

Board meeting minutes

20 January 2014 - 3pm
Central Square, Newcastle upon Tyne

Board members present

Diana Barnes (DB)	Independent
Bev Bookless (BB)	Chair and independent
Alisdair Cameron (AC)	Launchpad
Tim Care (TC)	Independent
Lisa Charlton (LC)	Newcastle Society for Blind People
Sarah Cowling (SC)	HealthWORKS Newcastle
Jill Remnant (JR)	Independent
Alison Walton (AW)	Independent

Apologies

Anne Bonner (AB)	Riverside Community Health Project
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In attendance

Kieran Conaty (KC)	Involve North East
Craig Duerden (CD)	Programme Manager, Healthwatch Newcastle (HWN)
Nicci Donnelly (ND)	Marketing support, HWN
Deborah Hall (DH)	Information Support Officer, HWN
Rachel Head (RH)	Healthwatch Champions' Support Worker, HWN
Julie Marshall (JM)	Involvement Coordinator, HWN
Sally Young (SY)	Chief Executive, Newcastle CVS

1. Welcome and introductions

1.1. The meeting began at 3pm with a round of introductions.

2. Apologies for absence

2.1. Apologies were noted from Anne Bonner.

3. Declarations of interest

3.1. No interests were declared.

4. Minutes of last meeting

4.1. The minutes were agreed as a true record.

5. Programme Manager report (paper 1)

- 5.1. Craig Duerden (CD) gave an overview of the paper, including developing protocols for working with the Health and Wellbeing Scrutiny Committee and the Wellbeing for Life Board. These will come to the Healthwatch Board for discussion at a later date.
- 5.2. Staff at Newcastle CVS are now running the information and signposting service, which includes the landline, Freephone and text services. There were no calls over Christmas and six have been received since then.
- 5.3. The recruitment of Champions will be progressing over the coming months. There are currently five active volunteers, who are assisting with the community priorities work and the mystery shopping (feedback from this will be given to GPs and CCGs).
- 5.4. Tim Care (TC) asked whether there was a target for Champion recruitment: Rachel Head (RH) is aiming to recruit 15 people by the end of March and up to 30 in total.
- 5.5. Sarah Cowling (SC) asked if we will find out what Care Connect is doing: CD affirmed this by saying it's part of our trend analysis.
- 5.6. A discussion took place about the proposals to develop a 'nominate a star' system. This will be positive and highlight health and social care staff who have been nominated by members of the public. It will be promoted via email, website, etc. as well as by speaking to voluntary and community (VCS) groups.

6. Newcastle LINK's legacy (paper 2)

- 6.1. Bev Bookless (BB) opened the discussion by commenting on the high level of detail in the LINK's legacy document - it has left a good legacy for Healthwatch to take forward if it so chooses.
- 6.2. RH outlined how the legacy has been used so far, including setting up a governance subgroup to look at policies and procedures. There are also tips and recommendations Healthwatch Newcastle (HWN) intends to take up, including making use of themed task and finish groups.
- 6.3. There are three main items in the paper that the Board were recommended to consider as part of the LINK legacy: Choose and Book; the Liverpool Care Pathway (LCP) and assigning Board leads for key areas.
- 6.4. There was a comment that a lot has happened since the legacy document was published and perhaps other priorities have overtaken Choose and Book: there appears to be no groundswell of concern on this topic at the moment. Also, LCP is being withdrawn in the next few months and we don't know what it will be being replaced with.
- 6.5. There was a consensus among the Board to use OFSTED 1-2-3 and other evidence-gathering methods to decide what issues to take forward.

Agreed:

- To be aware of Choose and Book but not take it forward
- To be aware of what's happening around the LCP

- To look at assigning Board leads at the Board development meeting in February

6.6. BB noted other issues in the legacy document that the Board might like to consider: mental health, including the transition of children and young people to adult services; children's congenital heart services; young people's attitudes to health and lifestyle.

6.7. Re. mental health, Alisdair Cameron (AC) said it was important to ensure mental health is high on the agenda and to keep an eye on where commissioning is happening as there are various bodies involved. We need to know who to speak to and what they're thinking. It was also suggested that because the services span a large area we should think of liaising with other Healthwatches.

Agreed: Team to map the commissioning of mental health services

6.8. Re. congenital heart services, Healthwatch England is arranging meetings with local Healthwatches in areas where services are currently provided, however, it's unclear what the current situation is regarding the decision on where to provide services.

Agreed: Staff to research what is happening to local congenital heart services

6.9. Re. young people's attitudes to health, it was thought that the Young Persons' Shadow Board could pick up on this work. A question was asked about what type of people will be recruited for this?

6.10. CD said that a Youth Development Worker from another organisation will work alongside staff to recruit and develop the Shadow Board and report back to the Board.

6.11. Lisa Charlton (LC) asked what communication we have with other Healthwatches. BB meets with the Chairs of Northumberland and North Tyneside and Vonne is looking into hosting regional Chair meetings. Programme Managers regularly meet as some issues are cross-boundary.

7. Community priorities update (paper 3)

7.1. Julie Marshall (JM) gave an overview of the paper looking at community priorities. There had been an attempt to involve a variety of VCS groups but there was an acknowledgement that more will be done in future to ensure wider representation of different ethnic groups.

7.2. A suggestion was made to display the ethnic profile for the whole of Newcastle alongside the ethnic profile of participants in future reports.

