

Healthwatch Northumberland Board Meeting
Thursday 12th January 2017, 10:00-12:30
Adapt (NE) Burn Lane, Hexham

The Chair opened the meeting by wishing all the board a Happy New Year.

1) Introductions and apologies:

Present:

Cynthia Atkin (Chair)
Liz Prudhoe (Strategic Lead)
Nigel Porter (West)
Pauline Wilson (North)
John McIndoe (Central)
Danielle Hayes (Alzheimer's Society)
Alan Curry (Commissioning Manager NCC/Social Care Services)
Carole Pitkeathley (Blyth Valley)
Sharon Spurling (Carers Northumberland)
Catherine Lee (PALS)
Pat Maggin (Adapt NE)

In attendance:

Andy Crosbie (Project Co-ordinator)

Minutes recorded by:

Jean Pearson

Apologies:

Ann Lyall (Northumberland VCS Assembly)
Kirsten Francis (Policy Lead, NCC)

2) Minutes of last meeting:

Items discussed:

- Nigel Porter disagreed with a sentence recorded on page 6 as incorrect - this will be removed accordingly.
- Nigel Porter would like the sentence on page 2 regarding 'NP not sure Healthwatch Northumberland should get too much more involved' amended to 'more involved in service design - amended accordingly.
- The Chair discussed Feedback from the AGM regarding letters from Northumbria and Newcastle hospitals being at odds with what was published.
- Following Item 7 Danielle Hayes left the meeting - to be amended on the minutes.

3) Matters arising:

- Terms of reference for the co-commissioning group has been sent out to members - Sharon Spurling suggested these are posted on the website.
- Liz Prudhoe is working with the CCG on the protocol for the co-commissioning meeting.
- NEAS requested Healthwatch Northumberland's help in recruiting a volunteer for their friends and family tests. We will continue to promote.
- Questions on the website - Liz Prudhoe is awaiting some responses. Claire Jackson (Communication & Marketing Officer) is doing work/structure currently and awaiting direction as the system is not easy to navigate.

ACTION: Actions to be fed back

- The CCG asked the Healthwatch Northumberland board if they could be involved in unannounced provider visits - the board are still of that opinion. A protocol is to be considered in order to be able to work together.
Carole Pitkeathley asked about going along to unannounced visits-not Carole personally.

The Chair suggested we look at our position and discuss the matter further.

Nigel Porter agrees that distinction needs made.

The Chair asks to confirm what is confidential and what we can share.

John McIndoe asks if we need a decision of not to enter a view or a decision to change it.

The Chair confirms a view is necessary.

Liz Prudhoe suggests entering a view of some evidence.

John McIndoe suggests to put this aside.

Alan Curry confirms the board have the power, so use it when there is a clear case to use that power

Carole Pitkeathley agrees.

John McIndoe said he would be happy once we know we can use it.

Carole Pitkeathley said it is better used with caution.

The Chair commented - previously there were concerns at out-patient departments and work with mystery shopping and these have shown to actually be able to make changes.

John McIndoe asked that enter a view not be off the table.

The Chair confirmed this item is not off the table.

Liz Prudhoe informed the board of a previous ENT clinic closing and transferring the service into a GP surgery. Healthwatch Northumberland provided a drop-in to ask patients their views and passed this information on. Newcastle hospitals had a break in provision and the CCG agreed this break should not have happened. The outcome was the CCG requested Newcastle Hospitals to ensure there was no break in service.

Sharon Spurling confirmed that this was the same providers but just a different location.

The Chair asked John McIndoe if he was assured by this discussion - he confirmed assurance.

- Extra diary date for a board meeting on 24th February 2017. Board members have received information on the extended contract, prior to the board standing down in March. Information regarding ACO is required and someone will be required to talk to members regarding transforming the way things are done.

4) Declaration of Interests:

Alan Curry was in attendance of his first meeting as Commissioning Manager NCC/Social Care Services.

