



Agenda Board of Directors

The Healthwatch Board meetings are held in public.
Members of the public who wish to attend will be made very welcome.
If you plan to attend and wish to ask a question please use the form available online or available at the venue and ensure that your question is submitted to the Chair immediately before the meeting.

Date: 11.07. 16

Time: 14:00-16:00

Place: Best Life Building, 12 Duke Street, Barrow in Furness, Cumbria LA14 1LF

Tel: 01900 607208

Agenda items and requests to: Elaine Ralph

Board Members:

Helen Horne (Chair)
Gilda Wells (Board Member and Vice Chair)
Gill Sadler (Board Member)
Tamsin McGlinchey (Board Member)

Supporting Officers:

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

Part 1: Public

1. Apologies for absence
2. Declarations of interest

3. Minutes, paper enclosed

To confirm the minutes of the meeting of the **07. 04.16**

4. Matters arising, paper enclosed

Action Log to be reviewed

5. Operations Report, paper enclosed

Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria (HWC)

6. Success Regime HWC Engagement Report, paper enclosed

Sue Stevenson, Chief Operating Officer, HWC

7. HWC Annual Report, paper enclosed

David Blacklock, Chief Executive, HWC

8. Healthwatch England, Report from the HW England National Committee

Helen Horne, Chair HWC

9. Recruitment and Volunteers, verbal update

David Blacklock, Chief Executive, HWC

10. Business Cases for work priorities, paper enclosed

Sue Stevenson, Chief Operating Officer, HWC

11. Finance, paper to follow

Gilda Wells, Board member with responsibility for Finance

12. Healthwatch Cumbria Board Development Day, 12.08.16

Full Board discussion to plan agenda

Part 2: Private

1. Delegation of Financial Powers Policy, paper enclosed

Gilda Wells, Board member

Next Meeting Dates:

Dates of next Healthwatch Cumbria Board Meetings, listed below

11th July 2016 (Board Meeting in Public)

2-4 pm, Best Life Building, People First Independent Advocacy, 12 Duke Street, Barrow-in-Furness, LA14 1LF

12th September 2016 (Board Development Session)

10:00am-12 Noon, Best Life Building, People First Independent Advocacy, 123-127 Botchergate, Carlisle, CA1 1RZ

10th October 2016 (Board Meeting in Public)

2-4 pm Kendal College, Milnthorpe Road, Kendal, Cumbria, LA9 5AY

14th November 2016 (Board Development Session)

10am - 12pm Carlisle Best Life Building, 123-127 Botchergate, Carlisle

16th January 2017 (Board Meeting in Public)

2-4 pm Noon, Best Life Building, People First Independent Advocacy, 4-8 Oxford Street,

Workington, Cumbria, CA14 2AH

Healthwatch Cumbria Board Meeting Action Log

Meeting date: 11.7.16

Green - Completed

Amber - In progress

Red - Unable to proceed/Action required

Actions from Board Meetings			
11. 04. 16	Action	Responsible	Progress
1	Provide and complete Declarations of Interest forms for all Board members Include as standing agenda item on Board meetings	ER	Complete
2	HWC to review how we carry out evaluations under the "enter and view" authority	SS	Additional volunteer engagement staff, who are willing to act as quality checkers, have now been recruited to be trained in E and V approach. A programme of enter and view visits will now be planned in line with national best practice.
3	HWC Chair and CEO to meet regularly with appropriate elected members for briefings purposes	HH/DB	A meeting is arranged for the Chair and Chief Executive to meet with Cllrs Ian Stewart and Beth Furneaux on Monday 5 September 2016
4	SH to provide a summary of key issues from the public re	SH	The HWC SR Engagement Report has now

