

Board and AGM minutes

19 September 2016 - 1.30pm

Newcastle City Library, Newcastle upon Tyne

Board members present

Feyi Awotona (FA)	Independent
Anne Bonner (AB)	Riverside Community Health Project
Bev Bookless (BB)	Chair and independent
Alisdair Cameron (AC)	Launchpad
Neil Cameron (NC)	Independent
Tim Care (TC)	Independent
Lisa Charlton (LC)	Newcastle Society for Blind People
Sarah Cowling (SC)	HealthWORKS Newcastle
Kate Israel (KI)	Independent

Apologies

Alison Walton (AW)	Independent
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In attendance

Luke Arend (LA)	Project Manager, Healthwatch Newcastle (HWN)
Melanie Bramley (MB)	Volunteer and Outreach Co-ordinator, HWN
Steph Edusei (SE)	Chief Executive, HWN
Deborah Hall (DH)	Marketing and Project Coordinator, HWN
Andy Render (AR)	Project Worker, Children North East
Lyndsay Yarde (LY)	Project Manager, HWN

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 Alison Walton.

3. Minutes of last meeting and matters arising

3.1. Matters arising, item 4.7 – a CCG briefing took place at the Wellbeing for Life Board meeting.

Item 5.2 – there will be a SEND update later in the meeting.

Item 6.1 – the GP case study was amended in the annual report.

Item 8.3 – SE to confirm if it is acceptable to store minutes electronically for seven years.

Item 8.4 – a CIC name, Tell Us North, has been agreed.

Item 8.6 – profit and loss statement was incorporated into the bid.

Items 10.2 – the concerns about a dental practice were gathered at an engagement event, which skewed the data, so no further investigation is thought necessary. KI to arrange meeting with Yvonne Ormston at NEAS.

3.2. The minutes were agreed as a true record.

4. Chief Executive report (paper 1)

- 4.1. SEND – questionnaires have been produced for parents of children with special educational needs and disability (SEND) and for young people aged 16–25. These are being sent out very shortly to everyone in Newcastle with an education, health and care (EHC) plan or statement.
- 4.2. Care homes – three surveys have been circulated to see how involved residents are in their own care and in the running of the care home: one for care home residents; one for relatives; and one for care home managers. Visits to a sample of care homes are also being carried out. There has been a reasonable response from care home managers, but more are needed from residents and relatives.
- 4.3. Intermediate care – we are working as part of system integration design labs and are currently asking about people's experiences of discharge from hospital. We will be contacting approximately 60 people one, three and seven weeks after discharge to ask about their experiences. Newcastle Carers is contacting carers to gather their views too. The information will be used to improve discharge processes and support.
- 4.4. Urgent care – this work follows on from our April conference where we noticed a marked difference in the time people were willing to wait and we wanted to explore this further. We are working with Healthwatch Gateshead to ask people how quickly they expect to see a healthcare professional when the need is urgent and the patient is themselves/a child/a vulnerable relative. So far, the majority of respondents have said they are willing to wait two hours; people from a BME background would like to be seen quicker.
- 4.5. Young Healthwatch Newcastle – is looking at issues of access to health services and visiting schools and colleges to promote a survey. The group is currently being delivered in partnership with Children North East but this support will be carried out in-house from October 2016. SE thanked Children North East for its work in developing the group.
- 4.6. Outreach – has continued to be very busy. We held a listening event in July, which was attended by more people from organisations than by members of the public/service users. We will be reviewing the format for the next listening event.
- 4.7. Healthwatch England conference – our breakout session on GP appointments work was well received and the NHS England National Director for Patient Experience, Neil Churchill was very supportive. SE is hoping to speak with Neil again very shortly about patient experience.

5. Finance subgroup update (paper 2)

- 5.1. BB presented a paper summarising the financial report for the first quarter of 2016–17. The budget is in balance but it was noted that Young Healthwatch was over budget but this was due to additional staff hours.
- 5.2. Consultancy costs were higher than anticipated but this was mainly due to speaker fees for our April conference being incorrectly coded; this has since been amended.

