

# healthwatch

## Rotherham

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| <b>Meeting</b>   | Strategic Advisory Board (SAB)   |
| <b>Date of meeting</b>                                   | Wednesday 15th January 2025  |
| <b>Board members present</b>                             | Zanib Rasool (ZR)<br>Kathy Wilkinson (KW)<br>Alison North (AN)<br>John Barber (JB)<br>Abdul Ghani (AG)   |
| <b>Attendees</b>   | Kym Gleeson (KG) - Healthwatch Manager<br>Duncan Gall (DG) - CARD CEO<br>Nicola Ellis (NE) as minute taker   |
| <b>Apologies</b>   | Tony Swindells (TS)  |
| <b>Welcome and introductions</b>                         | Welcome and introductions were made by the SAB to DG   |
| <b>Declarations of Interest</b>                          | None declared.   |
| <b>Minutes from the previous meeting</b>                 | Sent on 3/1/25 by AM and also available in the Advisory board papers folder for December.<br><br>All agreed the previous minutes were an accurate record.  |
| <b>Matters arising/actions from the previous meeting</b> | <b>AG and TS</b> - to send NE a paragraph about themselves to be added to the website SAB page - <b>outstanding</b><br><br><b>KG</b> - to approve and file the three policies for the task and finish group to reflect HWR completed by KW - <b>completed</b><br><br><b>ZR, TS</b> - to complete Enter & View training with KG on 14/1/25 - <b>completed</b><br><br><b>KG</b> - Tender document to be placed in Jan 25 folder - <b>completed</b> |

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|  | <p><b>KG</b> - Find out the date of the CARD board meeting so that 2 HWR SAB members can attend, to present who HWR are - <b>27/1/24 4.30-5pm - In person</b></p> <p><b>KG</b> - to place the board the checklist that she went through with Jamie/Duncan into the Jan 25 folder - <b>being updated, KG to speak to DG before putting it in there.</b></p> <p><b>KG</b> - to remind DL to send some information about the impact that local HW has had to give the board more ideas about different types of work we can focus on. - <b>completed</b></p> <p><b>KW/KG</b> - Ensure everyone has the skills audit sheet - <b>ongoing</b></p> <p><b>ALL</b> - Complete the skills audit sheet and return to KW and KG to be placed in the January 25 folder - <b>ongoing</b></p> <p><b>ALL</b> - Read all policies in the Task and Finish group folder and have questions ready for the January 25 SAB meeting. - <b>completed</b></p> <p><b>AMC</b> - To have Enter and View documents ready for collection at the next SAB meeting in Jan 25 - <b>completed</b></p> |
| <p><b>Safeguarding Update</b></p>  | <p>1 safeguarding referral - AM dealt with and sent necessary paperwork through to Rotherham Safeguarding Team. <b>UPDATE:</b> Case has been picked up and an initial appointment made with the client.</p> <p>AG queried why safeguarding updates were brought before the SAB members and was advised that it was for oversight purposes only.</p>   |
| <p><b>Questions -</b></p> <ul style="list-style-type: none"> <li>● Feedback What we Heard reports</li> </ul> | <p>JB spoke about how he liked the What we Heard quarterly report. He found it helpful to understand what we've heard and how it feeds into the work plan of the future as it highlights the things that really matter to people.</p> <p>KG explained that the report is shared both with Rotherham councillors and Place board, along with recommendations of action we would like to see taken to improve services. AN asked how we will get feedback to monitor the results of our recommendations? KG confirmed that this is something she will chase up.</p>   |

