

Meeting	Strategic Advisory Board (SAB)	
Date of meeting	Wednesday 16th October 2024	
Board members present	John Barber (JB) Abdul Ghani (AG) Zanib Rasool (ZR) Kathy Wilkinson (KW)	
Attendees	Kym Gleeson (KG) - Healthwatch Manager Nicola Ellis (NE) as minute taker Tony Swindells (TS) - potential new SAB member	
Apologies	Alison North (AN) Christine Bradley (CB)	
Welcome and introductions	Introductions:  TS was introduced to the board. TS is interested in joining the SAB and was invited to attend this meeting and also the upcoming SAB development session. TS gave the board a brief introduction - he lives in Rotherham with his husband and together they run the Rainbow Project which is a LGBTQ+ support group. This group has run for the last 6 years and gets 25-30 individuals attending per session. He has had meetings with HWR before and is interested in the live feedback that we can get. He is particularly interested in the access to healthcare services for the LGBTQ+ community.  As all the board were not present, it was suggested that full introductions will take place at the SAB development day.  JB told the board that unfortunately we have lost MR as a board member since the last meeting but we will look to continue developing the board.  New SAB advisory board papers folder process:  JB asked KG to explain to the board the thinking behind the new process for all the board meeting documentation. KG explained that she had reflected on the fact that the board spends time going through all the papers in the meeting which takes up a considerable amount of time. The new process of placing all documents in the SAB advisory board papers folder allows members time to read and digest all the papers in advance, and then any questions arising from the papers can	

	be brought to the meetings. It has the added advantage that board members can go back and refer to the papers all through the year as needed. Although there are lots of documents in there, if there are no comments or questions from any board members regarding a specific paper, then it can just be passed over and the meeting can carry on. JB agreed that the board would see how this new process goes. He commented that he likes the format of some of the documents, like the slides. It is also useful to have the work plan in there so that they can see where we are against objectives. Terms of reference were mentioned by JB and KG asked if he would like these placed in the folder each month as well. JB would like to discuss this at the development session - just to make sure that the SAB is covering everything in these meetings.  KW commented that she likes the folder because she can look at all the documents in her own time and not feel rushed looking at them all at once. She personally thinks it's a lot better.	
Declarations of Interest	None	
Minutes from the previous meeting	Sent on 28/08/24 and also available in the Advisory board papers folder shared by NE on 8/10/24.  Agreed as an accurate reflection of the meeting held.	
Matters arising/actions from the previous meeting	AG - to send NE a paragraph about themselves to be added to	
Safeguarding Update	No safeguarding referrals in either August or September.	
Questions -	KG told the board we had a good response and thanked them for taking the time to complete it. We had a couple of responses where people weren't sure they'd been able to use their skills in their job but she hoped the development session would help this. NE briefly ran through the results with the board. JB asked if the results would be shared and NE confirmed that they would be available soon. KG told the board that with their agreement, she would like to repeat the survey at the end of March to see if there's any change. The board agreed to this.	
<ul> <li>SAB development session</li> </ul>	JB briefly spoke about the upcoming SAB development session. The SAB has had a lot of new people join so he is hopeful that the support HWE gives them at this session will help them make sure their contributions to HWR are the best they can be. Everyone is to come	

along to the session ready to talk about their role, what they want to get out of it and how they can learn from HWE, to make the SAB really good. It was confirmed that the date is 28th November 2024, 3.30-6.30pm at our office. KG added that although we would prefer people come in person to the session, we could accommodate a hybrid session if it made the difference between people attending or not. She would rather everyone came in whatever capacity rather than not come at all as they can't attend in person.

 Appointment of chair/vice chair JB mentioned that at the December meeting we will need to decide on SAB chair/vice chair appointments. He highlighted that the vice chair role is new to HWR as it is now in our terms of reference.