	Success Regime (SR) for the Board		been published and is included on the agenda for the HWC Board meeting on 7 July 2016
5	Delegation of financial Powers Policy to be agreed	DB	Paper prepared to be presented during part 2 on 11 7 16
25 01.16	Action	Responsible	Progress
1	Post on Healthwatch Hub "Yammer" to find out if any HW have carried out a skills matrix or similar for Ambassadors	ER/RP	A Skill's Audit has been circulated - there are versions for Board members and staff and volunteers. Board members will consider how to use this at the next HWC Board Development session.
2	Kate Johnstone from Healthwatch England is taking over from Julie Turner - A date to be confirmed with Kate Johnstone to attend a future HWC Development Meeting	SS	A meeting has been arranged with Kate Johnston on 1 st August.
3	Future events to be highlighted in advance and decisions taken about who should attend e.g. social, staff members or ambassadors.	SS/DB	A list of all regular meetings and events has been compiled. HWC Board has agreed that it will work with the HWC to consider which should be regularly supported and who should support each going forward. This will be discussed at the next HWC Development Session

Healthwatch Cumbria Board Meeting	Agenda Item: 6
11 th July 2016	

Report: Success Regime HWC Engagement Report

<p>Purpose of Report: The purpose of the report is to present the Healthwatch Board with the recently published Healthwatch Cumbria report "Engaging People in the NHS Success Regime".</p>
<p>Key Issues / Considerations: The Board is asked to note the final report on the extensive engagement that Healthwatch Cumbria carried out between December 2015 and April 2016 for the North, West and East NHS Success Regime.</p> <p>The report can be found on the HW Cumbria website at: http://healthwatchcumbria.co.uk/wp-content/uploads/Healthwatch-Cumbria-Success-Regime-Report-June-2016.pdf</p> <p>Hard copies of the report will be available at the meeting and sent to Board members with their papers.</p>
<p>Recommendations:</p> <p>The Board is asked to discuss any issues and note the report.</p>

Presented By	Sue Stevenson
Contact Details	sue@healthwatchcumbria.co.uk
Report Written	28 June 2016

Healthwatch Cumbria Board Meeting	Agenda Item: 7
11 th July 2016	

Healthwatch Cumbria, Annual Report

<p>Purpose of Report: The purpose of the report is to present the Healthwatch Board with the HWC Annual Report 2015-16.</p>
<p>Key Issues / Considerations: The Board is asked to note HWC Annual Report which was published on 30th June 2016 and submitted as required on this date to Healthwatch England. It has also been sent to key stakeholders including NHS England, CQC, Cumbria Clinical Commissioning Group, Cumbria County Council and Cumbria Health Scrunity Committee. http://healthwatchcumbria.co.uk/wp-content/uploads/HWC-Annual-Report-Final.pdf</p> <p>Copies will also be sent to all CCC elected members and, by email, to all district councilors and a range of other key stakeholders.</p> <p>Hard copies of the report will be available at the Board meeting and will be sent to Board members with their Board papers.</p>
<p>Recommendations The Board is asked to discuss any issues and note the report.</p>

Presented By	David Blacklock
Contact Details	david@healthwatchcumbria.co.uk
Report Written	01 July 2016

Healthwatch Cumbria Board Meeting	Agenda Item: 8
11 th July 2016	

Healthwatch England, Report from the National Committee

<p>Purpose of Report: The purpose of the report is to provide the Healthwatch Cumbria Board with an update of of issues discussed by Healthwatch England</p>
<p>Key Issues / Considerations: The Board is asked to note the nature of the transition period that Healthwatch England is experiencing and the main priorities agreed by the Board. It also highlights the key issues emerging from the National network. There is also some information regarding the focus of the Annual Conference held in Nottingham.</p>
<p>Recommendations The Board is asked to discuss any issues and note the report.</p>

Presented By	Helen Horne, Chair Healthwatch Cumbria and Committee member of Healthwatch England
Contact Details	helen@healthwatchcumbria.co.uk
Report Written	24 th June2016

Healthwatch England Report for the Board

11th July

I was appointed to the Healthwatch England Committee, officially, on 24th February. There had been some delay until my appointment could be confirmed. I had been interviewed and selected in the December of 2015. However, since the most important criteria to represent the North on the committee was that I was a chair of a Northern Healthwatch. Appointment had to be postponed until the protracted procurement process had finally awarded us the contract. I am now delighted to be participating at a National level for the Healthwatch network in the North of England.