- 5.3. There was an apparent overspend on meetings and events but all conference expenditure falls in the first quarter and therefore this should balance out over the course of the year.
- 5.4. Because BB, SC and AB are stepping down from the Board, KI will look at the format of a group with financial responsibility as part of the new CIC.
- 5.5. The participation support line is overspent, which Board members considered to be positive as it means more people are being supported to participate in HWN activities (there was previously an underspend in this line).

6. Futures subgroup update (paper 3)

- 6.1. A discussion took place on the setting up of Tell Us North CIC, which will deliver the Healthwatch Newcastle contract. 'Healthwatch' is a trademark of Healthwatch England, which is why the CIC was set up with a different name. We are awaiting confirmation of registration from Companies House.
- 6.2. TUPE arrangements with staff are progressing smoothly and there will be a review of roles going forward. As mentioned earlier, the Young Healthwatch group will be supported in-house.
- 6.3. There will be a development session in the autumn to review the business model, aims and objectives of the new CIC.

7. Trend analysis (paper 4)

- 7.1. SE spoke about how we gather views and experiences of services via the online feedback centre and out and about in the community. Feedback on services has become more negative in the last quarter, particularly around GP and ambulance services. Treatment and care, and access to services, are the most common themes.
- 7.2. There has also been a noticeable increase in negative comments on Moodraker, which trawls all online sources for intelligence about services in Newcastle. This may partially stem from the ongoing junior doctor dispute. We will review the past 12 months of data to see if there is an underlying pattern, or see whether this is just a blip.
- 7.3. The Care Quality Commission report on the North East Ambulance Service NHS Trust (NEAS) is due out soon. We are planning some engagement work with NEAS later in the year, and may look at additional work but this will need to be scoped out: the trust covers a wider area and issues in Northumberland will not be the same as they are in Newcastle.
- 7.4. The feedback centre is promoted at every opportunity and we are planning to create a public report of the past year's data, and quarterly thereafter on a rolling basis.
- 7.5. The smartphone app and widget for service providers' websites are other ways in which people can submit views and review services.

The Board meeting closed at 3.50pm

8. Annual General meeting

- 8.1. The AGM began with resignations by BB, SC, and AB. AC and LC were nominated by TC for a second term, seconded by FA.
- 8.2. Details of how to apply for the two Director positions are on the HWN website.
- 8.3. BB thanked AB and SC for their contribution to the Board, for their thought-provoking discussions and VCS perspective.
- 8.4. SE gave a presentation on the past year's work, including the results of last year's public survey (another is due soon) and the recent stakeholder survey in which people considered HWN to be responsive, competent and respected.
- 8.5. An overview was given on last year's home care and GP appointment research. Newcastle City Council fully incorporated six recommendations into the new home care tender specification, and Newcastle Gateshead CCG is following on from our GP appointment report by looking at what people want and need from the provision of seven-day services.
- 8.6. Young Healthwatch had a busy year, feeding data from their mental wellbeing of young people into a review of children and young people's mental health services. An NHS England community grant was used to promote the young people's report on dental service, and a dental booklet was piloted.
- 8.7. BB introduced KI as the new Chair. KI has been shadowing BB for the past six months to ensure a smooth transition. BB acknowledged there were risks in setting up a CIC but was confident that people in Newcastle will continue to have a voice, and thanked the public and organisations for their involvement.
- 8.8. KI closed the AGM by wishing BB, SC and AB well. She thanked BB for leading and developing a strong and supportive Board, in a well-respected and influential organisation.

The AGM closed at 4.20pm.

Meetings in 2016/17

Finance subgroup meeting	14 November, 4–5pm, Ray Dixon room, Higham House
Councillor and MP reception	15 November, 4.30pm–6pm, Brunswick Methodist Church
Board meeting (private)	12 December, 3–5pm, Room 0.2, Broadacre House
Board meeting (public)	13 March, 3–5pm, Room 0.2, Broadacre House