

# Board meeting minutes

1 June 2015 - 3pm

Broadacre House, Newcastle upon Tyne

## Board members present

Bev Bookless (BB)	Chair and independent
Anne Bonner (AB)	Riverside Community Health Project
Tim Care (TC)	Independent
Lisa Charlton (LC)	Newcastle Society for Blind People
Alison Walton (AW)	Independent

## Apologies

Alisdair Cameron (AC)	Launchpad
Sarah Cowling (SC)	HealthWORKS Newcastle

## In attendance

Steph Edusei (SE)	Chief Executive, Healthwatch Newcastle (HWN)
Deborah Hall (DH)	Information Support Officer, HWN
Rachel Head (RH)	Champions' Support Worker, HWN
Beth Nichol (BN)	Apprentice Administrator, 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 Sarah Cowling and Alisdair Cameron.

## 3. Minutes of last meeting and matters arising

3.1. Heading – change venue to Riverside CHP  
Item 8.3 – change from ‘circumstances’ to ‘consequences’.

Item 4.2 – response received from Alison McDowell re. removing social workers from Newcastle hospitals. There will be a core group of social workers and Newcastle City Council is exploring the possibility of other services, such as in-house reablement, to assist with discharge.

**Action:** Steph Edusei (SE) to contact to Louise Robson, Business and Development Director, for more information

Item 4.5 – raise awareness of Care Act and Healthwatch Newcastle

**Action:** SE to speak to Nicci Donnelly (ND) about progress

Item 5.4 – conference report is complete and can be sent to commissioners once approved by SE

Item 4.3 – Board recruitment: two applicants have been offered places. Neil Cameron has business and finance skills and Feyi Awatona is a magistrate and has networks in the African community that will enhance the Board. There will be a review of their tenure by Bev Bookless (BB) in six months' time and input is invited from other Board members. BB also requested fellow Board members to think about the Vice Chair position.

**Actions:**

- BB to review new members in November
- Board members to consider Vice Chair position
- SE to provide orientation inductions for the two new members

Item 4.4 – there are now 13 individuals on the associate register and there is currently a drive to recruit more organisations so we have a bank of expertise to draw on.

3.2 Regional devolution – BB has met with Council Leader Nick Forbes to discuss this. There is currently a North East Combined Authority of local councils; conditions for devolution are likely to include the appointment of an elected mayor. An announcement on devolution arrangements is anticipated by George Osborne at the 8 July Budget.

3.3 The minutes were agreed as a true record.

#### **4. Chief Executive's update**

4.1. SE gave a presentation on the progress of recent and current Healthwatch activities:

4.2. NHS Choices – a summary report was shared with GP practices, NHS England, NHS Newcastle Gateshead Clinical Commissioning Group, Healthwatch England and other organisations. GP practices have been offered a personal, confidential report on request. Healthwatch England shared the report with NHS Choices and we've had positive feedback. The NHS Choices team is now looking at the report to see how it can use the information to develop the website, as this is currently a priority. Healthwatch England also wants to use this as a story of the week.

4.3. Young people's dental report – now published. Dental Public Health at Newcastle City Council shared the report at the Public Health team meeting and suggested exploring ways of working together as tackling dental health in deprived areas (especially for young people) is a priority for them.

**Action:** Andy Render to discuss ways of working with Dental Public Health

4.4. GP mystery shopping – the follow up work is complete and improvements have been made. A brief summary report and individual practice reports are being prepared.

4.5. Information sharing protocol – launched at a small but successful event on 20 May. There were some new faces and people are keen to work with us, including a care

home that wants to widen engagement with its residents. 'Bring an audience' will be developed so organisations can invite us to their meetings and events in order to gather intelligence.

