

Meeting of Healthwatch City of London Board Meeting in Public

Date and Time: Friday 29th May 2020, 11:45am – 2:00pm

Venue: Zoom

Chair: Gail Beer

Present: Trustees: Gail Beer (GB) (Chair), Steve Stevenson (SS), Stuart McKenzie (SM), Dr. Cynthia White (CW), Malcolm Waters (MW), Board Associate: Janet Porter (JP), Staff In attendance: Teri Anderson (TA), Paul Coles (PC), Rachel Cleave (RC), Consultant (Performance Framework): Mark Drinkwater (MD), Executive Director of Hackney Healthwatch: Jon Williams (JW) Members of the public: Maureen Childs (MC), Jane Carr (JC), Fay Sandler (FS), Jakki Mellor-Ellis (JME), Dimitri Varsamis (DV), Sarah Greenwood (SG).

Apologies: Lynn Strother (LS)

	Issue	Action	Owner	Date for Resolution	Evidence
1	Welcome Introductions and Apologies Declaration of conflicts of Interest	Welcome by Chair Apologies from Lynn Strother (LS) The trustees introduced themselves. GB is a patient of the Neaman Practice. There were no other new declarations of conflicts of interest.			

2	Minutes of the previous meeting.	Minutes were checked for accuracy and were approved.			
3	Matters Arising	<p>Announced that the meeting replaces the scheduled annual public meeting for 2020</p> <p>Proposed that the 2021 meeting will be June. Agenda will include a presentation of the 2021 Annual Report.</p> <p>The Annual General Meeting for 2020 will be held via Zoom in October.</p> <p>The current work plan for HWCoL has been adjusted due to COVID-19 restrictions on face-to-face work. Work plan will be reviewed when advice changes.</p> <p>New staff team introduced: Paul Coles General Manager Rachel Cleave Engagement and Communications co-ordinator Teri Anderson Communications and Administrative</p>	PC	March 2021	
4	'Covid-19 Recovery and Restoration Programme'	David Mayer gave the board a presentation on the impact of Covid-19 on services delivered to City and Hackney residents and the plans going forward. Key highlights included:			

		<ul style="list-style-type: none"> • That discharge decisions had to be made quickly to release capacity in hospitals. The situation has stabilised. Board assured that throughout patients were well cared for. • Hospital based services were not as physically accessible as prior to Covid. Consultations are being held digitally with most patients. Online and digital support will continue post Covid where appropriate • The pandemic has evidenced the requirement to understand the wider deterrents for health for BAME people. • Over June and July, the CCG will be engaging with patients who require talking therapy. • Unused floors at The Royal London Hospital has been refurbished to provide additional Intensive Therapy Unit capacity to handle Covid and non-Covid patients. • This is a requirement for additional critical care beds as the possibility of flu and Covid in the winter months presents a new set of winter challenges. 			
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		<ul style="list-style-type: none"> Services will need to be segregated moving forward. Covid has changed the way hospitals organise themselves <p>Q and A SS asked how patient and public involvement is happening in the recovery programme. It is impossible to get across London for appointments</p> <p>DM CCG's Board continues to meet digitally using Zoom.</p> <p>DM concerned with challenges faced by patients. Patients will need to isolate prior to arrival in hospital and need to be seen very quickly. Especially relevant pre surgery</p> <p>SS Thought needs to be given for those who need to get to hospital by public transport.</p> <p>JP asked if DM was liaising with hospitals</p> <p>DM responded working closely with Central London and Homerton hospitals. The CCG's needs to work out how waiting lists will be managed going forward as impacts on the choice of hospitals.</p> <p>GB asked how are GP's managing Covid and non-Covid patients.</p>			
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5	Chair update – verbal update, including introduction of new team	<p>DM The CCG set up treatment hubs. Demand on these are dropping off.</p> <p>GB asked how people with long term conditions are being managed</p>	DM	July 2020	
		<p>DM will send the board an information pack</p> <p>GB highlighted that we should not underestimate the scale of the changes and the challenge they will provide. Agreed HWCoL will work closely with DM over the coming months.</p> <p>RC to put presentation of the website.</p> <p>Discussion on choice re hospital referral and the importance of maintain choice, Agreed to monitor this going forward and work with CCG</p> <p>Announced that the Annual General Meeting for 2020 will be held via Zoom in October.</p> <p>The current work plan for HWCoL has been adjusted due to COVID-19 restrictions on face-to-face work. Work plan will be reviewed when advice changes</p> <p>GB introduced new staff team: Paul Coles General Manager</p>	RC	June 2020	

