

Board Minutes- Approved at December Full Board Meeting

Minutes of the Board Meeting held on the 9th September 2020

Board members present:

Dr LN Murthy, Mr C Cunnington-Shore, Mr B Jackson, Mrs M Mitchell, Mr J Welch, Mrs J Evans, Mr D Scott

Apologies:

Ms Z Jones

In attendance:

David Logan, Project Lead
Denise Alexander, Signposting and Engagement Lead
Georgina Cowey, Administration Officer

Guests Present:

Jan Burden, Durham County Carers Support
Andrea Lambell, Healthwatch County Durham Volunteer
Ellen Wilson, Public Representative on the Mid Durham AAP

34/20 Welcome and introduction:

The Chair welcomed everyone to the meeting- and a specific welcome was extended to the guests for joining the meeting.

The Chair asked other members of the board if there are any changes or interest. No changes were declared.

35/20 Apologies for absence:

Apologies for absence were noted.

36/20 Notes of the previous meeting:

Some alterations suggested for the notes of the previous Board meeting held on the 29th July- Apologies were received from DS, and both JC and BJ were present which wasn't recorded. Once these alterations have been made by Gina, the board is happy to accept them as an accurate record.

a) HWCD Papers for information:

The Board received the following papers:

- July signposting log
- July Complexity log

Denise A provided the following update:

- Signposting calls are slightly starting to pick back up again. In e-bulletins and social media the messages of 'business as usual' are being reinforced.
- Increase of calls about GP services but because of the COVID situation it is unsurprising- although calls are not always necessarily COVID specific, a lot of the queries/ issues are a result of this. Accessing GP services is also a point on the workplan which may be developed.

JE wondered whether there would be an opportunity to reflect on complaints/ compliments/ feedback from GPs and the outcome of these cases, as HWCD data holds unique information about the public's relationship with their GPs.

LM highlighted that a foot injury case of the 9th July needs looking into as a range of different professionals were involved. DA explains that a referral has been made to ICA and will look further into this.

CS suggested that identifying case studies may be useful for HWCD to use moving forward.

LM highlighted that COVID cannot be a shield that 'hides' or excuses bad practice.

JW expressed that when a complaint is made, organisations should learn from this and make a change or look at how it can be dealt with differently in the future- if complaints are ignored it diminishes confidence with the public.

CS asked for the August signposting and complexity log to be sent out before the next board meeting in October.

b) Staff Accommodation Verbal Update:

DL explained that the HWCD team attended a meeting on PCP premises last week. PCP have informed the team that formal office working may not be back in place until April 2021. DL has been asked to provide HWCD future requirements to PCP for office working moving forward. The Team were informed that they can now meet in a setting that is COVID compliant. There is also a possibility to meet at PCP for a board meeting as risk assessments have been done.

JE asked what the reasons are for not being able to go back into the office at Meadowfield once a risk assessment has been done, as the office is completely separate from the host.

DL explained that the host are concerned with the rise in COVID cases in the North East and are being cautious with the winter approaching. Meeting at 'COVID compliant' venues means that it is up to the venues to have everything set up safely.

Chair explained the current office situation to the members of the public; HWCD work in two separate offices based at Meadowfield. CS clarifies that the board want to ensure that staff and members of the public are safe, but feel there is a need to keep a central office base- particularly for members of the public to know where HWCD is.

DL reassured the board that the situation is being monitored and a paper will be presented to the board in the coming months.

JE suggested that it would be proactive in asking the staff what is working well for them and how home working brings benefits/ what is missing without office space.

BJ expressed his concerns of HWCD being absorbed, is keen on Healthwatch maintaining their independence, and thinks it is important to have a secure base where the public can send letters to etc.

JW explained that he feels that as a board they are being told they cannot organise a board meeting; a third party meeting is ok as long as it is COVID secure. JW explains that the focus point should be whether meeting face-to-face benefits the public or Healthwatch, especially as things may never return to how they were in terms of board meetings previously.

LM explained that the latest restrictions are meeting in groups of six but meeting for work is not included in this. As long as people take the basic hygiene precautions work meetings should be ok. DS reinforces the point made by LM that the latest restrictions do not apply to work settings.