- 4.6. Domiciliary care – Rachel Head (RH) is leading on this piece of work. Deborah Hall (DH) is currently carrying out desk based research, looking at the present environment in Newcastle. This scoping task will be completed by the end of June and priorities for further work will be based on the research findings. Sally Young (SY) mentioned that the Newcastle City Council's domiciliary care rate has increased from £11.12 to £11.24 and this provides 22 minutes of care. There are thought to be five current providers of council-funded care and a re-tender for a sixth is due in October.
- 4.7. GP access (DCE) – the questionnaire will be piloted over the next couple of weeks, ahead of Northumbria University ethics committee approval. Information gathering will begin following ethics approval and is expected to run until the end of October. CCGs are moving to a locality based model and it will be useful to them to know what patients value when making an appointment.
- 4.8. Outreach – an active programme of outreach work is being developed for 2015–16 which will include information stalls, and events where community groups 'Bring an audience' for us to work more closely with.
- 4.9. Business management – processes are being developed to ensure efficient working, in collaboration with associate Deborah Ridley. Our work must be aligned to the objectives and legislative requirements and the business plan will help achieve this.
- 4.10. Contract – a positive meeting with Newcastle City Council took place in May. The council is pleased with the work and with feedback about us from various organisations. The contract runs until September 2016 and it is anticipated there will be a re-tendering process. A stakeholder survey has recently been sent out to evaluate Healthwatch Newcastle.

**Action:** ND to share stakeholder results

- 4.11. Office move – the move into Broadacre House is scheduled for 3 June. This will improve team communication and effectiveness. Staff will still be employed by their respective organisations.

## **5. Finance subgroup update (paper 1)**

- 5.1. Finance Manager Graeme Lyall left post on 29 May and has been replaced by Jim Dodds, who will prepare finance reports for the subgroup from now on.
- 5.2. The main points to note from the update are:
  - There has been high expenditure in staff variable overheads due to the office move; this has mainly been on new desktop computers, or laptops for staff that frequently work away from the main office
  - A legal services budget line will be added in preparation for a potential tendering process in 2016
- 5.3. Item 3.3 (matters arising) – DH has produced an asset register.

- 5.4. The underspend has been carried forward and the budget lines for 2015–16 are now more in line with the needs of Healthwatch Newcastle. The £7k allocated to ESOL was an error as this is not a recurring cost, therefore £5k will be removed from that line.
- 5.5. There are no real financial concerns at the moment, but there is a need to look at income streams for the future. BB and SE have already done some paid work for Northumbria University.
- 5.6. The children and young people contract has been extended this year and there will be a review part way through the year. Lee Peacock is leaving Children North East so there is a need to look at how this contract is best delivered.

**Action:** SE to review children and young people contract in October

- 5.7. A query was raised about the unspent participation support line as Anne Bonner (AB) pointed out that 30% of people in Benwell were not born in this country. SE informed the Board there has been little demand for support so far, for example, conference delegates were asked about support requirements for the conference but this wasn't requested. Also, we are currently working with groups who are able to provide language support, but there is a need to look at different ways of engaging hard-to-reach people who are not part of groups. The participation support line can be increased if necessary.

**Action:** Finance subgroup to review participation support line next year to ensure it is used properly

## 6. Trend analysis (paper 2)

- 6.1. The main topics over the past 12 months are quality of care (mainly positive comments) and waiting times (mainly negative). The subject of GPs crops up more than any other. We are also receiving an increasing number of contacts around urgent care.
- 6.2. NHS Newcastle Gateshead CCG is reviewing urgent and emergency care but it is not clear who is the Chair for the planning group is; this is also an internal group and not open to anyone outside of the CCG.

**Action:** SE to contact CCG with further information about the urgent care comments and to find out more information about urgent and emergency care plans

- 6.3. Trend analysis data is shared with the NHS Quality Surveillance Group, however the data is too low in volume and quality to be significant. We are looking at ways to improve this, including monthly joint sessions with ICA at the City Library, bi-monthly sessions at the Lemington Centre on Thursdays when there are lots of groups present, and a presence at supermarkets across the city.

**Action:** Julie Marshall (JM) to review the ICA joint sessions in September

## 7. Draft annual report (paper 3)

- 7.1. It was quite challenging for SE to oversee the annual report due to only being in post for part of the year. The governance section has been modelled along NHS lines and includes the Board register of interest.

**Action:** Board members to let DH know of any changes to their register of interests (register is on our website)

7.2. The style and content headings for the annual report have been prescribed by Healthwatch England, presumably in order to ensure consistency across local Healthwatches.

