

Minutes of the Healthwatch Northumberland Board meeting held on 18 September 2018 at Seahouses Community Hub

Present:

David Thompson (DT) Chair, Liz Prudhoe (LP) Adapt North East, Catherine Lee (CL), PALS, Margaret Young (MY), Independent Member, Kelvin Rushworth (KR), Independent Member, Harry Wilson (HW) Independent Member, Kevin Higgins (KH) Northumberland County Council, Kate Whitehead (KW) Carers Northumberland

In attendance: Derry Nugent (DN), Project Coordinator, Anne Armstrong (AA), Engagement Officer, Lesley Tweddell (LT) Engagement Officer, Tania Porteous (TP) Engagement Officer

Apologies: Anne Lyall (AL), Northumberland VS Forum, Hayley Brown (HB), Independent Member, Debra Blakey (DB), Carers Northumberland

Minutes recorded by: Derry Nugent

1.Introductions, apologies and Declarations of Interest:	Action
The Chair opened the meeting and introduced Harry Wilson as a new	
independent member following the recent recruitment process. KR and HB	
had been confirmed as independent members through this process.	
DT gave a vote of thanks to Sharon Spurling (SS) who had left Carers	DN to send a card and
Northumberland and the Healthwatch Northumberland board. DN will	flowers to Sharon
arrange for a card and flowers to be sent.	Spurling
Declarations of Interest: no members declared interests pertinent to items at this meeting	
2. Minutes of last meeting	
DN confirmed that SS had raised a question about the Recovery College as	
actioned. There are no further developments to report at this time. MY	
expressed her regret at this situation.	
The minutes were agreed as a true record and signed by DT.	
3. Action points	
All action points were noted as complete. Discussion was as follows:	
Quarterly KPI report: DN said that KH, as Contract Manager, had agreed that	
the Operational and Financial Updates prepared for the Healthwatch Board is	
acceptable as the quarterly KPI report. This report will also be used to report	
Healthwatch Northumberland (HWN) progress to the Adapt Board.	
Members welcomed this transparent and efficient approach to reporting.	

4. Matters Arising

There were no matters arising which were not covered by substantive agenda items

5. Operations and Financial Update September 2018

DN spoke to the circulated report. The following points were raised in discussion:

Social Value Engine Tool: DN and KH are investigating if this is the correct tool to measure the impact that HWN has. This operational priority may change and will be reported to a future meeting.

Carer research: the delays in this work with Carers Northumberland were noted and the revised timescales. The Board are keen to see progress reported at the next meeting.

Berwick Hospital Development: DT reported that he had emailed senior officers at Northumberland Clinical Commissioning Group (CCG) and the Chief Executive of Northumbria Healthcare Trust (NHCT)about specific points in the Berwick Hospital redevelopment proposals:

- I. The reduction in bed numbers to 16 and the evidence on which this significant change was based.
- II. The issue of patients and carers having to travel to other hospitals for tests, particularly endoscopy and what plans NHCT had to ameliorate this situation.
- III. Clarity about the actual meaning of an integrated service.HW said it was not clear if the plan is for one or two buildings.

DT said he had stressed the need for early, informed engagement with the public. He had received positive responses from both organisations and noted that a public drop in session was planned for 27 September. DT said it was important that the process and progress of engagement activities is monitored by Healthwatch Northumberland and views given to CCG and NHCT.

6. Update on Young People and Mental Health activity

AA and TP made a presentation of the work carried out about access to Young People and Mental Health services which had led to the Insight report. They said a key issue to emerge from the work was the complexity due to the number of agencies involved and the role that HWN can play in focussing on availability and access to generalist services.

They also reported that Suzanne Barton, newly appointed Children's Commissioner at Northumberland CCG was meeting with the HWN on 26 September. HWN will share the findings more widely.

Members welcomed the report. The following points were raised in discussion:



KH said it was important to include older young people who may be facing mental health problems but not in touch with school or other agencies and seeking work	
KR said it is important to recognise the impact of living in a rural location with less access to services and with increased 'visibility'.	
LP said that the needs of young people who have been excluded from school should be considered.	
CL said that signposting to generalist services and focussing on access and availability is a key function for HWN.	
DT thanked AA and TP for the work so far and asked for an update at the March 2019 meeting.	AA/TP to provide update on Children and Young People Mental Health work March 2019
7. Volunteering in Healthwatch Northumberland	
DN spoke to the report. She clarified that the proposed Volunteer Officer post was 18 hours per week.	
DT asked for PLACE visits and citizen panel style opportunities to be included.	DN to proceed with recruitment of Volunteer Officer. KR volunteered to
DN will proceed with recruitment of Volunteer Officer. KR volunteered to be involved. DN to check if AL wishes to be involved.	be involved. DN to check if AL wishes to be involved.
8. Healthwatch Quality Standard Review	
DN spoke to the report. Members felt that 'partner organisations' rather than 'stakeholder' is the more appropriate term. Members agreed with the revised approach as set out.	DN to use term Partner Organisations rather than 'Stakeholder' for Quality Standards review
9. Strategic Risk Register	
Members reviewed the Risk Register and agreed to the inclusion of volunteering alongside enter and view as a risk.	
10. Annual General Meeting	
DT confirmed AGM will take place on 16 October at Newbiggin Sports and Leisure Centre. All members to let claire Jackson know if they can attend.	HWN team to invite pharmacists at dispensing GP practices to the Annual General Meeting.
KR suggested that pharmacists based in dispensing practices are invited.	
11. Board partner organisations update	
CL – Patient Advice and Liaison Service	
CL reported that the underlying theme of complaints raised with PALS is	
communication/mis-communication.	

LP – Adapt NE Emerging theme from NHS Complaints Advocacy as to whether GP surgeries are routinely signposting complainants to PALS or HWN.	
12. Role of Vice Chair and Independent Members	
DT spoke to the report. KR suggested 'Deputy Chair' as the more appropriate title and this was agreed.	DT to amend title and role description for Deputy Chair and circulate selection procedure and
DT will amend title and role description for Deputy Chair and circulate selection procedure and timescale	timescale DT to revise and clarify role of Independent Board
MY suggested that members having 'portfolios' around specific issues could be looked at in the future in balance with staff roles. DT will revise and clarify role of Independent Board members for Information Pack	members for Information Pack
13. Any other business	
Members discussed the pre meeting drop in session. Although attendance was low it was a useful exercise and members resolved to continue it.	
Dates of meetings for 2018/19	
16 October 2018 Annual General Meeting	
18 December 2018	
15 January 2019 Annual Plan Review	
12 March 2019	

Date of next meeting Tuesday 18 December 2018