



## Minutes of Meeting Board of Directors

**Date:** 10.10. 16

**Time:** 14:00-16:00

**Place:** Kendal College, Kendal, Milnthorpe Road, Kendal, LA9 5AY

**Tel:** 01228 550696

### Board Members:

Helen Horne (HH)	(Chair)
Gilda Wells (GW)	(Vice Chair)
Gill Sadler (GS)	(Board Member)
John Robson (JS)	(Board Member)
Lynne Gibbons (LG)	(Board Member)
Hilary Barker (HB)	(Board Member)
Geoff Lamb (GL)	(Board Member)

### Supporting Officers:

David Blacklock (DB) (Chief Executive Officer)  
Sue Stevenson (SS) (Chief Operating Officer)  
Elaine Ralph (ER) (Information and  
Administration Officer -Minutes)

### 1. Apologies for absence

None received

## 2. Declarations of Interest

There were no declarations of interest.

## 3. Minutes

There were two amendments requested for the minutes of the meeting of 11 July 2016.

**Action: ER to amend and upload to the Healthwatch Cumbria website.**

## 4. Matters arising

DB suggested that if new pieces of work require an urgent decision they could be delegated for authorisation by the Chair/Vice Chair or other Board member.

GS asked if there was a template for business cases or a check list to help Board members to evaluate a proposed piece of work.

SS responded that there is a business case template which could be used as a checklist.

GW suggested that financial implications should be included in new business cases for commissioned work.

DB stated that we are using budgets for commissioned work and that we have taken on more resources for this work which will enable us to carry on with core work.

SS highlighted that commissioned work was usually more pertinent because it is relevant, contemporary and often large pieces of work.

GS agreed that we should carry on taking relevant commissions but not to the detriment of core work.

Action Log - SS updated the Board on the Action log status.

**Action - ER to put on Development Session agenda to discuss business case criteria for business cases**

## 5. Operations Report - Sue Stevenson

SS gave an outline of the business of HWC in the last quarter.

### **Kentmere**

This was a piece of work on the Kentmere Mental Health Unit at the Westmorland Hospital that Healthwatch Cumbria carried out in June 2016. SS informed the Board of the decision by the Cumbria Partnership NHS Foundation Trust to delay the closure of the Kentmere Unit has been informed by the work of HWC. SS clarified that the Kentmere engagement work was core work and not commissioned.

### **Maternity Services**

SS also gave an update on Maternity Service which has been an additional piece of analysis on the original Maternity Matters project from last year. The additional work will be presented as an appendix to the original report.

HH asked if there were concrete changes that we could publish on the HWC website which could show how we might have influenced change.

SS responded that sometimes change happens much later.

GS suggested that we can make a correlation to a change rather than a causation in some cases.

### **Success Regime (SR)**

SS explained that the SR work covered both commissioned and core work - i.e. Consultation Engagement coming up in November 2016, which is a commissioned piece of work and the ongoing Public Consultation Process Stakeholder Group (PCPSAG) meetings which are part of HWC core work.

### **Quality in Care Homes**

SS presented the work which asks residents in care homes what matters to them most.

HH asked how this differed from the recent Cumbria County Council work in care homes?

SS said this was different from the CCC consultation but that HWC would have to be sensitive with regards to care homes involved the consultation and asking residents what matters to them in a different survey.

HH asked if we could use as an Enter and View quota.

SS This is a separate piece of work and will not be used as Enter and View numbers.

GS asked if the feedback was going to CQC in order to close the link with CQC and quality.

SS - This is specifically how care homes are perceived by residents but we will feedback via the report produced and through the Clinical Commissioning Group.

There was a discussion around the table about what Enter and View visits were and that this survey is all about how the resident feels rather than inspection standards in the home. JR asked how they different from Patient Led Assessments of the Care Environment (PLACE) visits.

DB - The Quality in Care Homes survey has a level of independence rather than led by the Trusts or CQC.

There was further discussion on approaching people with Dementia and capacity to answer questions.

### **CHoC (Cumbria Health on Call)**

SS explained that this was a commissioned piece of work which began on 01<sup>st</sup> September and will run until 30<sup>th</sup> November. The work is a patient experience survey of CHoC services.

DB explained to the Board Members the commissioned and core work within the Operations Report.

## **6. Lancashire and South Cumbria Transformation Project (LSCP)**

DB explained Sustainable Transformation Plans to the Board Members.

SS explained that the LSCP involved four local Healthwatch - Cumbria, Blackpool, Blackburn and Darwen and Lancashire. They had met recently to appoint a programme manager to run a programme of engagement for the STP areas - there are five local development plan areas.

DB - Healthwatch Cumbria involvement will be developed in a different way. Other local Healthwatch do not have many resources so engagements might be different from HWC.

There was further discussion around involvement in STP's and the need to remain independent of the system but involved in strategic planning and the ethical issues that can sometimes arise by being involved at this level. The Board agreed that HWC should keep the link and continue involvement with local area development plans.

## **7. Young Healthwatch**

SS said this project was still in early stages, however, one of the HWC Representatives, Shirley Tordoff and Chris Tolley, Volunteer Co-Ordinator had visited Furness College where they had some interest. Christ Tolley will follow up.

## **8. Healthwatch England, Report for the HW England National Committee**

HH presented the report, and discussed the key issues raised at the 2 workshops and the Healthwatch England Board meeting. One key issue was financial sustainability within local healthwatch networks.

### **For Information**

DB - HWC staff have been discussing whether we should have a formal response to the Future of Healthcare Consultation. We have been speaking to people about the potential changes since last year and have carried out the public engagements and reported on what people say. Should we present this in a comprehensive report amassing the information that we have to date?

There was a discussion as to whether this would be a formal response as Healthwatch Cumbria or re-representing what the public have already said. It was agreed that this should be a report representing what has been said and not recommendation from HWC. It must also be clear that the report would not be representative of the population but a self-selective number of people who wished to tell HWC their views.

HH has agreed to sit on the People First Board on behalf of HWC to ensure a robust governance link between the two Boards.

The Board also discussed whether to bring the HWC Engagement spreadsheet to public meetings. It was agreed that this would be more appropriate to bring to Healthwatch Development Sessions.

**Action - ER to distribute quarterly to the Board.**

**Next Meeting Dates:**

Dates of next Healthwatch Cumbria Board Meetings in Public and Development Sessions were discussed with two amendments to be made.

**Action - ER to change dates and send new dates to Board Members**