The Chair confirmed the Commissioner usually was in attendance.

Carole Pitkeathley advised that she had been appointed as a Standing Lay Member of a NICE Guidelines Committee which would continue for the next three years. Carole had previously advised the Chair and Strategic Lead of this fact and no conflict of interest had been identified.

5) Strategic Action Plan & Finance: update - attached

Carole Pitkeathley queried the new work section/domiciliary care - Liz clarified this was not being taken forward as on review the evidence was not robust enough.

Alan Curry said there needs a robust mechanism in place as there are lots of projects which need to be strategic and discuss which projects to actually take on. Liz Prudhoe agrees a timeline needs to be agreed and embedded.

Carole Pitkeathley highlighted ambulance delays to care homes - there is a need to close the loop between returning patients to care homes in the middle of the night and a need to investigate the time of ambulance drivers taking people back to the homes.

Liz Prudhoe discussed information received from care homes regarding the impact of this on people in the area of equality, as care homes are appearing to wait longer for an

ambulance. Response from care homes was at present 70%; it appears that in the north of the county, staff members are being asked to go with patients but then the staff cannot get back. NEAS are asking for an escort/carer for patients with dementia (of note, NEAS received an award for working with dementia patients).

Alan Curry noted there may be a crossover with the council contracts and care homes on this regarding cost and staffing issues. The Commissioner is asking for similar information and there may be a plan to work together to reduce duplication or engage in planning together. Liz Prudhoe agrees Healthwatch Northumberland need to firm up on this issue. Carole Pitkeathley agrees for the Commissioner and the commissioned to work together. Nigel Porter pointed out the issues regarding staff being missing from the care home during this period of transfer of the patient but also supports a protocol that a staff member accompanies patients to hospital, especially in cases of patients with dementia.

Sharon Spurling suggests the possibility of replacing the member of staff or reviewing the system of staff members being able to return to the home.

Danielle Hayes mentioned it would depend on who is free at the time to provide the service and as it stands it is not always the staff member who is familiar with the patient who attends.

Pauline Wilson suggests a system within the care homes to prevent an admission in the first place, for example pharmacists are now employed within care homes.

Alan Curry suggests a system to manage care homes as to who may be best placed to go with them.

Sharon Spurling asked if family members had been asked to escort patients in the first instance. Catherine Lee said the CCG are working on feedback from operators to understand work being acted on. The Chair commented 'why reinvent the wheel'.

The Chair asks for feedback on the CRM database system. Liz Prudhoe informs the board that reports can now be produced. Feedback should be passed onto clients. Carol Pitkeathley mentioned signposting - 'where do we collect and who do we share this information with?' The Chair said this has been undertaken by the Social Care Liason Group and need to inform the Commissioner and providers of the information.

Budget: update attached

Nigel Porter questioned the total column of £24,000 - The Chair confirmed the extra £12,000 was produced by the DOH in addition for her extra work for the local authority. Some questions were raised regarding the layout of the spreadsheet - Liz Prudhoe explained the budget as correct.

6) Update documents for information: updates - attached

- **ACO - Health Outcomes**

Andy and Helen (Engagement & Liason Worker) had populated responses. Carol Pitkeathley questioned what level of response was required - Sharon Spurling said it would depend on time allocation. Pauline Wilson added a previous template would be useful, i.e. referring to a template used on an audit for the trust; it would be useful to have a template for this too. The Chair said outcomes were constantly discussed and reviewed and Healthwatch continues to question outcomes. Sharon Spurling asked if a date had been set for the outcome. The Chair stated February

had been set for business case. Nigel Porter stated Carol Pitkeathley's response had set the bar high.

NP mentioned he would like to look at deaths in hospitals - he said people prefer to die at home and asked if there was some measure to reduce deaths in hospital. Carol Pitkeathley asks about recording avoidable deaths in hospital. The Chair informed the board that support should be given regarding evidence of dying at home preference. Nigel Porter thought it would be a good idea to look at this.

