**Meeting of Healthwatch City of London Board Meeting in Public**

**Date and Time:** Friday 30th July 2020, 1:30pm – 3:35pm

**Venue:** Zoom

**Chair:** Gail Beer

**Present:** Trustees: Gail Beer (GB) (Chair), Steve Stevenson (SS), Malcolm Waters (MW), Board Associate: Stuart McKenzie (SM), Dr. Cynthia White (CW), Janet Porter (JP), Amaka Nnadi – Extended Access Primary Care Hub (AN), David Maher – Managing Director, City and Hackney CCG (DM), Staff In attendance: Teri Anderson (TA), Paul Coles (PC), Rachel Cleave (RC), Members of the public: Maureen Childs (MC), Jane Carr (JC), James Torr (JT),

**Apologies:** Lynn Strother (LS)

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| 1  2  3  4  5  6  7  8  9  10  11  12  13 | **Issue**  **Welcome, introductions and apologies. Declaration of conflicts of interest.**  **Minutes of the previous meeting.**  **Matters arising.**  **Chair Update-Verbal update.**  **St Leonard’s site development proposal and public engagement. Guest speaker: Amaka Nnadi from the Extended Access Primary Care Hub.**  **Update on CCG Recovery Plan and future engagement of the public. Update on Flu immunisations programme David Maher- City and Hackney CCG.**  **Presentation on HWCoL Engagement Strategy.**  **To Receive Healthwatch City of London Annual Report September 2019- March 2020.**  **Receive and note HWCoL contract monitoring report: Quarter**  **Financial**  **Governance**  **Update on meetings attended.**  **Note Board meetings dates for 2020/21**  **AOB Questions from the floor** | Action  Welcome by Chair  The trustees introduced themselves. There were no declarations of conflicts of interest.  Minutes were checked for accuracy. SM and CW were listed as Trustees instead of Board Associates (MW)  An information pack was sent out. Communications is up on the agenda. Track and trace was followed up on and advice was put on the website. (PC)  GB has nothing to update as it is on the agenda.  AN informed us that St Leonard’s Hospital site is a community hospital site. It is an old building and needs redevelopment, so it is fit for purpose and to keep the services and additional services, as it is poor value for money and poorly utilised. Under Phase 1 there was a detailed engagement plan which the included a stakeholder list. Phase 1 is in the process of being signed off. Homerton hospital has expressed an interest in the asset being transferred to them. This will not affect the overall plan. (AN)  SS wanted to know what the time frame was.  June next year for an outline business case. They will sell off any surplus land to get capital. (AN)   * MW asked if there was an advantage in this perceived transfer.   The advantage is that there will be local control and how we provide services can be better aligned. The advantages are theoretical. (AN)   * JP asked if it is a definite decision that everything will remain on site.   It hasn’t been discussed if any of the services will be moved from St Leonard’s. (AN)  The CCG would like a representation of the City stakeholders to decide. (AN)   * SM asked if existing services will stay at the hospital while decision are being made.   The plan is for normal work to resume over the next few months. (AN)  AN will make sure presentations are available.  We need to know what the decamp plan is in more detail and the impact of digitisation. Why was the report delayed? GB  It was ready in February and it needed to get through the board but because of Covid it was put on hold. During lockdown it was circulated to various boards. (AN)   * What is the ability of reshaping the services? (GB)   That would have to come from the work streams as they do anything operational. There is a decamp plan and it will come out in Phase 2 (AN)  JT is interested in the opportunity for new services that will come out of the work streams and wants to work in maternity and arrange clinics for new fathers.  AN will raise this with the work stream director Amy Wilson.  DM gave an update on Phase 3 return to normal services for the CCG. We should be getting a note on it. There continues to be a significant amount of people waiting for services which is being addressed. The recovery focuses on neighbourhoods and communities with an emphasis on estates and digital inclusion. 33% of people are refusing surgical slots which is concerning. We need to listen to people in the community and get community engagement right. We have received £1m to set out flu immunisation like doorstep vaccination and how people can access immunisation. Flu with Covid would overwhelm the NHS. (DM)  The healthcare service doesn’t know how to use digitisation. Digitisation only works if users can use it. (JP)  For people with severe depression and anxiety we don’t know how it works. It is a learning curve. It must be trialled and tested. People need to be encouraged or they will call the GP. (DM)  33% of elective surgery is not being used because people are too traumatised to go for treatment because of fear of Covid. (MW)  Patients are now tested a number of days in advance. (DM)  There needs to be better access for the least digital abled. Healthwatch Brent got three thousand responses to a survey through the text services. The Neaman Practice was amicable to it. PC would like to explore how we could use the text service as it is effective. (PC)  There is an opportunity for people from the City to give input on the CCG plans. (JT)  Tracy Fletcher can give an overview of the integrated care partnership. (DM)  JC said digitisation is somewhat to do with exclusion. 11% of people on Golden Lane don’t have access to the internet which needs to be taken into account. JC’s husband who is disabled was offered a video appointment without any consideration of whether it was appropriate. This could frighten people. (JC)  We will pick it up with Royal London and PC will pick it up with Barts Health. Things are not digital by default it is digital if appropriate. This is the model they will follow. (DM)    RC presented the HWCoL Engagement Strategy. The plan is to increase our communication and engagement with the population of the City and increase HWCoL awareness. From April 1st nine newsletters, six bulletins, one blog and four surveys have been delivered. produced on service provision for mental health. The strategy will deliver two campaigns running over two periods. There will be more focus on the website and social media and when we return to normal, we will hold surgeries on a monthly basis. (RC)   * MW asked what is the difference between level 1, 2 and advice? (MW)   Level 1 is the overall campaign of what level 2 will feed into. (PC)   * JP asked how many followers we have on social media.   On Twitter there is a couple of hundred, but Facebook is low because we ad to set up a new page. (RC)  SS said we have heard the percentage of people on Golden Lane who don’t have access to the internet. There are others so there is a considerable amount of people who need our help. We need to think of another way to engage these people. (SS)  When we had our Carers Café people offered to distribute surveys. It is an area we are very aware of and we are looking into it. (RC)  The website is very good and useful. (JT)  LS is confused about details of what people’s difficulties are of coming back to work and how we can resolve it.  Working in partnership with the City of London we will go with where it takes us because we haven’t got that far. (RC)  We need to formally accept the Annual Report. GB proposed.  SS seconded it.  The Board accepted.  We have got 26 key performance indicator and 10 which were under performing. (PC)  The Board was asked to accept the changes to the Financial Governance of HWCoL. (PC)  SS proposed  GB seconded and agreed.  SS accepted the role of Treasurer.  MW accepted the role of Deputy Treasurer  PC gave a verbal update on the meeting he attended.  Noted  SS has had chats with physios, and they said in three or four months we can make an appointment directly with the physios, but the public should know. PC to follow up. | **Owner**  GB  PC  PC  RC  .  GB  PC | **Date for Resolution**  Sept 2020  Sept 2020  Sept 2020 | **Evidence** |