

Minutes of the Healthwatch Northumberland Board meeting held on 20 March 2018 at Bowsden Village Hall

Present:

David Thompson (DT) Chair, Carole Pitkeathley (CP) Vice Chair, Sharon Spurling (SS), Carers Northumberland, , Catherine Lee (CL), PALS, Anne Lyall, Northumberland VS Forum, Margaret Young (MY), Independent member, Kelvin Rushworth (KR), Independent member.

Derry Nugent (DN), Project Coordinator

Apologies: Liz Prudhoe (LP) Adapt North East, Hayley Brown, Independent Member

Minutes recorded by: Derry Nugent

1.Introductions, apologies and Declarations of Interest:	Action
<p>The Chair opened the meeting and welcomed Kelvin Rushworth to his first meeting following his co-option to the Board. Hayley Brown, who also joins the Board as a co-optee had given her apologies for this meeting.</p> <p>The Chair informed members that Madeleine Elliot had stepped down for personal reasons. She will stay in touch with Healthwatch and extends her best wishes for its continued success.</p> <p>Declarations of Interest: no members declared interests in items at this meeting</p>	
<p>2. Minutes of last meeting Agreed as a true record – copy signed and dated by DT</p>	
<p>3. Action points</p> <p>Social Value Engine Tool (SVET) DN reported that following the presentation to the Empowering People and Communities group she, DT and CP had met with Rose Consultancy who had developed the SVET. DN said she had used it to look at different engagement options. AL said it was proving useful in understanding the impact of infrastructure support to the voluntary and community sector (VCS).</p> <p>Recovery College The Board was disappointed that the Recovery College in Northumberland was on hold due to lack of funding. AL said a lot of work of a similar nature is being done in the voluntary sector and it might be helpful for the Clinical Commissioning Group (CCG) to map this and for Healthwatch to use its convening role to bring together commissioners and VSC providers. Al said the VSC Assembly could ask a question of the CCG. DN she would liaise with the Assembly on this.</p> <p>KR asked what organisational and operational models are used to deliver Recovery Colleges in other areas. DN said she would investigate and report</p>	<p>DN to liaise with VS Assembly about raising a question to the CCG</p> <p>DN to investigate organisational and operational models</p>

<p>back.</p> <p>DT said he would raise the issue with the new Chair of Northumberland, Tyne & Wear Trust (NTW) when they meet on 6 April.</p> <p>Rothbury DN reported feedback from patients following the GP surgery was highlighting problems for some people with limited mobility. The Getabout Car Scheme had seen an increase in requests to get to the surgery. The Board noted this as an access issue forming part of the larger emerging picture about access to GP services.</p>	<p>Recovery College models</p> <p>DT to raise Recovery College with new NTW Chair on 6 April</p>
<p>4. Matters arising There were no further matters arising</p>	
<p>5. Digest of external meetings notes The report was noted.</p>	
<p>6. Update: Healthwatch Northumberland 2018 onwards DT said this was a confidential item. The Board noted that the outcome of the tendering process was unknown at this point but that, in line with the tender documents, work would continue to be delivered in line with the Operational Plan. To this end LP had been informed that the existing contract to Adapt NE would be extend by one month to end of April 2018.</p>	
<p>7. Board partner organisations update</p> <p>SS – Carers Northumberland</p> <p>SS gave an update of the transfer of the Home Care provider contract in December 2018. She said that the relatively smooth transition had demonstrated good partnership working. She said that as part of the work commissioned by Healthwatch a group of carers in the Rothbury area had carried out a survey to highlight areas of good practice and improvements. These to be shared at a meeting with Northumberland County Council and Age UK Northumberland on 23 March.</p> <p>CL – Patient Advice and Liaison Service</p> <p>The PALS team was now fully staffed across all locations. She noted that staff changes within Trusts would require building new relationships which are a key tool in PALS ability to resolve patient issues.</p> <p>CL said the service had been busy due to the winter pressures on the NHS, but she felt the additional communications about services had helped.</p> <p>CL said that North East Ambulance Service (NEAS) was still to implement the new eligibility criteria for the Patient Transport Service. The delay being IT related. DN said this reflected the Healthwatch experience and she would follow up with NEAS.</p>	<p>DN to contact NEAs for update on implementation date for Patient Transport Service eligibility criteria</p>