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| <ul style="list-style-type: none"> <li>● Feedback on the team's impact and work plan progression</li> <br/> <li>● Question regarding Jan papers about other Healthwatch</li> <br/> <li>● Next month's meeting</li> </ul> | <p>AN asked if a yearly version of the What we Heard quarterly report was available. KG confirmed that the work plan recommendations that were to be discussed, were a result of a yearly review.</p> <p>JB was congratulatory on the impact that the team is having and the good work that is being done to meet the work plan. The extra money allocated to the team to secure another team member has had a direct impact on the team's output. KG agreed that having another member of staff directly concentrating on information and signposting has been very positive. The work that she has done has improved the quality of the signposting service we provide and made it easier for the whole team to access all the relevant information too. Having her has also freed up the rest of the team to be able to do their other work on the days that she's in. KG told the SAB that the work the team had achieved as a whole had been amazing and this should be recognised.</p> <p>JB queried why links to other Healthwatch had been included in the January papers. KG confirmed it was to give the SAB ideas on how other Healthwatch work and to see if there were any things they were doing that could improve how we work. This is something that the HWR team often does to get ideas. JB is going to do a comparison against other HW to see if there is anything that the SAB could learn from them to improve. KG told the board that additionally, herself and DG will be meeting with some other organisations who run Healthwatch to see what they do and share best practice.</p> <p>JB advised the board that next month's meeting will be on the work plan for next year. The paper handed out to board members in this meeting highlights the team's ideas.</p> |
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**Any other business -**

- New SAB member

KG advised the board that we have recruited a new SAB member who has started training this week. She will be attending the February meeting and will be introduced then.

- Missing document from Jan folder

KG apologised that the tracker wasn't in the folder in advance of the meeting but advised it will be in the folder from 16/1/25, once it is updated.

- Policies - task & finish group documents

Task & finish group policies are completed. ZR asked how often they get reviewed. KG advised most were annually but a lot are reviewed via CARD. KG also advised that there is a new policy being looked at with CARD that needs to be adapted to meet HWR needs.

- Work plan ideas

KG talked the board through the new work plan ideas given as handouts in the meeting. (NE to send a copy with the minutes for those absent from the meeting to consider)

**Dementia** - has been placed on the risk register at Place board. Admiral nurses were funded separately on a 2 year pot of money and not all contracts have been extended. There's been little to no communication to patients about this. HWR can have little impact on this.

**Digital exclusion** - AG raised that this is a huge priority for the NHS itself and we may be duplicating work if we pick it up? The NHS has the money and resources and if we're duplicating are we sacrificing other projects we can do more on? KW/ZR agreed that work is already being carried out both via the 10 year NHS plan and at community level in Ferham and Masborough, libraries are running schemes as well as CARD and VAR. KW queried if there was any scope for HWR doing any of the work that VAR have funding for? KG agreed this is something that could be looked at. KG countered that although it may be part of NHS priorities, they're not publicising what they're doing to help those who are digitally excluded and we could still have an impact there.

**Addiction and recovery** - looking at the impact of withdrawal of funding for some services. Not something we've looked at before and there is a lack of awareness between services of what other services offer. It's also part of the Public Health action plan and it would be good to add patient voice to this. KW suggested that there is funding in recovery that we could look at trying to source - is there something that HWR could do that others aren't currently?

