

# Board minutes

14 March 2016 - 3pm

Broadacre House, Newcastle upon Tyne

## Board members present

Bev Bookless (BB)	Chair and independent
Feyi Awotona (FA)	Independent
Tim Care (TC)	Independent
Sarah Cowling (SC)	HealthWORKS Newcastle

## Apologies

Anne Bonner (AB)	Riverside Community Health Project
Lisa Charlton (LC)	Newcastle Society for Blind People
Alison Walton (AW)	Independent

## In attendance

Luke Arend (LA)	Project Manager, Healthwatch Newcastle (HWN)
Steph Edusei (SE)	Chief Executive, HWN
Deborah Hall (DH)	Marketing and Project Coordinator, HWN
Andrew Render (AR)	Project Worker, WEYES

## 1. Welcome and introductions

1.1. The meeting began at 3pm with a round of introductions. Kate Israel was nominated to the Board as Chair designate by TC and seconded by SC. Kate will become Chair at the September AGM; she was nominated by TC and seconded by SC. There is a long lead-in to ensure a smooth Chair transition.

## 2. Apologies for absence

2.1. Apologies were noted from Anne Bonner, Lisa Charlton and Alison Walton.

## 3. Minutes of last meeting and matters arising

3.1. (Matters arising from 28 Sept) Item 3.1 – discussions about Independent Complaints Advocacy (ICA) joint sessions are continuing; Newcastle Hospitals NHS Foundation Trust is interested in hosting a stall and if this happens then ICA and HWN will work together on these.

3.2. (Matters arising from 16 Feb extraordinary meeting) Item 5.6 – add finance skills to the Board; SE has sought expressions of interest from NHS graduate management training scheme alumni and various financial organisations, and will continue to target specific people who may be interested.

3.3. The minutes were agreed as a true record.

## 4. Chief Executive presentation

### 4.1. SE gave a presentation on the past three months including:

- 17 engagement events
- One public stakeholder survey
- Two system integration Design Labs
- Two reports
- Three new members of staff
- One baby!

4.2. There has been a lot of outreach in various venues, including care homes. These have been 'bring an audience type events' rather than enter and view.

4.3. An online stakeholder survey was carried out from January to February 2016, and 63% of people had heard of HWN. This compares to 14% in a 2014 survey, however the 2014 survey was done on the street and involved 190 respondents compared to 80 respondents for the current survey. The next survey will include online and face-to-face methods, including outreach stalls, and will take place over a longer time period.

4.4. There are 16 active volunteers and four more are being interviewed next week. They are a mixture of research, engagement and community 'Champions'. They have bi-monthly network meetings and BB suggested Board members might like to attend a meeting.

**Action:** Melanie Bramley to circulate details of Champion network meetings for 2016

4.5. Design Labs brings together Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle Hospitals NHS Foundation Trust, Newcastle City Council and Newcastle Gateshead CCG, general practice and the voluntary and community sector to develop integrated social care and health services. The labs are facilitated by Northumbria University Design School – next one is on 6 April. The challenge is still to involve the community and frontline staff more. There are two 'proof of concept' sites – inner west and east – where communities will be helping to design services.

## 5. Finance subgroup update (paper 1)

### 5.1. The main points to highlight on the current budget year are overspends on:

- Database – related to purchase of the feedback centre and MoodRaker (this was anticipated and use of reserves agreed)
- Consultancy – due to the development of the project management framework and staff vacancies and some of this will be recouped
- Equipment purchases – due to the office move

5.2. The North East local Healthwatch network has secured funds to support work on the North East urgent and emergency care ; this will fund IT support for the 12 Healthwatches, including web conferencing, and training. The bid and the work has been arranged by HWN and will be purchased this financial year to facilitate joint working.

### 5.3. Key points to note for the 2016-17 budget:

- The budget has been split into two six month portions to reflect the desired timetable for independence

- A balanced budget should be achieved which is partly conditional on achieving a small amount of additional income – from roll out of access to the feedback centre data; there are areas such as consultancy and marketing where expenditure could be reduced to compensate if additional income is not found
- The budget includes some contingency and legal costs associated with the contract re-tender
- The participation support budget is overspent and this reflects the work that has been done to reach seldom heard communities

## 6. Futures subgroup (paper 2)

6.1. The futures subgroup met 14 January and 7 March 2016. Extraordinary Board meetings were also held on 1 and 16 February 2016 to discuss the tender and what form HWN should take.