7.3. Many comments in the research were about GPs and this is because these are the most regularly accessed services. In particular people complain about staff attitudes, particularly of reception staff, and not feeling important or listened to.

7.4. A comment was made about the paucity of feedback on social care. JM stated that there had been a few social care responses, and these were mostly about domiciliary care. There was recognition we need to focus more on social care.

Agreed: Staff look at how to integrate social care, perhaps drawing on Champions to help with this

7.5. Alison Walton (AW) noted that because children and young people are a small proportion of the population accessing social care there might need to be some targeted work for this group.

8. Business plan (paper 4)

8.1. **Agreed:** Draft business plan was agreed by the Board

8.2. CD outlined the consultation process: the plan is to be sent with a questionnaire to all individuals and organisations on the Healthwatch mailing list. Key stakeholders will also be asked for their responses.

8.3. Jill Remnant (JR) asked whether there will be an appropriate amount of time to respond and will respondents receive feedback. This was answered in the affirmative. She also made a request that in future can there be more evidence-based work when putting together future plans?

Agreed: The consultation on the business plan can go ahead as outlined

9. Policies and procedures subgroup report

9.1. JR gave a verbal update on progress: the complaints policy, decision-making procedure and the Champion induction, training, and supervision policy and procedure have been agreed.

9.2. The subgroup was thanked for their work on the policies and procedures and JR was thanked for leading on this.

10. Financial report (paper 5)

10.1. Because the original paper did not contain the projected costs up to March 2014 an activity budget paper was tabled at the meeting.

10.2. There's a large underspend under the events, etc. budget heading and this is because staff piggybacked onto other organisations' events.

10.3. Sally Young (SY) said that when she put the first budget together the needs of the service weren't entirely clear so people shouldn't feel bad about an underspend at this stage. When asked about the possibility of the money being clawed back SY stated that the commissioner is aware of the figures and made no comment so she's unaware of any issues.

10.4. BB said clarity will be sought from the commissioners. Finance subgroup meetings will be timetabled before Board meetings and budget headings with appropriate amounts should be looked at by the finance subgroup.

11. Board feedback (paper 6)

11.1. BB discussed her meeting with the Care Quality Commission (CQC) and also encouraged Board members to complete the meeting feedback form when attending meetings.

11.2. CQC has a very positive impression of Healthwatch Newcastle (HWN) and has been invited to look around its offices, which are based in Newcastle.

Action: BB to circulate CQC invite to Board members

11.3. A discussion took place on CQC's regulation and inspection roles and being careful that HWN doesn't get pulled into formal inspections. HWN should be a receptacle for intelligence but not try to do the work of others. It was also felt important to avoid mission creep.

12. Areas of work for consideration

12.1. SY mentioned the Better Care Fund, which used to be known as the Integration Transformation Fund. She has attended a meeting about this and it was also discussed at the Wellbeing for Life Board, however it isn't yet clear what the implications of this fund will mean.

12.2. It will use existing rather than new money and will be a pooled budget for health and social care, shared between the NHS and local authorities. Services will also be decommissioned.

12.3. CCGs are expected to submit a draft plan by 14 February and the final plan by 4 April. NHS England and local authorities have to sign the plans off, which then go to the Department of Health. The fund is part of a bigger strategic five-year plan with Local Area Teams.

12.4. There's a very short deadline for public and patient engagement but there was a feeling that HWN should use the opportunity to open up discussions with the public about the fund and its impact.

12.5. BB proposed to: 1) work with the CCGs to have a comprehensible 'story' about the fund; 2) run a public engagement event in partnership with relevant bodies; 3) work with our networks to seek views.

Agreed: AW and SC will work with staff to engage with the public and provide a response in time for the CCGs' 4 April deadline

12.6. JR proposed case studies showing best practice in health and social care consultations. This could be either a recent consultation or something that might be proposed in the foreseeable future. The case studies could look at how consultations can be done in a more efficient way.

12.7. JR, CD and JM are meeting to discuss this proposal and will bring it to the next Board meeting.

12.8. Concerns were expressed that HWN may be setting itself up as experts and perhaps that's not the case yet! However, it was recognised there was a need to review what does and doesn't work in engagement and demonstrate good practice.

Agreed: Discuss JR's proposals at the development meeting in February

13. Questions and networking

- 13.1. Following feedback from the last Board meeting, questions were invited from the audience.
- 13.2. A question was asked about what is happening with the LINK legacy on walk-in centres. The response was that if we gather any evidence about walk-in centres in particular then we will consider working with the CCGs about this.
- 13.3. Someone asked if the Board was aware of any gaps in funding health and social care. The Board said there were concerns regarding discharge and there not being enough community facilities, especially for older people and those with mental health issues. Some immediate acute mental health problems are treated in a health setting but the triggers could be socio-economic, for example. Sometimes people are discharged requiring just a small amount of support but don't receive it. Another issue is that health is not means tested but social care is and there's a fear that eventually there will be a levelling down. There is also a gap between the differing health and social care cultures: bodies cannot always communicate with each other.
- 13.4. As it goes on, HWN will look at the information it has gathered and frame some activities around these issues.
- 13.5. An audience member commented that there is a need to look beyond budgets and look at ways of working together to see where the cross-cutting themes are.
- 13.6. The meeting closed at 5pm.
- 13.7. Next meeting: 24 March 2014, time and venue to be confirmed.