**Action:** SE to make clear in annual report cover letter that the format is a HWE requirement

7.3. **Actions for DH:**

- Page 4 – Amend ‘campion’ typo
- Page 8 – change ‘What’s next for Healthwatch Newcastle?’ heading to avoid ambiguity
- Page 22 – registered address should be Higham House
- Layout annual report, to include quotes and images

7.4. **Agreed:** BB and SE to sign off the annual report once layout has been completed

## 8. Business plan (paper 4)

8.1. SE gave an overview on the business plan update, which comes out of the work she has done with Deborah Ridley. Our key goals for 2015–18 are to:

- Increase the volume of quality information and insights gathered
- Increase our understanding of the social care and health issues important to our population
- Continue to encourage information sharing and promote critical thinking, planning and delivery across the social care and health sectors
- Ensure we have the capacity and capability to deliver strategic objectives
- Ensure that the purpose and work of Healthwatch Newcastle is sustainable in the longer term

**Actions for SE:**

- Merge and re-word sections on the mission, vision and aim
- Avoid contractions when writing final version, for example, ‘do not’ instead of ‘don’t’

8.2. The current budget may not be enough to deliver a big agenda, or the budget could shrink over time. There is a need to look at ways of supplementing income which could include:

- Education and training
- Engagement beyond Newcastle
- Marketing ESOL
- LHM data (see section 9 below)

It was acknowledged that we need to be mindful of potential conflicts of interest and our relationship with the VCS when looking at income generation.

8.3. As happened with the 2013–15 business plan, the new plan will also go out for public consultation.

**Actions:** SE to complete plan and ND to run the consultation for mid-June

## 9. Feedback business case (paper 5)

- 9.1. SE has been looking at future sustainability, including the ability to gather information. There is a need to:
- Increase the volume of quality insights
  - Develop a systematic process to record and analyse insights to ensure that issues and concerns are highlighted in a timely manner
  - Support the development of professional trend reports that can be shared with stakeholders to support service development and improvement
  - Increase our ability to provide an independent place for service users and carers to share comments and concerns
  - Ensure our resources are used effectively to support delivery of the work programme
  - Provide potential income to assist with ongoing sustainability
- 9.2. A discussion took place on the pros and cons of various options including: do nothing; increase publicity and outreach activity; increase publicity and outreach activity plus increased data analysis expertise and systems; purchase the LHM feedback centre.
- 9.3. Plans are already underway to increase publicity and outreach activity. The costs for a bespoke data analysis toolkit are uncertain at the moment, and this option will require considerable input in terms of time and resources.
- 9.4. The LHM feedback centre is an off-the-shelf web-based tool, with a website where people can rate services and give views. This was initially developed by Healthwatch Birmingham and is used by several other Healthwatches in the south west region. The tool can be configured to capture demographic information, such as ethnicity.
- 9.5. There is a further option to purchase the feedback centre with sentiment analysis, which intelligently trawls the internet for comments on services, including social media sites and press releases. Because people seem more willing to comment on services (good and bad) on social media but may not necessarily contact the services themselves, this would be a valuable and time saving tool. It also analyses and alerts staff to peaks in negative or positive comments so they can investigate further. The tool would improve the currently sporadic analysis, ensure consistent data gathering and enable staff to focus more on hard to reach and seldom heard groups.
- 9.6. The Board was provisionally prepared to purchase the feedback centre but would like to hear about the experiences of other Healthwatches. A conversation can take place in the future about how to self-fund the tool's recurring costs should the tool be adopted.

**Action:** SE to research the benefit to other Healthwatches and evaluate the information the tool can generate

## 10. Any other business

- 10.1. SE reminded the Board of the legislative requirement to hold meetings in public. We will continue to hold private meetings for governance- and business-related issues, and discuss services at the meetings held in public. All meeting papers are published on our website.

**Action:** SE to ensure that documents/terms of reference are explicit about the arrangement regarding private and public board meetings

10.2. Date and time of next meeting and AGM: 28 September 2015 at Central Square, times to be confirmed

The meeting closed at 5.10pm.