

Board development session update (paper 4)

On 3 Feb 2014 the Healthwatch Newcastle Board and staff team got together to:

- Discuss ideas for potential areas of work
- Discuss the idea of roles for Board members

The Board and staff team discussed four topics which were highlighted at the Board meeting on 20 January:

Better Care Fund

What does Healthwatch Newcastle want to achieve?	How could we do it?
<ul style="list-style-type: none"> • Ensure local views are taken into account and increase public understanding of the proposals • Find out what the Clinical Commissioning Groups (CCGs) are doing to involve the public • Ensure public engagement occurs and that it occurs in the community where people go • Ensure this isn't just a transfer of money from the NHS to the local authority (LA) • Ensure the short timescales don't lead to a tickbox exercise 	<ul style="list-style-type: none"> • Desktop research - look at the draft plan • Desktop research for previous work which would inform this, for example, LINK • Call out to organisations for existing work which would inform this • Event - join up all partners (CCGs, voluntary and community sector, LA) <ul style="list-style-type: none"> ○ Event should be able to INFORM final draft ○ Contact organisations and ask them to send representatives • Find out who are the key players leading on this • Look at the Better Care fund website - look at templates

What Healthwatch Newcastle is doing:

The Better Care Fund is being developed and the involvement of Healthwatch Newcastle (HWN) is outlined in a separate report on the agenda of this Board meeting.

Mental health

What does Healthwatch Newcastle want to achieve?	How could we do it?
<ul style="list-style-type: none"> • Gather evidence in order to prioritise • Find out what is politically significant • Ensure people in crisis are supported by the appropriate people at the appropriate time and place 	<ul style="list-style-type: none"> • Diplomatic view of systems and how they really work • Provide insight on service users' experience and journeys • Influence Monitor, Care Quality Commission, commissioners • Desktop research - examples of where it works well elsewhere

<ul style="list-style-type: none"> • Ensure carers are supported • Raise awareness of welfare reform impacts • Signpost to appropriate services • Ensure there is a holistic approach to physical and mental health • Achieve smoother transitions 	<ul style="list-style-type: none"> • Make anonymous case studies available • Case study of a mental health involvement consultation
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What Healthwatch Newcastle is doing:

Healthwatch Newcastle is planning to speak to mental health VCS organisations and networks in Newcastle (including Launchpad) to develop actions appropriate to the views expressed on this issue.

Social care

What does Healthwatch Newcastle want to achieve?	How could we do it?
<ul style="list-style-type: none"> • Ensure we have a constant understanding of the integration process and communicate it • Gather a robust evidence base • Ensure people are aware that Healthwatch Newcastle covers social care • Ensure children’s social care is not missed out and take holistic view of whole family and preventative work 	<ul style="list-style-type: none"> • Check if we have an open invite to Ewan Weir’s management team • Agree a Healthwatch Newcastle definition of social care and share this • Information hubs - evidence around social care • Target social care users to gather their views • Desktop research of previous work (LINK) • Get an understanding of the social care processes for complaints and service improvement • Service provider mapping • Communications plan around social care as it is often a hidden service and people need to recognise they are using it before they can comment on it • Look to explore a social care issue

What Healthwatch Newcastle is doing:

The Involvement Coordinator from the staff team will target groups and users of social care services to obtain their views and priority issues on these services. Further specific work on social care issues will be identified from this information. HWN is also in discussion with a social care department to develop a piece of work similar to the GP mystery shopping. This work will both ensure that the service is provided correctly for service users and also help the department to target resources.

Consultation and involvement reviews

What does Healthwatch Newcastle want to achieve?	How could we do it?
<ul style="list-style-type: none"> • Reinforce Healthwatch Newcastle’s interest in involving people and organisations • Investigate how well consultation and engagement mechanisms are working • Change how involvement is carried out • Save time and resources • Have excellent and effective consultations and involvement 	<ul style="list-style-type: none"> • Case studies <ul style="list-style-type: none"> ○ What happened ○ What could do better ○ Who else should be involved ○ Proposals of how do better • Act as broker • Act as critical friend • Taking HWN out of the process • Ensuring involvement of seldom heard groups • Resource on website • Identify and promote good consultation/involvement in Newcastle • Publicising local consultations

What Healthwatch Newcastle is doing:

It is proposed to use the VCS engagement meeting in April 2014 to work with VCS organisations to develop best practice and compact around engagement. Once finalised, health and social care providers and commissioners could sign up to it so they are aware of what they should do.

Board member roles

Board role	Benefits	Drawbacks	Preference
Geography	<ul style="list-style-type: none"> • Would get to know local areas and needs • Equity across the city 	<ul style="list-style-type: none"> • Not as valuable as other options • Can’t see how this would work 	0 votes
Community of identity and interest	<ul style="list-style-type: none"> • Physical and sensory disability - offer from one Board member • Links to key groups and organisations • Ensures capture of specific interests and knowledge 	<ul style="list-style-type: none"> • We shouldn’t just stay in our comfort zones • Too many to cover to do this fairly • Risk of not covering universally if fragmented into sub communities • We were clear at start we didn’t want to recruit our Board on the basis of this criteria as we could never represent everyone 	3 votes

<p>Work load / project leads</p>	<ul style="list-style-type: none"> • Intense focus more likely to have an impact • People agreeing to be a resource on specific pieces of work - means they will add value to work activities • Easier to determine scope of work and involvement of work activities • Board members need to learn new things too • Would be really useful to pull on very skilled Board 	<ul style="list-style-type: none"> • Is this time limited? Risk of losing focus once project over 	<p>8 votes</p>
<p>Any others?</p>	<p>No options given</p>	<p>No options given</p>	<p>0 votes</p>

What Healthwatch Newcastle is doing:

It is recommended that Board members agree to taking on the role of ‘project lead’ where appropriate, based on their skills, experience and areas of interest. The staff team will contact appropriate Board members to ask whether they would be prepared to be a lead member on ‘significant’ areas of work that HWN will be undertaking.