

Board and AGM minutes

28 September 2015 - 3pm

Great North Museum, Newcastle upon Tyne

Board members present

Bev Bookless (BB)	Chair and independent
Feyi Awotona (FA)	Independent
Alisdair Cameron (AC)	Launchpad
Neil Cameron (NC)	Independent
Sarah Cowling (SC)	HealthWORKS Newcastle
Lisa Charlton (LC)	Newcastle Society for Blind People
Alison Walton (AW)	Independent

Apologies

Anne Bonner (AB)	Riverside Community Health Project
Tim Care (TC)	Independent

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

1. Welcome and introductions

1.1. The meeting began at 3pm with a round of introductions, including two new Board members Feyi Awotona and Neil Cameron.

2. Apologies for absence

2.1. Apologies were noted from Anne Bonner and Tim Care.

3. Minutes of last meeting and matters arising

3.1. Item 3.1 – Bev Bookless (BB) will have a one-to-one with each Board member about the Vice chair position. Board members are always willing to help if called upon, but BB would also welcome a Vice chair as an extra level of support.

Item 6.3 – Independent Complaints Advocacy (ICA) sessions have taken place throughout the summer at Newcastle City Library but have not been well attended. Healthwatch Darlington found that it took a few months for the service to be established. The sessions will continue but be reviewed again in a few months' time.

Action: Steph Edusei (SE) to review ICA sessions and report back to Board at next meeting.

Item 6.6 – following the Healthwatch Newcastle young people’s dental health report, public health at Newcastle City Council have asked the group to work with them in developing dental information for young people. This work will be shared when it is pulled together. It is hoped that the materials can be shared beyond Newcastle and will be in leaflet and digital formats. The dental research found that NHS Choices information about dentists was often out-of-date; as a result some young people will be carrying out a mystery shopping exercise.

3.2. The minutes were agreed as a true record.

4. Finance subgroup update

4.1. The main points to highlight are:

- Equipment expenditure is higher than the budget but this was expected due to the costs of relocating to a new office
- There appears to be an overspend for developing the ‘English for speakers of other languages’ resources but the figures display the total cost for the year and there will actually be an underspend by year end
- There will be an underspend on staff costs due to staff leaving, however, staff recruitment is planned for mid-November to increase team capacity
- Some of the underspend carried forward from year 1 has been allocated to the development of a new website and feedback centre, which is expected to increase the amount of quality of data gathered; the website and feedback centre will be launched on 29 October

4.2. The contract for Healthwatch Newcastle runs until September 2016, but it is unclear at the moment if the budget is guaranteed until then, and the Board is aware of financial pressures on Newcastle City Council. There is also uncertainty whether the contract will be re-tendered.

Action: SE, Newcastle CVS and Involve North East to meet with commissioner in October

4.3. There will be structural changes to the staff team, including merging outreach and volunteering into a single role to improve efficiency, and recruiting two project managers (one will cover maternity leave). This is affordable within the staff budget, which will be reviewed at the end of the year.

4.4. A discussion took place on ‘Deciding together’ and if there is a timetable as there is uncertainty about what the local authorities, clinical commissioning group (CCG) and service providers are planning.

Action: SE to seek clarification on the timetable

5. Healthwatch draft constitution (paper 2)

5.1. A constitution has been drafted following the update of the business plan and a general review. Healthwatch Newcastle Board has a terms of reference but the draft constitution is a more in-depth document.

5.2. The constitution was drafted with the assistance of Newcastle CVS specialised services and sets out the objects, powers and duties to ensure transparency and accountability.

It will be subject to an annual review.

Agreed: To adopt the proposed constitution

6. Trend analysis (paper 3)

- 6.1. This will be the final time the paper is presented in its current format as the feedback centre will be in place by the time of the next Board meeting.
- 6.2. SE ran through the main points highlighting that the top five themes include: quality of care; staff attitude; waiting times; cost of services; NHS is a valuable resource.
- 6.3. There have been fewer individual comments about GPs, which is why this has dropped off the top five, but this is largely due to the ongoing GP appoints research. A rise in comments has been noted about cost of services and some work will be done into what this means.
- 6.4. Lots more outreach is taking place, for example in supermarkets, and we now have a rolling programme. This has resulted in the views of a wider range of people being gathered. Work is currently underway to review volunteer roles and this will help to increase capacity.
- 6.5. A discussion took place about the home care research. Service users have made positive comments about care - people are very understanding about the pressures that carers face. We need to be able to differentiate between good quality care and people being grateful the care they receive.
- 6.6. When a trend develops we provide feedback to providers, for example, a conversation about urgent care took place with Chris Piercy (Director of Nursing at Newcastle Gateshead CCG) in March. Positive comments can also be fed back to commissioners and providers.

7. Any other business

- 7.1. A discussion took place about how the Board and staff work together and are supportive of each other. A repeat of the Board self-assessment will take place in April 2016.