Healthwatch England in a transition

Healthwatch England has both an interim chair and acting National Director. We have also recently moved into the building of the CQC, (Care Quality Commission) partly to make substantial use of the economies of scale offered by sharing premises and some back office staff. But also to put more emphasis on the fact that we are indeed a sub-committee of the CQC and work in partnership with them. This has led to a slight change of emphasis for Healthwatch England.

As described by the acting National Director, Susan Robinson, in the papers for the first meeting I attended 'the future will focus on partnership, co-operation, facilitation and influencing, undertaken more at regional and sub-regional levels than has previously been the case.' Three main priorities were outlined

- 'To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people.'
- 'Bringing the public's voice to the heart of national decisions about the NHS and social care'.
- 'To build and develop an effective learning and values based Healthwatch England,'

The committee were also informed about some of the key issues emerging from across local Healthwatch Intelligence.

- Primary Care: particularly access to GP's, issues within waiting rooms including privacy and maintaining confidentiality, difficulties with getting appointment and people feeling they weren't listened to.
- Mental Health, including young people's experience of mental health services, issues around stress and anxiety, the importance of stigma and the role of the family in providing support in improving mental health.
- Provision of information, including the identification of local provision of information
- Hospital discharge: people being discharged before they were ready, confusion over medical terms and lack of continuity of support
- Urgent Care: individuals using their GP, lack of awareness of alternative forms of support, need for an increase in provision of urgent care facilities.

Annual Conference

Healthwatch England has just held their Annual conference in Nottingham. This year the conference was more focused on, and led by, local Healthwatch, highlighting their priorities. The conference was delivered in a more co-produced format with more input from the network. The objective of the conference this year was to build confidence across the network by providing local Healthwatch with the opportunity, tools and support to lead sessions focusing on best practice evidenced in their priorities over the past year.

The conference offered greater opportunities to network, share and learn from each other, through an agenda focused on delivering sessions led by local Healthwatch. I am delighted to say that Healthwatch Cumbria led a workshop entitled '**Champion, Campaigner or Catalyst**' based around work with the Success Regime. It was well attended with lively debates and excellent feedback. There were also keynote sessions at the conference focusing on increasing leadership and influencing skills to help build a stronger network

Network Awards

The annual awards celebrate the difference local Healthwatch across the country have made to health and social care at a local and national level. This year there were categories to reflect and focus on the priorities of the network. Each local Healthwatch was only able to enter a maximum of two categories. The entries were judged by an external panel of selected stakeholders from each specialism. There were seven categories.

- Diversity and Inclusion
- Community
- Volunteering
- Working with the CQC
- Collaboration
- Commissioning of Services
- Health and social care service improvement.

There were over 120 award entries. I am delighted to say that Healthwatch Cumbria won the award for Excellence in influencing the commissioning of health and social care services through gathering the views of, and involving, local people. This was for our report 'Maternity Matters. What does a great service look like?'

Other Meetings.

I also attended two external meeting at Richmond House, Westminster as part of the 'Arm's Length Body and Executive Agency Chairs and Non-Executive Directors Programme'. The first from the National Information Board where we had an update about their work on 'Personalised Health and Care 2020. Using Data and Technology to Transform Outcomes for Patients and Citizens'. The second was a Policy context Seminar entitled 'Tainted Love-Stories of Board Effectiveness'. Both were very informative.

Healthwatch Cumbria Board	Agenda Item: 10
11 July 2016	

Business Cases for work priorities

Purpose of Report:
The purpose of this report is to provide the Heathwatch Board with draft business cases to support key prioritiy areas of work for the coming months.
Key Issues / Considerations:
The Board is asked to note that some of this work is already in early stages of development but the team would never the less welcome comment from the Board about its development or refinement. Some new proposals are also included for the Board's consideration. The rational for each is set out in the paper.
Recommendations:
The Board is asked to consider the proposals set out in this report and provide advcie and guidance to the Chief Executive to support selection of future priority work areas.