<p>AL – Voluntary Sector Assembly</p> <p>AL reported that Northumberland County Council had extended the Northumberland CVA contract to 2019. Northumberland County Council had also carried out a survey to understand the impact of and the views about voluntary sector infrastructure support.</p> <p>NCVA is also meeting with its counterparts in Newcastle and North Tyneside to discuss the implications of the North of Tyne Devolution proposals for the VCS.</p> <p>Recent VS Assembly discussions included the impact of Universal Credit, monitoring the use of foodbanks and the increase in “funeral poverty”</p> <p>Following discussion of the state of community engagement with the Sustainability and Transformation Plan (STP), Assembly representatives are to meet with Siobhan Brown of the CCG.</p> <p>The VCS Liaison Group and the VS Assembly executive are to meet with elected members of Northumberland County Council to discuss the sector’s role in health and wellbeing and its contribution to an asset based approach to community development.</p> <p>AL said NCVA had promoted the Healthwatch annual survey. DN thanked her and said this had undoubtedly helped increase the number of responses.</p>	
<p>8. Operations and Financial update</p> <p>DN spoke to the circulated report. Members felt the report and the Operational Update gave were a good reflection of on-going work and how Healthwatch has to be reactive to developing issues. Thought to be given to a dashboard summary. Capturing the impact of the actions was the important next step.</p> <p>The Board congratulated the delivery team on the 570 responses received to the Annual Survey. DN said that GP appointments and access were recurring themes. KR said that it would be important to look for information about prevention and the impact of multi-disciplinary team working in primary care.</p> <p>It was noted that 3 members of the Healthwatch Board had completed the Independent observer training and that DT and MY had done visits. MY was also involved in the PLACE assessments with NTW. DN will update the report to reflect this.</p> <p>The Finance Report was discussed with variations and projected year end out turn noted.</p>	<p>DN to develop summary dashboard</p> <p>DN to update Operational Report to correctly show Board involvement in Independent Observer and PLACE processes</p>
<p>9. Board Effectiveness Review</p> <p>CP spoke to the report. The Board welcomed the report and agreed the following:</p> <p>a) Board meeting agendas and discussions should prioritise delivery</p>	

<p>against strategic priorities</p> <ul style="list-style-type: none"> b) Board to meet 4 times a year with one development session in January to feed into the review and planning cycle. c) Presentations by staff to be encouraged where they can add to information in reports. d) DT to share Chair's reports to contracted provider. <p>CP to produce an action plan arising from the Board Effectiveness Review to be reviewed in September 2018</p>	<p>DT/DN to action agenda revisions for future meetings</p> <p>CP to produce an action plan arising from the Board Effectiveness Review to be reviewed in September 2018</p>
<p>10. Strategic Risk Register</p> <p>DT spoke to the circulated report and reminded members this is a standing agenda item.</p> <p>The Board identified two further external strategic risks;</p> <ul style="list-style-type: none"> a) A stakeholder does not want to engage with Healthwatch Northumberland b) Healthwatch Northumberland is perceived by stakeholder(s) as unhelpful <p>CP will incorporate these into the register along with relevant mitigations and circulate to the Board</p>	<p>CP to include additional strategic risks into the Risk Register</p>
<p>11. Dates of meetings for 2018/19</p> <p>The schedule of meetings for 2018/19 was agreed with the following amendments</p> <p>8 May – Development Day. Delete in line with decision at item 9 September - amend date to 18 September</p> <p>DT said that the discussions at the Development Day in January would be incorporated in the revised Operational Plan to be presented at the June meeting.</p>	<p>DN to amend meetings schedule and re-circulate.</p>
<p>12. Any other Business</p> <p>There was no further business</p>	

Date of next meeting
Tuesday 19 June 2018
Venue to be confirmed