8. System integration presentation

- 8.1. James Duncan (JD), Finance Director and Deputy Chief Executive of Northumberland, Tyne and Wear NHS Foundation Trust, discussed the challenges and opportunities involved in integrating social care and health services in Newcastle. Conversations about integration have been given a head start by the Better Care Fund, although this did not bring additional funding.
- 8.2. Accountable officers meet monthly and represent the four organisations involved: Northumberland, Tyne and Wear NHS Foundation Trust; The Newcastle upon Tyne Hospitals NHS Foundation Trust; Newcastle Gateshead CCG and Newcastle City Council.

- 8.3. JD spoke about the need to do things differently as there are growing needs but restricted budgets; there will be a spending gap of 25% over the next five years. Only by working together can challenges be overcome.
- 8.4. A stakeholder event took place a year ago to look at integrated working, benefits, barriers and enablers. As a result a 'proof of concept' has been implemented and will be piloted in one community area to test how services integrate.
- 8.5. Some benefits to integration include: improved experiences for people through joined up care; better outcomes for people living with long term conditions, supporting them to regain as much independence as they can; moving from crisis management to supported self-management; better informed and empowered people who have more control over their own health.
- 8.6. Some of the barriers include: lack of agreed process and methodology for delivering change; interests of the organisations vs wider interests of system; capacity; ability for leaders to break free of orthodox thinking.
- 8.7. There is an event on 30 September that will begin to look at how to take integration forward and ensure engagement takes place.
- 8.8. Following the presentation, JD answered questions from the audience. The issue of staff engagement was raised because staff are experiencing huge changes. The response was that decisions will be made with frontline involvement, rather than it being a top-down approach; it may be senior staff who are more resistant to any changes.
- 8.9. The notion of changing from providing later care to earlier identification and intervention was mentioned. JD responded that the current system is designed to deal with crisis; there is no easy answer but with more people engaged it may make things easier and a 'positive risk' attitude is required by commissioners and providers.
- 8.10. Government flexibility was discussed and an example given of GPs being asked to do more and more things that they feel may not be of great benefit. The government also needs answers about squaring demand and resources which is why it is asking organisations to look at integration and find solutions. Newcastle isn't part of a vanguard but that may ultimately give the city some flexibility; its trusts are also respected nationally and this provides some leverage.
- 8.11. A query was raised on the short deadline of 2018 to achieve integration. The timeframe is flexible as it is important to plan for effective engagement and this takes time.
- 8.12. If the integration process will be bottom-up, how will senior management be persuaded to pool budgets where needed? The new approach means people can't simply think about their 'own' budgets any more. The language will change from processes and organisations to communities and people. It is important to ensure the financial model flows to the right places.
- 8.13. BB commented on needing a collective willingness for change and a compact to ensure proper engagement and dealing with risk; SE is joining the task force, and will both support and challenge. JD was thanked for his presentation.

9. AGM - adoption of Board members

9.1. **Agreed:** the Board adopted Feyi Awotona and Neil Cameron as Board members.

10. AGM - Chief Exec presentation, including annual report and finance statement

- 10.1. There has been a change of leadership during 2014-15 and the organisation has matured during the past six months. SE spoke about the engagement that took place during 2014-15 and how that informs work and trend analysis. The most common individual comments over the past year were: quality of care; waiting times; NHS is a valuable resource; GP appointments; staff attitude.
- 10.2. The Healthwatch Newcastle Star campaign was launched, and service users can nominate an individual, department or service for outstanding service. During 2014-15, eight Stars were awarded.
- 10.3. Young people's Healthwatch Newcastle researched young people's priorities and their dental services report received a lot of interest from the dental community. The group is currently researching the mental wellbeing of young people in Newcastle.
- 10.4. The 'Just ask' helpline offers free independent information about local social care and health services but it has not been as busy as expected, with just 47 calls during 2014-15. However, people have been helped to access complaints support via the Independent Complaints Advocacy service (ICA) and the Patient Advice and Liaison Service (PALS).
- 10.5. Funding comes from the Department of Health via the Newcastle City Council and there was an underspend last year. This has been carried forward into 2015-16 and some is being utilised to improve the way information is collected. Most of the funding is spent on staffing, as this is how the organisation achieves its objectives and supports the Board and Champions.
- 10.6. The plans for 2015-16 are to:
- Increase the volume of quality information and insights so we have a sound basis to identify issues, trends and best practice
 - Increase our understanding of the social care and health issues important to the city's population
 - Continue to encourage information sharing and promote critical thinking, planning and delivery across the social care and health sectors
 - Ensure the capacity and capability to deliver our strategic objectives
 - Ensure that the purpose and work of Healthwatch Newcastle is sustainable in the longer term

The meeting closed at 4.25pm.