## 7. Risk management (paper 3)

7.1. Risks related to the tender and independence have been incorporated into the risk register.

7.2. SE mentioned the need for a succession planning strategy, to be carried out in the summer after the tender. This will look at the long-term future of the organisation and will involve everyone.

**Action:** SE to hold succession planning discussions in the summer as part of the preparation for independence

## 8. Trend analysis (paper 4)

8.1. SE gave an overview of trends from November 2015 to February 2016. These are collated from reviews on the online feedback centre and MoodRaker, which trawls all online sources for comments on specific services.

8.2. The sentiment analysis of feedback centre trends is done by giving scores for positive, negative and neutral comments within each individual review; this is why some comments may not always total 100%. Once we have collected sufficient data, the aim is to provide trend analysis on a 12 month rolling basis.

8.3. Hospitals and GPs are the most commented upon services in the feedback centre. The North East Ambulance Service (NEAS) has received the highest proportion of negative comments compared to positive ones in the feedback centre and MoodRaker. This is why NEAS appears on our priority longlist for 2016–17.

## 9. Healthwatch Newcastle research

9.1. LA started by presenting research on home care. This was carried out because it was voted a conference priority in 2015, service users are seldom heard and we did not have much intelligence on this service.

9.2. A questionnaire was circulated between October 2015 and January 2016 and 363 responses were received, many of them positive. Responses for service users and carers are combined as the questions are very similar. Over 90% of service users and their carers said they are satisfied overall with the quality of care provided by the home care service. Dignity scores the highest positive response.

- 9.3. Areas where respondents want to see improvements are: continuity of care worker; communication; training; timeliness (only 20% of respondents say their carer is always on time); and management of the service. Other areas of concern include medicine management and complaints handling.
- 9.4. The findings were recently presented to the commissioner and the recommendations will be incorporated into the new tender, which is due shortly. The draft report has been sent to relevant organisations for their comments by 18 March and will then be published.
- 9.5. SE presented the findings from the GP appointment survey. More than 900 responses were received from online and face-to-face surveys, although around 750 were useable due to consent issues and some respondents not being registered with a Newcastle GP or living in Newcastle. Attempts were made to ensure respondents were demographically representative, although more women than men completed the survey.
- 9.6. The survey took the form of a discrete choice experiment (DCE), developed in partnership with Northumbria University. A DCE usually uses a currency as a value, but this was inappropriate for this survey, so 'days wait' was used.
- 9.7. Overall, people are more willing to wait for a choice of GP or an evening or weekend appointment; they value convenience of appointment time the most. Looking at different populations, non-white British people prefer to see someone quickly over choice of GP, and those with a long term condition or disability prefer to wait longer (more than seven days) to see a GP of their choice.
- 9.8. More research is required to look closer at particular preferences for evening and weekend appointments. It might be helpful to see which practices form the GP clusters in the body of the report instead of the appendix. The draft report has been sent to relevant organisations for their comments by 18 March and will then be published.
- 9.9. AR gave a presentation on recent research of the mental wellbeing of 13–25 year olds in Newcastle. A questionnaire was designed and conducted face-to-face by the young people's group across the city, including schools and colleges. The questionnaire was also available online. There was a 3:1 female to male response and many young people were keen to discuss mental wellbeing with the group.
- 9.10. The main worries of respondents are: educational, financial and 'the future' (mentioned by 349 people), followed by social, mental health and image. Two thirds of respondents say they know where to go in school or college if they need help with issues. Asked about the one thing they would change about mental health and wellbeing support in school/college, respondents mention privacy, visibility, accessibility and awareness, and stigma.
- 9.11. The raw questionnaire data was shared with Expanding Minds, Improving Lives, led by Newcastle Gateshead CCG, Newcastle City Council and Gateshead Council, to transform children and young people's mental health. A draft report is now being prepared and will be circulated shortly.

## **10. Any other business**

10.1. The tender date for the Healthwatch contract is now expected to be in May, but with the decision still being made in July. It also seems likely to be a shorter contract (3 years + 1 year).

The meeting closed at 4.50pm.

### **Meetings in 2016**

13 June Broadacre House, room 0.2

19 September Bewick Hall, Central Library (meeting in public/AGM)

12 December Broadacre House, room 0.2