6	Neighbourhoods Programmes Engagement	<p>Rachel Cleave Engagement and Communications co-ordinator Teri Anderson Communications and Administrative</p> <p>JW gave a short presentation that informed the board about the level of work being put into the successful delivery of the project.. One of the key areas of concern was the ability to engage with the public which has not been easy. JW saw this as a community development model and explained the benefit of this approach means people understand the needs in their own community. Healthwatch Hackney will work closely with Healthwatch City of London to encourage greater engagement.</p> <p>The Chair asked JW how long he had been trying to access the City and who he is connecting with.</p> <p>JW informed the board that the Neighbourhoods programme need to go back to basics and organise a team, build links into the City and hoped for the support of Healthwatch City of London</p> <p>It was agreed that support would be provided when there was a clearer idea of what was required.</p> <p>PC HWCOL will be holding engagement sessions with residents to identify priorities for primary care services delivered via the Neaman practice.</p>			
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7	Performance Framework Presentation	<p>JW asked that Healthwatch City of London be engaged with the project for the redevelopment of the St Leonards site . (JW)</p> <p>Mark Drinkwater presented the proposed Performance Framework. The performance framework is a formal agreement between the City of London and HWCoL. It details the realistic and meaningful targets the CoL are using to understand HWCoL's performance. In terms of the process this has been co-produced.</p> <p>The performance and quality framework will form the backbone of the forthcoming workplan.</p>			
8	Surveys – Strategy & Results	<p>Paul Coles outlined the Surveys Plan. The plan is carry out a series of surveys to identify the needs of the community and to find out people's experience during the Covid pandemic.</p> <p>Currently there are three surveys live. The community feedback survey is to understand where people are getting their information from on COVID</p> <p>Interim feedback of survey on people using NHS 111 service.</p> <p>Only a third of the responses used 111 before Covid. It was asked if they would use 111 if they couldn't use</p>			

9	Volunteers update	<p>another service and they said no. The majority of people used 111 for emergency services or if they had Covid symptoms. It was considered helpful or partially helpful.</p> <p>MW said all the responses have come out as fractions which only sounds plausible if you only have 6 people responding. Are they accurate?</p> <p>PC replied it is an interim report not the final report. HWCoL is seeking more responses. Challenge of accessing survey without digital access needs to be addressed.</p> <p>Paul Coles updated the board on the volunteer strategy and proposed charter. The volunteer charter includes HWCoL's 10 commitments to the volunteer team recognising the strategic role volunteers have and how important they are to HWCoL's work.</p> <p>It evidences HWCoL's commitment to volunteers. The draft will be put forward at the next board and people can email any comments. HWCoL will need to rethink how volunteers are utilised where face-to-face activity is limited. Their roles will need to change.</p> <p>Board members reiterated that HWCoL needs to think how volunteers feel a part of this process.</p>			
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10	Healthwatch Engagement during Covid	<p>CW entered a note of caution. Everyone currently lives on virtual platforms causing pressures for people that are shielding who finding it a burden to use. Virtual platforms are not an ideal tool for communication if you have issues with your eyesight or for those members of the community with cognitive disfunction</p> <p>PC highlighted that HWCoL have increased the frequency of newsletters to fortnightly and have sent out the first of a new style bulletin which will alternate with the newsletter.</p> <p>Following a concern about Triaging in dentists from an NHS colleague and work carried out by Board associate CW, HWCoL had undertaken a Mystery shop SM introduced the Mystery Shop of Dentists. Dental practices can reopen Monday 8th June if they put in safety measures. Most dentists have had some one answering the phone during office times who are able to give advice. Many practices have difficulty obtaining PPE. Many practices will prioritise private patients over NHS patients.</p> <p>CW has been campaigning around access to dental care including emergency support and raising the profile of this during the pandemic</p> <p>JP People need to ring their dentist to see if they are closed or if they will do certain procedures.</p>	RC, PC, GB	July 2020	
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11	Q&A & AOB	<p>SS raised issue with Track & Trace asked what to do if someone calls him and asks who he has met and if they have tested positive for Covid and asks for personal details. If he gives out this information will he be in breach of the data protection act. (SS)</p> <p>Agreed that information requested for Track and Trace needs to be clarified</p> <p>Advice and guidance will be put on the website and RC is to put it in the newsletter.</p> <p>GB Email PC with feedback of the Zoom meeting.</p>	SS	July	
			RC	July 2020	