the programme:**  The volunteer strategy is to recruit enough people to support the team and that the team have enough work to give them to do so, it’s getting that balance, mixing it and that's working really well in my opinion.  We have volunteers to support community engagement, administration, Enter and View as Authorised Reps and proof reading. We also have our young volunteers who, in addition supporting the team they rep on the child and adolescent mental Health Services Forum and also the NHS Young People's Forum.  We have three pending applications. |  |
|  | **Social media platforms and information sharing**  **LH gave an overview and update:**  our reach increased by 74%, which is great, but it's just kind of steadied off now really.  I've spent a lot more time on getting people to subscribe to the newsletter and contact us through the website, which is absolutely amazing, good and bad, because there's that many that I'm struggling to work through. e've got 4000 subscribers to the newsletter now  AF said I think what's worth noting is that when we set the business plan, Loretta was more hours with Sandwell but now only works 7 hours per week, hence a slight delay in our expected business plan target |  |
|  | **Project Officer – ICP patient voice**  **PH gave an update:**  We were commissioned by Sandwell Health and Care Partnership, which is the local integrated care partnership for this area. Every local authority in England has to have an integrated care partnership, and it's about bringing partners, particularly adult social care and public health, and clinicians in terms of NHS together try and provide the best care at the right time in the right place for people.  So far, we have held a series of six events within Sandwell , called Guided by You, which were about identifying what are the wider determinants of health in terms of the priorities for local people. This report has now been published.  We have been commissioned by the partnership for a second term to dig deeper into themes that local people have shared, feedback on what the partnership are going to change and what is already happening. These events are called You shared We Heard.  PG said the Guided by you events were excellent with local people getting involved. |  |
| 6 | **Meeting feedback** |  |
|  | **Health and Wellbeing Board**  PG attend this meeting. PG reminded board members and staff that the agenda and minutes of this meeting were in the public domain so didn’t feel it necessary to give a detailed account of the meeting. However PG did mention that HWS – AA, had given a presentation about “moving into a care home” We gave an overview of a case study that I was dealing with of a gentleman with motor neurone disease who sadly passed away. It was received well although there were questions asked of Adult Social Care due to the treatment of this man.  **Scrutiny Board**  **PG attended this meeting.**  **Points to note was the** Vanguard funding proposal. This is about trying to enable people who have been on long term unemployed in the borough get back into work, the target is to try to get a 4000 people back into work within the Backcountry footprint which equates to a roughly about 1000 in Sandwell. The idea of the funding is to recruit specialist advisors have got the relevant experience and knowledge to work with people, many of whom are disabled and to try to get them into suitable employment.  The Council- Public Health has been successful in getting funding to become a I think it's called a health and social care research pilots.  This project is about developing the data that we have so that it can be used to more easily show the outcomes of all the investments that health and social care is making is Sandwell so that they can prioritize.  HWS didn't seem to be referenced anywhere and I felt like we've been overlooked again, so I did speak to the public health consultants at the end of the meeting. |  |
| 7 | **Intelligence/Feedback update – public issues** |  |
|  | AF gave a quick summary:   * GP access * Lack of beds to support people with poor mental health who required admission * The impact of the cost-of-living crisis   **TF added**  The issue that that we have when dealing with adult services is as an organization, we're not allowed to complain about adult services, which are fined incredibly bizarre because that leaves you nowhere to go if you can't complain about a service that you're receiving from adult services, where do you go when some when you feel that somebody's not performing?  AF said the situation with yourself being on the board and your organization and the patient or the person that you're talking about means that we have to come across it from person's point of view rather than the organisation. |  |
| 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**  **No reports pending** |  |
| 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**  NA |  |
| 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** |  |