MM raised concerns for the staff being unable to support each other face-to-face and sharing expertise like previously. Will this be the same when working from home?

Chair explained that outside the meeting he and DL have been having conversations. **CS agreed with the views of the board and that staff safety is of utmost importance - a mixed way of working partly from home and partly from the office base has been suggested as a way of working moving forward.**

DL expanded that with the current office space, it would be safe to operate on a rota basis. DL explains in July he presented a paper to the host on safely returning to work, which detailed moving desks and introducing a rota system. DL will seek confirmation of the views of staff but believes there is a preference for flexible working- some at home and some in the office. All members of the team are now back as furlough has ended. The Workplan deadline has been extended to the 25th September due to a glitch in getting the press release published.

37/20 Update from Andrea Lambell on 'Behind the Mask':

Andrea introduces herself, explaining she is currently a volunteer at HW Sunderland and HWCD and is a full-time master's student. Her background is in palliative care, working as a therapist mainly with people who had long-term neurological conditions.

The study, funded by the COVID response grant, is looking into the effects of PPE and distancing on the provision of health and social care settings. Very relevant to the work that HW does as the study is exploring the disproportionate effects on individuals who have pre-existing health conditions. The study entails an initial anonymous questionnaire, asking health care workers or people who have engaged with healthcare services what effect services transferring to remote ways of working and PPE has had on the care they have received. The questionnaire can be completed online or printed off as a paper copy. Option at the end for participants to leave their contact details if they would like to be further involved with the study, where AL will ask if they would like to be interviewed.

So far, there have been quite a large range of different health caregivers and care receivers who have provided a response.

The aim of study is to capture the moment in time where health and social care services have changed and people's way of being is in a state of flux. The way society operates has been reshaped such as telecare, PPE, remote services, and may be made permanent. Emotional effects of being separated from loved ones or being fearful of receiving the 'new' care, especially for those with pre-existing conditions that effects communication which is now being amplified.

AL explained that her position as a HW volunteer will be useful when conducting interviews, as she will be able to signpost individuals HW services when appropriate.

AL welcomes any questions or suggestions from the board, team and members of the public.

JW highlighted that for the visually impaired, a feeling of isolation has been going on long before COVID. From JW personal experience, GPs don't look at any files beforehand/look at medical history which would save time and make vulnerable patients feel less isolated.

LM agreed that taking a snapshot of experiences will be useful, and suggests that it would be valuable to share these findings with service providers, particularly with ICS. LM emphasises HWCD support for Andreas study and wishes her luck.

CS will share the survey with the links he has with the GNCR.

AL explained that randomised control tests had a detrimental impact on the uptake of mask wearing at a crucial time.

EW suggested that AL gets in touch with her as she explains her son was in hospital during lockdown and has a thorough experience of healthcare as a service during the peak of the pandemic- she is happy to put them in contact.

EW is a member of an AAP and will put AL in contact with a COVID recovery group she has contacts with. Ellen confirms she is happy for Gina to share her contact details with AL.

38/20 NHS Phase 3 (For Discussion):

Chair stated that the Phase 3 letter may not be as relevant now as it is dated July 31st July- the government have since introduced new guidelines and there is an uncertainty of what will happen in the coming weeks and months.

39/20 Draft Pharmacy Services Report (For Approval):

The Board receive a copy of the draft pharmacy services report, produced by DA.

DA explained that following on from the pharmacy report produced in 2017, HWCD were keen to engage in this second piece of work, as one of the recommendations HWCD made in 2017 was to consider a publicity campaign to help promote what pharmacy services offer in an attempt to help increase uptake of these services. The point of this was for people think 'pharmacy first', thus relieving pressure off GPs.

A campaign was undertaken last year, so part of this survey was asking if people were aware of the campaign and if this has affected people's behaviour. This piece of work was also looking at what people knew about pharmacy services, what services they were using, and whether people in the Dales have enough access to pharmacies.