 Publishing SAB meeting minutes The need to publish SAB meeting minutes was raised. Previously it has been agreed that members of the public could request these at any point and they would be provided, but this had changed, and all minutes are now to be published. AG agreed that this was key to being transparent and will just let the public know what we are focusing on and what we're doing. JB agreed that the minute taker would send out the minutes to the board as normal and then he would advise if anything needs redacting before they get published on the website.

 Questions arising from the papers

No questions arose from the papers, however discussions were held over possible topics for the work plan next year. JB raised that there appeared to be a lot of concerns around waiting times and whether we needed to include one big issue on next year's plan. The board talked about what we could and couldn't influence in respect of this, in terms of not being able to sort nationwide issues but maybe being able to influence at local level in terms of better communication from services to patients around waiting times and ways to support yourself whilst you wait. KG advised the board that a previous report had been done by HWR on this topic and that TRFT had implemented a waiting well service via the NHS app which advises patients on what they can do whilst they wait. However, it was acknowledged that relying on the app excluded some groups who either don't have access to, or know how to use it - AGI and KW told the board that these health inequalities are being looked at at ICB level and also at local level through VAR to try and address them. ZR raised that it can come down to who can navigate the NHS system and a lot of people struggle to get treatment quickly. JB was happy with the discussion and thought this was something that could form part of a good discussion at the development session in November. KG added that these discussions were great and that she wants the board to critique and input into what we're doing, so that we can see how we can do things better and improve as a team.

KG advised the board that the ICB hold a public meeting each month and any questions that are put to them from the public, they have to

Key     performance     indicators/     targets	answer. It was suggested that board members may wish to take advantage of this to get any answers to questions that they have.  KG advised the board that we haven't carried out the planned enter & view during Q2 because we were planning on doing a service which looks after those from asylum seeker/refugee communities and due to the situation in Rotherham during this time, we couldn't go ahead. It was agreed this was a sensible decision but the board asked if we were still planning on visiting at a later date and if we had a timescale for this. KG advised the board we would be looking at this in Q4.  KW, ZR and TS would like to take part in the enter & view training so that they can help HWR carry out this function.
Any other business -  ● HWE Fit for the Future	JB said that he could understand why HWE want to review this because not all local councils give the money they're allocated for their local HW to them, some use it for other purposes. KG advised that the HWE proposal has been signed by Rotherham.
Future meetings	KG thanked the board for how productive the meeting had been. She asked them to consider whether they would prefer meetings to be online in future or whether they prefer them to be in person or hybrid. The consensus was that hybrid worked best for most people so this will be the format in which they are run in the future.
● End of year celebration	KG spoke to the board about the upcoming end of year celebration that HWR are invited to by CARD. It is at the Wharncliffe restaurant in Rotherham on 6th December as a thank you for all the work people have done. Everyone should have had an email by now and KG would like as many SAB members to come along as possible.
Actions from this meeting	KW - to amend the three policies for the task and finish group to reflect HWR.  JB - to advise the minute taker of any redactions necessary before the meeting minutes get published to the website.  KW, ZR, TS - to do enter & view training.  ALL - to reply to end of year celebration invite.
Date and time of next meeting	SAB development session on 28th November 2024, 3.30-6.30pm at the office,

Appendix:

Key		*Reporting / Evidence
Performance Indicators		
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
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
Management Information		Reporting / Evidence
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
	g g	s/sheet
MI8	Diversity monitoring of Board, staff and volunteers.	Quarterly monitoring s/sheet
Key Requirements		Reporting / Evidence
KR1	Publish an annual report by 30 <sup>th</sup> June each year. These reports must include how Healthwatch: • Engage with diverse communities • Use volunteers and lay people to support their governance and activities Share their data and insight to improve services. For example, with Healthwatch England, CQC or local health and social care services • Have made an impact as a result of their activities • Have spent their funding	HWE statutory requirement Annual report produced
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. 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	Quarterly performance reports
	action plan, to be reviewed annually.	•

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

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