

**Minutes of Board meeting in public**

7th June 2021

Minutes of Board meeting in public

Held via Microsoft Teams

03rd March 2021.

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| Present: | Vanessa Barrett | VB | Chair |
|  | David Voysey | DV |
|  | Anne WignallBob WelchLynn Cawley | ALWBWLC |
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| Apologies: | David BeecheyTerry HarteDee Walker | DBTHDW |
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| Minutes: | Patricia MacInnes | PM |
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1. **Welcome, Introduction & apologies**

VB welcomed everyone present. Nicky O’ Connor (NOC)who was meant to be the guest speaker sent her apologies as she had to attend a meeting. Apologies were also received from DW, DB and TH.

LC explained that NOC was offering to arrange a different meeting to give an update on the Integrated Care System (ICS). It was agreed that it would be useful to have this meeting prior to the next board meeting.

**ACTION: PM to send Doodle poll to board members to decide on a meeting date.**

1. **Declarations of Interest**

No new declaration of interest were presented. The board was informed that BW is no longer Mayor of Church Stretton.

1. **Board Meeting in Public held on 7th June 2021**
	* + - 1. Approval of minutes

A few details were added, and a couple of typographical errors were corrected.

The minutes were unanimously approved.

* + - * 1. Matters arising not on the agenda

No further matters were raised.

1. **Finance**
2. Management accounts to end April 2021

It was reported that the current HWS account had a surplus of £19000 due partly to staff changes and that this surplus could be carried on this year and added to HWS reserve. An explanation regarding advocacy invoices was given as well as an explanation of the difference in transport/mileage budget.

It was explained that, regarding volunteer hours, while some HWS volunteers had not been volunteering for HWS they had been volunteering in their community which means that as a whole volunteering hours had not been lost.

**ACTION: LC to email volunteers and board members to have find out what volunteering they have been involved with during the pandemic.**

The board was informed that, the financial report was healthy.

1. **Governance**
2. **Risk management matrix**

It was reported that no change was made since last the meeting. It was suggested that the board needed to identify the Health and Wellbeing Board members, joint Health Overview and Scrutiny members to identify any new members and check we have up-to-date contacts since the last election.

1. **Board recruitment**

It was reported that AS-W had put together a proper flyer on volunteering for HWS which included the value of being a board member and that HWS was now waiting for a quote from Marketing at The Mill regarding design and printing costs.

Concerns were raised as HWS is at risk of having a reduced Board; it was reported that there were 8 at present of which 3 will have to step down in the coming months.

It was reported that a couple of volunteers had expressed interest in becoming board members, that those volunteers would be identified and invited to meet with the Chief Officer and Chair of the board.

**ACTION: LC to email volunteers to identify those interested in being a Board member**

1. **Reporting**
2. **Chairs report**

The Chair reported on attendance at the Ockenden report assurance committee meeting (ORAC). The board was told that at the meeting it was reported that there has been a big improvement in the working of the multi-disciplinary team around mental health for women in pregnancy and perinatal mental health care and that there was now a well-established team which met regularly.

It was noted that at the first ORAC meeting, LC had sent a question regarding the involvement of fathers and the support they were entitled to receive, and that at a later meeting, members were told that counselling was now available for both parents. This was presented as an illustration of the influence that HWS can have.

Questions were asked:

* Primary care strategy: it was enquired whether a large piece of work on the primary care strategy was to be expected?

It was explained that initially both CCGs developed a primary care strategy which were ultimately supposed to meet but that it had not worked as expected and that differences particularly in the financial aspects of each strategy had led to the necessity to relook at some of the timescale of what they wanted to introduce. It was therefore decided that a system update was necessary of which the details have so far remained unclear.

* Defibrillators: The board was told that defibrillators had been put in public places by the volunteering sector in more affluent areas when they should have been placed in more socially deprived areas. The board discussed the possibility to identify places in need of a defibrillator. It was reported that Val Cross from Public Health had done a lot of work on defibrillators and might be able to help HWS to pinpoint where defibrillators currently were and where gaps were and who installed the defibrillators there.

**ACTION: LC to enquire to Val Cross about defibrillators data.**

1. **Chief Officer’s report**

**Questions were asked by board members on the report:**

* **A question was asked about people feeling they had not received good care from their GP during the pandemic and an update was provided on face to face and remote appointments.**

The board was informed that HWS report on remote appointments was still being used within the system. It was explained that the challenge on the topic was that the NHS long term plan states that everyone needs to be able to access virtual appointments, but it does not say that virtual appointments or face to face appointments should be decided on an individual basis. It was summarised that the system is aware of the access issues that some patients have had while trying to fulfil the NHS long term plan. It was noted that HWS keeps on receiving comments about such issues, and that the intention is to revisit the topic. HWS has been asked to take the report on remote appointments to the next HWBB so that a discussion can be had on the topic.

**It was also mentioned that HWS spoke with the independent chair of the safeguarding partnership board about the impact of remote appointments on vulnerable people and a best practice guideline has now been issued to ensure that people needs to be visited in their homes by social workers.**

It was explained that this ongoing issue will not be easily solved but that on the board of the CCG, this discussion is happening and GPs are talking about the issues that they are facing within their Medical Practices. It was reported that from comments and experiences gathered, every GP, every medical practice is responding in their own way. It was pointed out that a lot of primary care staff were moved to the vaccination program, which meant that GP practices had less staff available. Challenges faced by medical practice around staffing and funding was discussed. The role of the primary care network in assisting GPs was also discussed.

It was agreed that the challenge, if HWS wants to make a piece of work on the topic, is to know what difference can realistically be made at the moment.

A question on flexibility of the workforce and whether Advanced nurse practitioners have been able to help and take the burden off the GP was discussed.

It was agreed that a better communication from GP practices would have helped the public understand what triage was and what it is for and would have made a difference in the experience people had.

It was confirmed that HWS had warned about the lack of communication from the beginning of the pandemic.

* A discussion was had on Shropshire Patients Group and whether HWS had been able to work closer with PPG. It was explained that it was part of the HWS forward plan. It was reported that HWS had spoken with the CCG and highlighted important questions such as what do people know about their own patients groups, what they expect from it in order to understand how people see Patients Group and subsequently provide Medical Practice with some examples of good practice. The board was told that HWS had sent to the CCG the Good practice for patients group documents and offered to do a piece of work on how people see patients’ group and what they expect.
* Discussion and explanation were provided on patient initiated follow up which HWS are likely to do a piece of work on following a conversation with the Director of Performance at the CCG.
* HWE digital engagement project was discussed. It was enquired how HWS could become the lead in this area and an explanation of the advantages of the pilot and what HWS has done with it to show its advantages was provided. It was noted that HWS independence should be a strong selling point to make it a lead in this domain.
* Report on website for care homes and the absence of mention on fees was discussed. Question was asked on CQC guidance for care homes website content. It was explained that as legislation came into force saying care homes must disclose their fees but that the pandemic is likely to have impacted this.

1. **Committee Minutes**

**No comments made by the board.**

1. **Resolution to manage confidential business in a closed meeting**