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| <ul style="list-style-type: none"> <li>• Work plan discussion</li> </ul> | <p><b>RDaSH/Mental health</b> -we are already following up on the report that we did last year, so we feel there is no further action on this currently.</p> <p><b>Learning Disabilities &amp; Autism</b> - potentially better to do another year on as it is under a transformation process. We may be better waiting to see what has happened a year later when they've had a chance to implement changes.</p> <p><b>UECC</b> - not enough information out there about where people can go instead of going to UECC. UECC is supposed to meet 79% under a 4 hour wait target - it is at 62% currently. We have asked Place board to give us some information that we can share around alternative provision to UECC. No real impact for HWR. AG agreed that this is more an UECC issue than HWR.</p> <p><b>Patient voice &amp; effective communication</b> - common through every service, but not sure how we could tackle this. AG agreed that on a practical level it will be very hard to do but it's the one thing that runs through everything and feels like what HW is set up to do. KG gave the example of our work trying to make sure BSL interpreters are available for every appointment. This has been ongoing for 2 years but there is still a lot of disparity. KG also raised that a lot of people are not being respected in terms of their own health care and knowledge but again difficult to tackle.</p> <p><b>Social care</b> - this is something we've not looked at. Considered tapping into domiciliary care but difficult as we cannot go into people's homes. ZR to send details of a monthly meeting she attends which may help us reach difficult groups in terms of social care.</p> <p><b>Dental</b> - always highlighted but an area in which we can't have an impact. We already highlight issues and feed into action on it on a quarterly basis via Healthwatch Sheffield.</p> <p>AN felt we were missing a carers element - how do we support carers? It is a voice we don't hear much from. KG agreed that this had been considered but because we did a report on unpaid carers last year and that the carers strategy has only just been finished, it is probably worth revisiting at a later date to see what impact this has had.</p> <p>AN raised that in order to consider the subjects properly, the SAB needs the detail below the headlines - exactly what are we going to do and how.</p> <p>AN also asked how many headline pieces the team think they should be looking at? KG replied that we would like to look at no more than 2, with a possible 3rd being social care.</p> <p>AG put forward that we need to collect the data first to listen to what people have to say in order to get the true voice of people in</p> |
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|                                      | <p>Rotherham and to give a voice to those unheard. For example, dementia may not be one of the biggest issues in Rotherham, but for those dealing with the situation, it absolutely is. It's very hard to know where to get help if you're not connected and can be overwhelming, especially if you are a carer.</p> <p>ZR raised that many Asian families provide care to elderly relatives but their voices aren't heard at all. KG felt this would fall under the social care strand and we could do a BAME focus and also look at cultural barriers. ZR highlighted that Sheffield Uni are doing a project on unequal aging. There is a disparity in information for the BAME community and it's important to let them know what support is out there.</p> <p>JB finished the meeting by summarising that the SAB are generally supportive of our suggestions but may be pushing more towards social care, poor communication and patient experience.</p> |
| <b>Actions from this meeting</b>     | <p><b>NE</b> - to publish authorised E&amp;V personnel on the website in accordance with HWE requirements.</p> <p><b>ALL</b> - to let KG know who wants to attend the CARD board meeting on 27/1/25, 4.30-5pm, at the office, to deliver a prepared presentation about what we've been hearing and the positive impact we're having.</p> <p><b>KG</b> - to look to see if there are any other policies that need reviewing.</p> <p><b>ZR</b> - to share details of the monthly meeting she attends that may help us reach difficult to reach groups in terms of social care (Rotherham Adult Care Production?) - <b>completed</b></p> <p><b>HWR</b> - to meet before the next SAB meeting to consider work plan suggestions and refine our plan.</p>  |
| <b>Date and time of next meeting</b> | Wednesday 26th February 2025, 5.30-7pm (CARD office)  |

Appendix:

| <b>Key Performance Indicators</b> |   | <b>*Reporting / Evidence</b>   |
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| KP1                               | Evidence of effective use of local intelligence gathered and an understanding of local and national issues in the Health and Social Care sector to produce a meaningful annual work programme agreed and overseen by Board Members. | Annual work plan, quarterly performance reports and contract monitoring meetings |