- **Review of volunteers**

Carole Pitkeathley is on the board of Age UK and they nominate a volunteer and staff member for awards; North Tyneside has an award for volunteers and suggests some kind of award to bring the Commissioner and the Commissioned together. Liz Prudhoe said looking forward we need to look at how we use volunteers. The Chair suggest defining the role of 'volunteer' within Healthwatch and was surprised at the number of volunteers involved and maybe look to meeting some volunteers. Liz Prudhoe said the board would have met a lot of volunteers already at various meetings etc.

- **Review of Care Homes - This item was not discussed.**

7) Chair's report - this item was not included due to time issues

8) Purpose and Strategy Presentation:

Andy Crosbie provided a PowerPoint presentation:

From the presentation:

John McIndoe questioned ongoing projects/issues level.

Andy discussed from the PowerPoint - 'Follow up with key stakeholders to ensure change is coming not to be a Healthwatch Northumberland issue'.

Andy confirmed Healthwatch is not a decision maker.

Alan Curry agrees an action plan should be set and stakeholders informed.

The Chair informed the board she had a discussion at the Reaction Strategy Group re: local issues e.g. Harbottle; there is a duty to share information with Healthwatch England.

Catherine Lee asked if data was available to focus on and at that point would it be recognised as an issue and what would be happening.

Andy discussed from the PowerPoint - 'Select issues to be focus on in-depth projects is an issue to process work and questioned repeating work already done'.

Nigel Porter sees the need to measure as things improve.

Carole Pitkeathley stated it is about seeing needs are met and add a date to look forward. Sometimes this needs an element of challenge.

Andy mentioned Alan Curry suggests creating an action plan but this needs to be shared and needs to work for both parties. He asks what the action plan will be; it is the responsibility of the owner and HWN should monitor this. Alan agreed with this clarification.

The Chair would like the public to be aware that we are doing this.

John McIndoe commented 'we are a bit slack there'

Andy sees the structure as Engage, Analysis & Communicate.

The Chair said the key to Healthwatch is to feed what is local to National level.

Andy suggests polished structures around projects.

Andy thanked Carole Pitkeathley for her help/work done.

Issues raised from the presentation:

Carole Pitkeathley spoke regarding 'Need for clearer strategy and a more systematic approach' - she mentions the board need to know strategic approach; delivery to be involved in the details.

The Chair spoke regarding 'Engagement strategy - are we reaching everyone we need to reach? Are we going out to people enough or expecting them to come to us?' Previously Ann Lyall had suggested we be more creative of how we engage.

Improvements/priority areas from the presentation:

Andy suggests looking at a way of managing - ongoing work.

Andy commented he could not praise Claire enough for her work since she started. LP informs the board that since Claire has been employed Facebook hits have increased; in under 3 months the page has doubled and social media engagement has increased substantially.

The Chair thanked Andy.

Liz Prudhoe thanked Andy for all the work done in a short space of time.

Nigel Porter agreed and found the information challenging, suggesting systematically looking at the projects/issues and aim to have a 3 key heading structure in place with clearer lines to help understand key activities etc. He would like our impact to be helpful in understanding.

Alan Curry found the information useful and said Healthwatch is about helping local people to ensure needs are met.

Catherine Lee thought the presentation showed challenges with some possible and some not possible and commented - 'We are where we are because of challenges'

Sharon Spurling thought the presentation was brilliant. She questions the next steps and realises systems need ironed out and structure issues implemented.

Liz Prudhoe said the recruitment process for Chair and board members are currently with NCC for signing off. There have been some structural problems and we now need to strengthen structures with Andy's structure suggestions. Alan added with the extended contract, structures need to be right.

Sharon Spurling understands we need a timeline for the next steps.

Liz Prudhoe - is to start the recruitment process.

Carole Pitkeathley asks members to understand the need for accountability and responsibility.

The meeting was closed.

**Date and time of next meeting:
Friday 24th February 2017 at 10:00am**