

# Board minutes

14 December 2015 - 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
Alison Walton (AW)	Independent

## Apologies

Anne Bonner (AB)	Riverside Community Health Project
Alisdair Cameron (AC)	Launchpad
Neil Cameron (NC)	Independent
Lisa Charlton (LC)	Newcastle Society for Blind People

## In attendance

Luke Arend (LA)	Project Manager, Healthwatch Newcastle (HWN)
Melanie Bramley (MB)	Volunteer and Outreach Coordinator, HWN
Steph Edusei (SE)	Chief Executive, HWN
Deborah Hall (DH)	Information Support Officer, HWN
Rachel Head (RH)	Project Manager, HWN
Beth Nichol (BN)	Apprentice Administrator, HWN

## 1. Welcome and introductions

1.1. The meeting began at 3pm with a round of introductions, including two staff members who are joining the team in January: Luke Arend and Melanie Bramley.

## 2. Apologies for absence

2.1. Apologies were noted from Anne Bonner, Alisdair Cameron, Neil Cameron and Lisa Charlton.

## 3. Minutes of last meeting and matters arising

3.1. (Matters arising from 1 June) Item 3.1 – Alison Walton (SW) has volunteered to be Vice chair and Bev Bookless (BB) will conduct a new Board member review with Feyi Awotona (FA) this week and with Neil Cameron (NC) in the New Year; item 5.7 – there has been higher participation expenditure recently due to increased outreach and engagement.

3.2. Item 3.1 – Independent Complaints Advocacy (ICA) sessions are not well attended at Newcastle City Library.

**Action:** Melanie Bramley (MA) to review ICA sessions in the New Year

- 3.3. Item 4.2 – Steph Edusei (SE), Jacqui Jobson (JJ) and Steve Nash (SN) from Newcastle CVS and Kieran Conaty (KC) from Involve North East met with the commissioner in October. A ‘light touch’ HWN tender is expected in April 2016 that may be of the same value, but it is unclear whether there will be any additional expectations (there has been no change to statutory requirements).
- 3.4. Item 4.4 – ‘Deciding together’ is currently running a public consultation which closes in February, and a decision will be made in April 2016.
- 3.5. Recruitment for a Chair runs until 8 January 2016. The interview panel will consist of KC, Councillor Joyce McCarty and Simon Elliott (Chair of Newcastle CVS) with BB present in an advisory capacity. BB would like a smooth transition and will work with the Chair elect until a handover at the September AGM.
- 3.6. A Board development session is required in early 2016, which will shortlist 2016-17 priorities for the 2016 conference.

**Action:** Deborah Hall (DH) to organise a development session for February/March

3.7. The minutes were agreed as a true record.

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

4.1. The main points to highlight are:

- Reserves have been used to fund the new website and Feedback Centre
- There was an error in the figures originally submitted to the finance subgroup (staff costs allocated to quarter 3) which were subsequently amended

**Action:** Steph Edusei (SE) will circulate updated figures

4.2. There is a slight deficit on staff expenditure of around £5,000 but there are two new staff members beginning in January 2016 and Rachel Head (RH) will be going on maternity leave in February.

4.3. The budget for 2016–17 will be for six months to September 2016.

#### **5. Trend analysis (paper 2)**

5.1. All data from the past two years that is related to a named service has been transferred into the new Feedback Centre. There are overall ratings for services and then for different areas of care, such as cleanliness and staff attitude, and also a section related to the friends and family test. Service providers will be given five working days to respond any negative reviews before they are published on the website.

5.2. In addition to being on online service, the Feedback Centre will be available in leaflet form.

5.3. SE ran through the data: once we accrue more information we will get a better sense of people’s views. At the moment, it is not clear how positive and negative sentiments in the ‘service experience watchlist’ are rated. Also, the service type pie chart is in shades of blue, which aren’t distinguishable. DH was informed by the web developers

that it is not possible to populate charts with different colours.

**Action:** SE to speak to the developers about the charts and about sentiment ratings

5.4. The internet sentiment analysis is in the process of being set up, so the data is not included in this report. Sentiment analysis may be of interest to providers and commissioners.

## 6. Futures subgroup update (paper 3)

6.1. BB declared an interest as she is the acting Chair for Involve North East, one of the host organisations of HWN.

6.2. Tim Care (TC) gave an update on the 10 December futures subgroup meeting where three different routes, and the pros and cons of each, were explored: do nothing; joint venture; and independence. This is against the background of a HWN tender expected in April 2016 for a contract running from September 2016.

6.3. Board members discussed the routes HWN could choose and the reasons why the subgroup recommends independence. The original bid stated the hosts would work towards an independent HWN, and there is a national expectation of independence. Should HWN become independent it would still retain links with Newcastle CVS and Involve North East but could decide its own fate.

6.4. Board members raised additional pros and cons of each, such as: future funding uncertainty/financial instability due to anticipated further cuts, potentially affecting HWN, Newcastle CVS and Involve North East; uncertainty around whether the tender process will favour independence or not; an unwritten agreement with Newcastle CVS that HWN retains any surplus, but this could change; HWN already has own office so some set-up costs will be reduced; generating own income and ploughing this back into HWN is desirable.

**Action:** SE to establish with commissioner whether independence (and a resulting lack of financial history) would be a barrier when submitting a HWN bid

6.5. The Board acknowledged that a three year business plan and sound governance structure would have to be in place before any bid could be made as an independent entity. However, at this stage there is insufficient information to make a decision. A futures subgroup meeting was requested to examine the proposed routes more fully, with costings, followed by an extraordinary Board meeting to make a decision. Jacqui Jobson (JJ) has a lot of experience to draw upon due to Advocacy North Centre and can support SE regarding implications of TUPE, etc. should HWN decide to opt for independence. JJ was invited to attend the next futures subgroup meeting.