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| KP2                           | Provide real-time reporting of issues within the Borough that demonstrates clear links to statistical evidence, academic research and user feedback.  | Website, quarterly performance reports and contract monitoring meetings  |
| KP3                           | Provide signposting and information to help support residents in making informed decisions around health and social care provision or services.   | Quarterly performance reports and contract monitoring meetings   |
| KP4                           | Evidence that local people and communities feel they are listened to and that their views help to shape local health and care services and contribute to the influencing of national policy. All Healthwatch Rotherham insight to be shared with Healthwatch England in a timely way. | Quarterly performance reports and contract monitoring meetings   |
| KP5                           | Evidence that planning goes into how outcomes are set, delivered and evaluated.   | Quarterly performance reports and contract monitoring meetings. Use of Healthwatch England resources and tools |
| KP6                           | Evidence that people and stakeholders understand rationale for selection of Healthwatch Rotherham priorities and how they make the biggest difference for residents.  | Health and Wellbeing Board attendance and quarterly performance reports and contract monitoring meetings       |
| KP7                           | Develop and maintain relationships with local service user groups, existing VCS networks and other local Healthwatch.   | Regular contact / meetings, reported via quarterly performance reports and contract monitoring meetings        |
| <b>Management Information</b> |   | <b>Reporting / Evidence</b>  |
| MI1                           | Number of individual interactions e.g. by email, telephone face to face,  | Quarterly monitoring s/sheet   |
| MI2                           | Number of enquiries dealt with.   | Quarterly monitoring s/sheet   |
| MI3                           | Number of events held.  | Quarterly monitoring s/sheet   |
| MI4                           | Number on newsletter distribution list.   | Quarterly monitoring s/sheet   |
| MI5                           | Number of active volunteers and focus of activities.  | Quarterly monitoring s/sheet   |
| MI6                           | Number of complaints against the service  | Quarterly monitoring s/sheet   |
| MI7                           | Number of safeguarding / incidents / accidents.   | Quarterly monitoring s/sheet   |
| MI8                           | Diversity monitoring of Board, staff and volunteers.  | Quarterly monitoring s/sheet   |
| <b>Key Requirements</b>       |   | <b>Reporting / Evidence</b>  |
| KR1                           | Publish an annual report by 30 <sup>th</sup> June each year. These reports must include how Healthwatch:<br>• Engage with diverse communities   | HWE statutory requirement<br>Annual report produced  |

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|      | <ul style="list-style-type: none"> <li>• Use volunteers and lay people to support their governance and activities</li> <li>Share their data and insight to improve services. For example, with Healthwatch England, CQC or local health and social care services</li> <li>• Have made an impact as a result of their activities</li> <li>• Have spent their funding</li> </ul> |  |
| KR2  | Report number of people accessing the service (number signposted to other services, number and type of interactions) to include trends and analysis, and demographics.   | Quarterly performance report                                   |
| KR3  | Deliver outreach sessions, ensuring coverage across the borough.   | Quarterly performance report                                   |
| KR4  | Attend quarterly contract monitoring meetings and provide reports and data to commissioners ahead of these meetings.   | Quarterly contract monitoring meetings                         |
| KR5  | Produce a training and development strategy for all Healthwatch staff and volunteers (including those delivering specialist service elements and “enter and view”).  | Training and development strategy                              |
| KR6  | Produce a communications and engagement plan that supports campaigns and promotions which increase awareness and membership of Local Healthwatch and link to the agreed work plan.   | Communications and engagement plan                             |
| KR7  | Produce clear codes of conduct for staff, membership and partners.   | Staff codes of conduct   |
| KR8  | Produce a clear equality and diversity policy and carry out equality impact assessments for engagement / research projects.  | Equality and diversity policy.<br>Equality impact assessments. |
| KR9  | Produce a clear complaints procedure.  | Complaints procedure   |
| KR10 | Produce community research projects on Health and Social Care issues (minimum four per year) that develop evidence-based reports and clear recommendations for decision-making, future campaigns, providers and commissioners.   | Quarterly performance reports                                  |
| KR11 | Develop, build and maintain a community-focused web platform that builds on and complements the existing presence of partner organisations.  | Web platform   |
| KR12 | Ensure and be able to demonstrate that Healthwatch is compliant with data protection and freedom of information obligations as applicable to public bodies.  | Data protection policy   |
| KR13 | Completion of the Healthwatch England Quality Framework self-assessment and development of action plan, to be reviewed annually.   | Quarterly performance reports                                  |

**In addition we have two social value components to report on Monthly.**

| ID | Description | Overall Target |
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| NT1  | No. of direct local employees (FTE) hired or retained on the contract                   | 0.6 |
| NT12 | No. of weeks spent on meaningful work placements; 1-6 weeks student placements (unpaid) | 8   |