**Healthwatch Sandwell Advisory Board**

**Minutes of meeting on 18 April 2023 9.30 – 11.30 am**

*HW Advisory Public Board meetings include an opportunity for members of the public to feedback issues about local Health and Social Care issues at the beginning of the meeting.*

|  | **Item** | **Action** |
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| **1** | **Welcome and Apologies**  Apologies received from SF.  Apologies received from LH.  VM did not attend – reason unknown.  PJ did not attend – reason unknown. |  |
| **2** | **Declaration of Interests**  No declarations of interest recorded. |  |
| **3** | **Health and Social Care Issues from the public.**  No members of public present |  |
| **4** | **Minutes and Action log from Public Board Meeting held on 17 January 2023.**  Minutes agreed in principle after the addition of community engagement lead feedback that had been omitted.  Action Log agreed. | ME to give written feedback to AF.  AF to amend minutes. |
| **5** | Work programme 2022/23 |  |
|  | **Business plan review**  AF said that all actions were complete with exception of 360 feedback and update to Quality Assessment Framework. 360 feedback was delayed due to snap survey training. Quality Assessment Framework to be updated by ECS.  DB requested that more emphasis be placed on the volunteering programme as this remains an important function that enhances the work of HWS | AF and AA to discuss and include for BP 2024. |
|  | **Priority Projects 2022/23**  SS gave an overview of the projects from 2022/23. There was a discussion about the lack of feedback from senior stakeholders in regard to report recommendations. DB requested that there be some follow up with Senior Stakeholders and for HWS to insist on accountability. AF said that there was concern that reports would be discredit due to the lack of data, especially with survey figures. There was a discussion about HWS priority project being qualitative rather than quantitative. AF said priority reports could be presented at Senior Stakeholders Board meetings or similar – this would be a way of reports getting acknowledged and some ownership re recommendations from senior members. |  |
|  | **Community outreach engagement**  ME gave a brief update about new groups that ME had identified:   * Warm spaces in West Bromwich (bus station) – attended by a mix of different people, including homeless people. * Bearwood Community Hub – a creative space to include lunch.   ME said that ME would engage with these groups on a regular basis.  ME said that more promotional materials were required to raise the profile of HWS. AF agreed but gave examples where posters and leaflets were often found discarded and not put up as requested. Further discussions to be had at HWS team meeting.  There was a discussion about HWS relationship with POhWER. PH asked if ME had any break down of the orgs and issues that were being investigated. This was deferred to staff team meeting | AF to add to staff meeting agenda.  AF to add to staff meeting agenda |
|  | **Enter and View**  **Analysis of Pharmacy Visits**  AA gave a review of the programme. It has been positive to see the amount of people that are using other services instead of primary care. It is the intention that the analysis will be shared with relevant stakeholders. PG said PG liked the layout of the report and the graphs and pie charts that presented data. PG commented that there was only ever one recommendation – which was not a bad thing! PG asked if there was a local pharmacy committee where the report could be shared. This is unknown at present. ST asked if HWS promotional materials could be distributed to pharmacies | AA to distribute analysis report to stakeholders.  All staff – disseminate HWS promotional materials to pharmacies once a supply is sourced. |
|  | **Volunteer programme**  Volunteer Survey Results  AA gave an overview of the report. DB said it was a well written report with positive feedback from volunteers. PG said that volunteers really enhance the work of HWS. There was a discussion about volunteers’ professional development. AA said that this was planned for the future programme.DB said that the volunteer virtual event was great and hoped that this could be repeated. AA said that volunteer week was in June and there would be an event to celebrate and give thanks to our volunteers. PG asked if commissioners were up to date with the influence of HWS volunteers. AF said that a volunteer update is provided through the contracts and monitoring reports. | AA to organise an event for volunteer week. |
|  | **Signposting and Information**  AF said that LH hours with HWS had been reduced due to an additional post with HWWalsall. SS asked about the shortfall in hours and if there would be another person picking up LH hours. AF explained that there had been an analysis of LH work in regard to web site and social media and this could be covered in 7 hours. HWS staff budget was already over so there would be no replacement. |  |
|  | **Project Officer - ICP Patient Voice.**  **PH gave review of the recent events. PG said that these events were crucial to SHCP in understanding the needs of local people and for** priority **setting. ME said that is was important that there was some action as local people would lose confidence if there was nothing done. AF explained that HWS had submitted a funding proposal for the work to continue and was confident that this would come to fruition. AF said that AF would disseminate project scope to board members** | AF to disseminate project scope to board members |
| **6** | **Meeting feedback reports by HAB members/ staff/ LHM** |  |
|  | * **Health and Care Partnership Board (PG)**   PG said that these meetings were very operational and topic for discussion at the last meeting was the winter plan.   * **Health and Well Being Board (PG)**   PG said that at the last meeting there was a presentation from young people about issues to do with mental health. Many gave examples of system failure through personal experience which was very emotional. SS asked for the contacts of the young people’s groups for relation shipbuilding, post and future priority project support.   * **Scrutiny Board**   PG said PG involved in a social isolation work stream. Public Health had provided data analysis that showed how social isolation had contributed to mortality. PG said that the work stream was looking at what services were available to support. PG sad there was positive contribution from local councillors. PG said that the full report would be presented at the full Scrutiny board. |  |
| 7 | **Intelligence/Feedback update – public issues**  AF gave a quick summary:   * GP access * Long waiting times in emergency care * Lack of available NHS dental appointments * Communication when there are multiple appointments for different conditions * Referrals from GP to consultants are not actioned by GP * Waiting times and referral for diagnosis of autism |  |
| 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** |  |
|  | Accessibility – Are Health and Care meeting Information and Communication needs  This report was agreed. |  |
| 8c | **Request information from commissioners/ providers**  No requests made |  |
| 8d | **Which premises to Enter and View and when**  **Enter and View Proposal 2023/24**  AA gave an overview of the proposal and how it would link in with the priority project. The board agreed for the programme to go ahead. |  |
| 8e | **Decision about subcontracting/ commissioned work**  **Continuation of ICP Patient Voice**  **AF said that HWS had put together 3 proposals for additional funding. An outcome pending. Board were in agreement to pursue funding** |  |
| 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  **Diabetes - Exploring Sandwell health, care, and support service through Patient Experience**  SS presented the project. Board agreed that project should form part of the work programme.  **Complete work Programme 23/24**  AF gave some rationale of how the priority project fits within the work program. AF said that the roles of staff and individual work plans associated with the roles had been embedded in the document so that board members could understand better how the Work Programme was designed. | AF to complete decision-making document now board in agreement |
| 8h | **Refer a matter to Overview and Scrutiny committee**  No referrals made and no referrals pending presently |  |
| 8i | **Breach/s of the decision-making process**  No breaches |  |
| 9 | **Any other business**  **No other business recorded** |  |
| 10 | **Date and time of next meeting**  **May 17 at 10.30am. Venue to be confirmed.** |  |
|  | **Closed private session** |  |

PG Chair

AF Manager

AA Engagement and Volunteer Lead

ME Community Outreach Lead

SS Projects and Partnership Lead

LH Signposting and Information Officer

PH Project Officer - ICP Patient Voice