

Healthwatch Board Meeting

Monday 3rd June 2019

7-8 pm

Present:

Daniel Singleton (DS), Interim Chair
Barbara Sawyer (BS), Board member
Val Shaw (VS), Board member
Kim Blyth (KB), Board member

Also present:

Elsbeth Paisley (EP), Manager Healthwatch Barking & Dagenham
Manisha Modhvadia (MM), Healthwatch Barking & Dagenham staff member
Richard Vann (RV), Healthwatch Barking & Dagenham staff member

Apologies:

Robert Caldeira (RC), Board member
Zahra Ibrahim(ZI), Board member

Agenda:

1. **Welcome, Introductions and matters arising:** Apologies noted from Rob and Zahra. Minutes from last time were agreed. Pages to be numbered next time.
2. **Volunteer improvement:** DS described the number of different volunteering roles including – office volunteers, Healthwatch Champions and Board Members. Healthwatch has a target of recruiting 17 Healthwatch Champions, one for every ward. So far 11 champions have been recruited. Volunteers can drop out for various reasons, therefore the recruitment plan is always a priority.

EP highlighted that Healthwatch have built a good relationship with Coventry University students and students have returned to us for several placements as they have enjoyed themselves.

DS explained that the team want to improve the volunteering experience. There are three areas of volunteering, **recruitment, deployment, retainment**.

- “How can we be successful in these areas? How can we can make good use of the volunteers?”
- “How do you feel valued at other places you volunteer?”

KB suggested that the library would be a good place to advertise the HW champions roles. In KB place of work, they use volunteers in the customer service role. The volunteer is provided with a volunteer badge. The trust treats them really well with dinner twice a year. The volunteer is with the patient when they first come into hospital as this can sometimes be the scariest part for some individuals.

Action: Manisha to distribute a fresh batch of flyers to the libraries.

BS explained that she works at the tea bar, they make the volunteers feel valued by calling when they are needed. Also once a year volunteers are taken for tea and a buffet.

EP highlighted that Coventry university students thought that coming to the standup meeting made them feel as part of the team.

3. Domiciliary care: A brief was circulated to the board on the domiciliary care project. This will be a focus area this year. RV explained that Domiciliary care is being looked at this year as there is a national crisis and it's important we get a local picture of what's going on.
The areas the project will look at include:

- The assessment and care plan process
- The time it takes for services to be put in place
- What choices and control do people have over who provides their services
- Cost and contributions that service users make
- Standards and quality of care – are the needs of individuals being met
- Continuity of care and staff turn over
- Communication and how easy it is for services to be reviewed
- Support for informal carers
- BAME communities accessing services
- Compliments, concerns and complaints

The board gave feedback on the project ideas.

Board members felt the questions should be very direct. for example, what does daily living mean? This could be different for each person; an explanation needs to be given with the question.

Board members also thought “Q3- can you describe the process of accessing home care?” needed to be reworded and an explanation about the process provided, for example do we mean when the carer comes to the individual or do we mean the finances etc....

RV went through a list of ways in which we will be able to capture the views of local people:

- Through Terry Miller from the ILA.
- Posters around the borough.
- Survey monkey.

KB made a few comments and suggestions:

- Will the questionnaires be given directly to the individuals? As some individuals will be unable to complete these- will there be another way of capturing the views?
- It could be challenging for those who only see their paid carer to complete the survey honestly and independently. Is there a way of calling some of the individuals receiving care?
- We need to get to friends and family of those individuals who are housebound. How do we do this.

Action: RV to look at other ways to capture information as well as the questionnaire.

EP suggested approaching the local paper and ask people to contact us.

Action: RV to pitch to the local paper

4. GP project – The board were circulated a draft of the GP report and asked what they thought the next steps should be. Suggestions included:
 - Taking action on things that we can influence
 - Ensure people know what we are doing with the findings.
 - Notice board recommendations are good- but be clear about we want them to do.
 - Social prescribing will get bigger on the agenda, this should be an area we try and influence at the earliest convenience.

Action: MM to take points on board when speaking to the CCG

5. Any other business

Healthwatch Essex manager came to meet and speak to the team. They have a different approach to us and do not undertake any enter and views. They recruit Ambassadors in different areas of work. They have 5 Ambassadors for each project and each person has a story to tell. Our Team will be visiting them soon.

Date of next meeting: Monday 16th September 2019 @7pm