The face-to-face engagement in March was cancelled due to COVID, so all results posted are based on online engagement. There were 260 responses to the survey; almost 83% of respondents said they had noticed the message about 'self-care'/ using pharmacies first before a GP; 67.5% of respondents said they were more likely now to visit a pharmacy rather than a GP; 30.83% of respondents had used the flu service, compared to 17% in 2017; 15% of people said they use online pharmacy services, compared to 8% in 2017. People look at self-care now more due to COVID, compared to previously. Once people visit pharmacies they become loyal and feel comfortable to return.

JW mentioned within Blind Life and other members of the community, many people are not being made aware or changes in packaging and this remains a persistent issue. This can be particularly harmful for visually impaired individuals who are living by themselves. DA will flag this up again with Greg Burke as another issue.

LM stated that the document is a very good piece of work but suggested an improvement- to list the recommendations in order of 'importance'. DA agrees that this can be done.

The board congratulated everyone involved with the involvement of producing this piece of work.

CS suggested that extending an invite to Greg Burke for a future board meeting to discuss report findings and recent issues.

DL asked the board if the report is ok to share with the LPC, who were heavily involved within the piece of work. The Board agrees after the quick alteration suggested by LM.

JE stated she feels uncomfortable about sharing the report publicly until the commissioners have seen it. It was agreed it will not be shared onto the website etc. until this has been done.

DS asked if the postcode can be made mandatory, DA is not sure if this is possible, as may be issues with GDPR and not something HWCD has done previously. DS also asked if some sort of mapping could be used to figure out where responses are being collected from and which areas are being missed. DS will work with DA to look at the layout of the survey, in terms of where the postcode opt in/out is placed- this may make a difference in response.

40/20 Preliminary findings HWCD COVID-19 Survey (For Discussion):

DA explained that HWCD have been carrying out a survey looking at the impact that lockdown has had on people. This was primarily online, as face-to-face consultations are not allowed. This has been quite difficult reaching groups that are not IT confident/ equipped, but telephone calls and paper copies of the survey were offered.

Some stats have been surprising, whilst some have been expected; the most accessed services during lockdown were GPs and pharmacists; only 11 people were offered a video consultation, but 157 people thought this is something that should be offered in the future; 91 people experienced significant changes to their services/treatment; 122 had planned services cancelled; 153 people had 'ups and downs' during lockdown; only 1 person said they had tested positive for COVID-19.

There were many comments about what was working well with services, but also what can be done better. DA will look at these comments and the data and see how this applies to the HWCD work plan.

LM expressed his concern about an individual saying they had severe COVID-19 symptoms but 111 wasn't helpful and was left for weeks until GP would take a call- this highlights the clear shortcomings of this system and is not acceptable.

CS suggested that this case could lead to a case study/ present this information in a different way. The more issues that people have been experiencing that can be pulled together will be useful to take to the HWBB.

MM explained that in her area, COVID response was good in the beginning with delivery of prescriptions etc. but it has slowly stopped. MM hasn't had any contact about flu jobs or heart checks recently.

DS asked if the demographic breakdown of age and gender is of any concern. DA explained that there was a good spread of age groups but that responses were primarily from women which needs to be addressed.

41/20 Any Other Business/ Feedback:

The Chair asked before ending the open part of the meeting if any of the meeting guests have any further comments.

AL said that she feels HWCD are on top of their game and as a HW volunteer she feels very valued and during lockdown, appreciates the incredible efforts keeping volunteers engaged. AL maintained that Claire has always continued welfare check-ups, which have been invaluable during these difficult times.

EW explained that she is happy to try to link HWCD with the AAP she is part of to see if there are ways they can work together. EW has used HWCD previously and found the service very useful.

CS explained that an offline chat discussing working with the AAPs on a quarterly basis would be very useful.

The chair thanked the meeting guests for joining the meeting and closed the open part of the meeting.

The Board Discussed Confidential Matters

41/20 Date and Time of next meeting:

The Board agreed that the next meeting would be a combined meeting with the Team to be held by virtual conference commencing at 13.30 on Wednesday 21st October 2020.

**Healthwatch County Durham
September 2020**