### Actions:

- DH to arrange futures subgroup and Board meetings for January 2016
- SE to provide details breakdown of costs for January futures subgroup meeting
- Board members to give feedback to SE on any points prior to the subgroup meeting
- BB to contact absent Board members for their views

- Board and staff to think about who potential contract competitors will be

## 7. Chief Executive update

- 7.1. SE gave an update on a very full schedule of research and activities during the past quarter.
- 7.2. Home care – we're in the middle of gathering information via three surveys for: home care users; relatives and unpaid carers of home care users; home care workers. The surveys close in January 2016 and a report will be published by the end of March, after providers and commissioners have had the opportunity to comment. Any early findings will be shared with Newcastle City Council as part of its engagement around the home care specification.
- 7.3. GP appointments research – survey has been extended to ensure a minimum of 800 valid responses. We hope to be able to show preferences by age band, locality and other factors, such as ethnicity, etc. This work may lead to some additional qualitative research to find out what the reasons for preferences might be; for example, a high percentage of older people say they prefer evening or weekend appointments and we would like to explore why this is.
- 7.4. Outreach – the majority of outreach has supported the GP appointments survey but we have also hosted listening events with local providers and commissioners, and with the Regional Refugee Forum, which have received very positive feedback. Reports for these will be written up shortly.
- 7.5. Young people's Healthwatch – was successful in getting a grant from NHS England to promote how they've engaged with peers in their dental research.
- 7.6. Statutory partnership working – includes CCG commissioning plan development and engagement; social care and health system integration; 'Deciding together' consultation; and 'Expanding minds, improving lives'. We have commissioned an associate to help with an in-depth analysis of Newcastle City Council's budget proposals.
- 7.7. Marketing – we have paid for boosted posts on social media, resulting in a large increase in visibility and in people's interactions with HWN posts for very little cost.

**Action:** SE to circulate social media advertising information

## 8. CCG commissioning plan presentation

- 8.1. Jackie Cairns (JC), Director of delivery and transformation (for Newcastle) at Newcastle Gateshead CCG, spoke about the CCG's plans for 2016-17. The care pathways include: mental health; learning disabilities; children, young people and families; older person and end of life; long term conditions including cancer; urgent care; and planned care. The new models of care include: voluntary sector services; community services; general practice; hospital provision (driven by clinical work programmes); social and complex care; and community services.
- 8.2. All programmes are cross-cutting and complement each other. The plans may be subject to minor changes following stakeholder consultation.

- 8.3. Mental health pathway – includes developing Improving Access to Psychological Therapies (IAPT) services (currently delivered by two providers). HWN and Advocacy Centre North will help inform the consultation process. HWN was part of the communications and engagement group to ensure stakeholders are properly consulted on ‘Deciding together’ public engagement proposals.
- 8.4. Children, young people and families’ pathway – includes working on the perception that people can’t get GP appointments (they are going to A&E by default). The CCG has carried out its first co-commissioning with the local authority to create an occupational and physical therapy blueprint for children and young people with complex needs.
- 8.5. Older person and end of life pathway – includes defining what is intermediate care for people (at home? a step down facility? etc.) and a public consultation will be held on this. A task and finish group has been established to look at falls across health and social care, lead by Eugene Milne, Director of Public Health at Newcastle City Council.
- 8.6. Long term conditions pathway – includes diabetes services and SE mentioned the variability between Gateshead and Newcastle services (Gateshead follows a national model of good practice). A diabetes working group has been formed, with a Gateshead GP working with Newcastle to better align diabetes services.
- 8.7. Urgent care pathway – Newcastle Gateshead CCG is collaborating with CCGs in the north east and north Cumbria as a vanguard site. The system will be redesigned, with a focus on 111 as triage, and leading to synergies across the region. A public consultation will run from April 2016 and JC welcomes HWN’s involvement in planning this.
- 8.8. New model of care for general practice – will look at how the sector can be fit for purpose across health and social care sectors; one east and one inner west locality will roll out a systems integration pilot. SE is part of the systems integration taskforce. SE has put in a bid with NECS on behalf of regional Healthwatches for funding to support their involvement with the vanguard.
- 8.9. GPs are not attracted to the north east so in order to improve recruitment the CCG will be creating portfolio options, where GPs will work with local consultants and act as a peer reference for other GPs in their area.
- 8.10. BB thanked JC for coming along to talk about the CCG’s plans.

## **9. Young people’s Healthwatch (paper 4)**

- 9.1. HWN contracts Children North East (CNE) to develop and run a group to gather the views of young people on social care and health.
- 9.2. CNE organisational changes have resulted in fewer staff available to provide additional, unresourced, time to the project, and recruitment and participation of young people is currently low.
- 9.3. Because the HWN contract ends in September 2016, six months after the end of the CNE contract, it does not seem sensible to seek other providers for this service until

there is some certainty about its potential longevity. In the interim it is proposed to provide additional funds to support ten flexible hours each month. This must be for additional outreach and engagement as outlined in a performance action plan.

**Agreed:** to approve additional outreach and engagement funding, that is aligned to performance metrics

**Actions:**

- SE to draw up an action plan for additional outreach and engagement and share with the Board
- BN to arrange a meeting of the Board and the young people for late January or February

The meeting closed at 5.25pm.

**Meetings in 2016**

28 January	Broadacre House, room 4.1 (extraordinary meeting)
14 March	Broadacre House, room 0.2 (meeting in public)
13 June	Broadacre House, room 0.2
19 September	Bewick Hall, Central Library (meeting in public/AGM)
12 December	Broadacre House, room 0.2