

10th March 2014
Venue: Westfield Farm
Time: 1.00 pm - 4.00 pm
BOARD MEETING NOTES

Chair: Martin Booth

Board Members attending: Mike Milen, Lawrence McAnelly, David Morris, Ian Holtby, Paul Davies

Healthwatch Staff in attendance: Carol Gaskarth, Martin Booth, Lindsay Rutherford, Linda Sergeant

Guests in attendance: n/a

		Action
1.	Introductions Carol Gaskarth, Chief Executive of PCP, was introduced to the Board.	
2.	Apologies Apologies received from Mal Fitzgerald, Veronica Hartnett, Jason Lowe	
3.	Election of Chair of the Board 2.1 Ian Holtby was proposed by LM and seconded by MM to act as Chair of the Healthwatch Redcar & Cleveland Board. The Board agreed.	
4.	Declarations of interest None declared.	
5.	Minutes from the last meeting and matters arising not on the agenda: 4.1 The minutes were agreed as an accurate record. 4.2 MB informed the Board that since the last Board meeting he had received notices of resignation from Bob Norton and Jason Lowe. However Bob had since requested that he be re-instated to the Board. The Board raised no objection to this request and agreed. 4.3 CG informed the Board that Liz Greer would be leaving PCP employment at the end of March 2014 but would still be carrying out pieces of work in relation to the Healthwatch contract. 4.3 It was confirmed that the Chair now has the responsibility for attending the Health & Wellbeing Board and IH requested that future dates be forwarded to him.	LR

	<p>4.4 MM asked if Healthwatch were able to attend the South Tees CCG meeting. Healthwatch staff to find out.</p> <p>4.5 David Morris asked if Healthwatch were able to attend the South Tees Trust meeting. Healthwatch staff to find out.</p> <p>4.6 MB reminded Board members to complete and return skills audit as this would be help to prepare for future development training.</p>	<p>LR</p> <p>LR</p> <p>Board</p>
6.	<p>Health Scrutiny Committee</p> <p>6.1 Discussion on issues raised following Healthwatch attendance at the Redcar & Cleveland Health Scrutiny Committee on 24th February 2014 and also Healthwatch's response.</p> <p>6.2 The Scrutiny Committee has requested that Healthwatch attend the next meeting with the new Commissioner to give an update of developments.</p> <p>6.3 CG informed the Board that many of the issues were already being addressed however monthly targets had been drawn up for staff to achieve. Arrangements are also being made to recruit additional staff and have a base within the Redcar and Cleveland area.</p> <p>6.4 CG informed the Board that the same level of Scrutiny had not been received from Middlesbrough or Stockton Scrutiny or Commissioners although they are at a similar stage of delivery. No criticism has been received from CCG.</p> <p>6.5 The Board were asked to approve recommendations and suggest any further actions:</p> <ul style="list-style-type: none"> • MM requested clarity on work programme priorities. Board needs to be clear what the programme is and what is reasonable to achieve. • Role of Board - arrange a development session for the Board. • Additional Board members and identify gaps. Board to suggest names of possible members who must either be living or working in Redcar and Cleveland. Possibly advertise once more for Board members. 	<p>LR</p> <p>Board</p>
7.	<p>Enter & View Powers</p> <p>7.1 Discussion on report explaining Enter and View powers</p> <p>7.2 Board's response to recommendations</p> <ul style="list-style-type: none"> • Confirmed that all enter & view volunteers would be provided with ID, training and a DBS check would be carried out. This however would necessarily mean someone would be excluded from becoming a volunteer. • Priority to recruit and train enter & view volunteers. 	

8.	<p>Work Programme The Board were given an update on the work programme. MM asked why the work programme had been cut down to 4 issues when 6 had been initially agreed. LR explained that this had mainly been due to capacity but the other topics would be fed back to the Board for their direction.</p> <p>The Board then fed back decisions and possibilities for next steps on each issue.</p> <p>8.1 Cancer Care and Support IH highlighted that this is a huge area and covers many agencies. Meeting held with CEO of Teesside Hospice confirmed that in general hospital services are at a high standard for initial diagnosis and end of life care. However, people living with cancer perhaps overlooked and level of support can depend on GP practice. LR will be engaging with cancer support groups over the coming weeks to find out what people's experiences of care and support are like from initial diagnosis to recovery and beyond.</p> <p>The Board agreed that a possible outcome would be to raise GP awareness of support services and identify if there is a need for further care and support in the community.</p> <p>8.2 Social Isolation The Board discussed where Healthwatch can add value to this topic as many agencies are currently working on ways to improve social isolation across many sectors of the community.</p> <p>The Board agreed that no further work to be carried out on this topic.</p> <p>8.3 IAPT - Talking Therapies Information requested around the talking therapies service indicated variance in waiting times across providers for step 1 and 2 and also that there are aims of delivering a number of IAPT services in a more community based setting to help raise awareness of the service. The Board agreed for further investigation around assessment criteria, information/ signposting to people not entitled to access the service, drop out rate and to find out how the patient choice is communicated to the patient. LR explained that Middlesbrough Healthwatch have also agreed to look at talking therapies as part of their work programme and that a joined up piece of work could be produced.</p> <p>8.4 Children & Young People LM informed the Board that he is arranging a Resilience event and would be an opportunity to gather young people's views on health issues. LR suggested that as Healthwatch staff has produced an ongoing theme analysis document providing feedback from young people around their health issues and needs, it can be used to identify an area focussing on children and young people. LR suggested re-looking at the theme around transitions from child to adult mental health services which was previously discussed by the Board. LR agreed to meet LM and update the Board accordingly.</p>	<p>LR</p> <p>LR</p> <p>LR</p> <p>LR</p>
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9.	<p>IMProVE</p> <p>9.1 MB explained the IMPRoVe (Integrated Management and Proactive Care for the Vulnerable and Elderly) being carried out by South Tees Clinical Commissioning Group. It is an ongoing project which aims to make changes to the way health and social care services are delivered to the vulnerable and elderly. Healthwatch staff currently attend the Advisory and Reference Group meetings.</p> <p>9.2 Discussion on what Healthwatch involvement should be with the project.</p> <p>9.3 The Board agreed that Healthwatch should not be seen to be part of the process but continue to attend meetings to gather information.</p> <p>9.3 Wait to see what proposals are being made.</p>	
10.	<p>AOB</p> <p>9.1 CG proposed that an information and signposting update be added as a standard agenda item to future board meetings.</p>	MB/LS
11.	<p>Date of Next Meeting</p>	

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