

16th December 2013
Venue: Redcar & Cleveland Mind
Time: 2 - 4 pm

BOARD MEETING NOTES

Chair: Martin Booth

Board Members attending: Veronica Harnett, Mike Milen, Jason Lowe, Bob Norton, Paul Davies, David Morris

Healthwatch Staff in attendance: Martin Booth and Lindsay Rutherford

Guests in attendance: Mal Fitzgerald

		Action
1.	<p>Welcome and introduction</p> <p>1.1 MB introduced himself to Board Members as the newly appointed Tees Healthwatch Manager. All of the other board members then introduced themselves.</p> <p>1.2 MB then invited the board to choose a member to chair this meeting. It was suggested and agreed that MB should act as chair.</p> <p>1.3 MF explained he had been invited to the meeting by LG to add capacity to the Board due to the resignation of Julia Bracknall.</p>	
2.	<p>Apologies received from: Lawrence McAnelly and Liz Greer.</p>	
3.	<p>Declarations of interest</p> <p>None declared.</p>	
4.	<p>Minutes from the last meeting: agreed as an accurate record.</p> <p>Matters arising</p> <p>4.1 Amendments to Board Member names noted.</p> <p>4.2 BN suggested that Board Members who are in employment should be eligible to claim out of pocket expenses from HW rather than their employer. MB emphasised that it was up to the individuals' employer. If they see their role as Board Member as part of their employment role then they may be prepared to meet expenses, but that if Board Members need to claim out of pocket expenses from HW, they are entitled to do so.</p> <p>4.3 MB provided a staff team update. He had joined Healthwatch on the 9th December. LG is on sick leave, but is expected to return to work 6th January, along with the newly appointed Participation Coordinator, Toni McHale.</p>	

<p>5.</p>	<p>Chair and Board structure</p> <p>5.1 Clarity on the process to elect/ appoint a Chair was requested. VH requested further information on the PCP recruitment and application process for Board Members. MM asked if it was stated on the service contract with the local authority that the Chair should be independent.</p> <p>5.2 Following discussions from the previous meeting, concern was expressed regarding a lack of representation on the Board from the field of health. MM suggested contacting Ian Holtby, retired Director of Public Health. This was agreed. MB requested that the Board contact the HW office with further suggestions for potential Board Members that the team can contact.</p> <p>As stated in the draft governance, MB emphasised that the Board could co-opt additional members to utilise their skills and knowledge. The Board agreed to co-opt MF and will consider other suggestions to bring the complement up to ten at the next meeting. It was agreed that the issue of who will chair the board, and the appointment of a Vice Chair will be determined once the board membership is finalised. It was agreed that MB would continue to chair in the interim.</p> <p>5.3 The board requested information about the membership of R and C Healthwatch - who are they, and what is their role? MF emphasised the importance of the Chair's role in reflecting the views of the whole membership and feeding them into the HWBB.</p>	<p>MB/LG</p> <p>Board/ MB</p> <p>SC update distributi on list.</p> <p>MB</p>
<p>6.</p>	<p>Governance</p> <p>6.1 A paper on the governance of Redcar and Cleveland Healthwatch was circulated and MB provided a presentation summarising this.</p> <p>6.2 MB suggested that the enter and view power, should not only be used where poor levels of service have been identified. Concern was expressed about organisations' lack of awareness of the 'enter and view' role and it was felt that information about this power needs to be given to service providers. The Board expressed they would like further information about the criteria for enter and view and training in how the power is to be used.</p> <p>6.3 BN offered to look at governance models of local organisations to identify where the Board can build on and add to the governance drafted by PCP.</p>	<p>LR contact LY</p> <p>BN</p>

<p>7.</p>	<p>Representation on Boards</p> <p>7.1 Board Members agreed the following representation:</p> <ul style="list-style-type: none"> • Health Scrutiny- BN • Adult Safeguarding Board- JL • Health & Wellbeing Board- VH • South Tees CCG- MM • South Tees Foundation Trust- DM <p>LR to seek clarification on the QSG meeting, locality groups of the South Tees CCG and Healthwatch North East Network.</p> <p>7.2 Board Members suggested that clarification on the purpose and aim of other partnership/ Board Meetings would be helpful in prioritising where HW can be represented. LR agreed to provide clarification on agreement with North East Ambulance Service Forum Meetings.</p>	<p>LR</p> <p>LR</p>
<p>8.</p>	<p>Work programme</p> <p>8.1 The Board agreed that from the intelligence gathered around people’s experiences of health and social care services, prioritisation should be given under the broad themes of: children and young people, elderly people, mental and physical health.</p> <p>MB provided a summary of issues that fit with the commissioning intentions of the South Tees CCG, Health and Wellbeing Strategy, other Healthwatches in Tees and where there are potential gaps in services. These included:</p> <ul style="list-style-type: none"> • The transition form CAMHS to Adult Mental Health Services. • The development of a carers’ transition service to help with young carers who move to be adult carers. • After care for cancer patients. • The promotion of services to meet the needs of young people. • Support for people recovering from drug and alcohol misuse. • Advocacy for people with mental health problems. <p>It was suggested that whilst all of these issues should be investigated, the topics should be defined a little more widely and from the service users point of view. So, for example, rather than just considering “the transition form CAMHS to Adult Mental Health Services” we should look at mental health of young people more widely.</p> <p>MM proposed further research into the social isolation of the elderly population. This was agreed.</p> <p>The Board requested the following information on the issues put forward:</p> <ul style="list-style-type: none"> • Context of the issue. • What are the issues? 	

	<ul style="list-style-type: none"> • Why is it an issue? • Examples of why it needs to be addressed. <p>8.2 BN emphasised the importance of measuring the impact Healthwatch can have on service design and delivery. LR/ MB to investigate and feedback to group.</p>	LR/MB
9.	<p>Update from Health and Wellbeing Board</p> <p>9.1 VH had agreed to attend the HWB in the interim until a Chair is elected/ appointed. VH summarised key achievements from the HW highlight report from a Board perspective. Issues discussed at the HWBB included morbidity and early diagnosis for lung cancer- improvements to cancer treatments.</p>	
10	<p>AOB</p> <p>Date of the next meeting:</p> <p>13 January 2014, 2.00-4.00pm, Westfield Farm, Dormanstown.</p>	