Presented By	Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria
Contact Details	suestevenson@healthwatchcumbria.co.uk
Report Written	1 st July 2016

Introduction

This report provides Board members with a summary of the proposed ongoing and new work priorities for 2016/17.

The Board has previously agreed a Decision Making Matrix at its meeting on 15 August 2015 and potential work plan priorities going forward were set out for the Board at its meeting on 11 April 2016.

It was agreed that each work area should be presented to the Board in more detail at its Development Session on 9 May 2016, using the business case format previously agreed so that the Board could advise on the approach and development for each. This happened and the following cases and some new cases are now presented to the Board for its consideration at the Board meeting held in public on 7th July 2016.

Each ongoing work area is described in terms of;

- Consideration of relevance against the Factors
- Justification for doing the work
- Justification for not doing the work
- Simple cost benefit analysis
- Over view of project plan, Inc. resources, timescales, methods and desired outcomes

The Factors are;

- Impact on health and wellbeing for people
- Number of experiences recorded
- Number of people likely to be at risk or affected
- Potential impact on the health and social care system
- Request for information from HW England
- Risk impact to HWC
- Locality specific
- Duplication - Is the issue being picked up elsewhere in the sector/system?
- Is there an opportunity to reduce health inequalities through the work?
- Are we adding value?
- Is there an opportunity to raise our profile and awareness through the work?
- Is commissioned work relevant?

Each of the ongoing work priorities considered by the Board at its meeting on 11 April is now described in more detail using the framework set out above.

ENTER AND VIEW

Recruit and train a team of enter and view specialist volunteers to carry out an agreed programme of enter and view visits in health and care premises.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded			All recorded experiences relate to health and/or care premises

Number of people likely to be at risk or affected			Impact on whole population that are likely to use health and care services
Potential impact on the health and social care system	Yes		
Request for information from HW England		No	
Risk impact to HWC	Yes, if we don't do enter and view		
Locality specific	Yes - we can focus on an district at a time		
Duplication - Is the issue being picked up elsewhere in the sector/system?			CQC carries out inspections but of premises but we will work with CQC to avoid clashes
Is there an opportunity to reduce health inequalities through the work?	Yes		
Are we adding value?	Yes		We plan to share recommendations with managers to drive improvement
Is there an opportunity to raise our profile and awareness through the work?	Yes		
Is commissioned work relevant?			This is not commissioned work

Justification for doing the work

The Enter and View function is a key statutory tool for local Healthwatch providing an opportunity to talk directly to patients, staff and visitors and families while they are in a health or care setting. The basic premise is to consider what it is like to be a patient a member of staff or a visitor in that place and to make recommendations for improvement.

It can however, be resource intensive and we have now recruited and will be training a team of specialist volunteers engagement officers who will design and carry out a systematic programme of enter and view visits under the supervision of a Senior Engagement Officer.

This work would build up the skills of our volunteers, help to raise awareness of this function of local Healthwatch and also provide premises with experience based feedback to drive improvements.

Justification for not doing the work

Whilst Enter and View is seen as one tool for gathering information about patient/resident experience, it is not universally supported as always being the most effective method to do this. We also must ensure that we are not duplicating or being seen to duplicate work being done through the CQC Inspection Programme.

Simple cost benefit analysis

Resource implications;

- advertising for volunteers
- training time and materials

- staff time to provide support and supervision
- analysis of findings
- report production

Benefits and outcomes;

- This work has the potential to drive a range of improvements locally in individual health and care premises but could also alert the team to more major concerns. It will raise awareness of this statutory function of HWC and increase the capacity of HWC to increase its knowledge and understanding of a wide range of different health and care settings.

Over view of project plan, Inc. resources, timescales, methods and desired outcomes

Work with Volunteer and Training Officer to recruit a team of volunteers	August 16
Review and deliver Enter and View training	September 16
Use intelligence to identify health and care premises to visit	September 16
Carry out first tranche of visits	October - December 2016
Write up and send out reports with clear recommendations	October - December 2016
Review and evaluate approach and agree appropriate improvements	January 2017
Identify locations for and deliver subsequent tranches of visits in four monthly cycles	February 17 onwards

QUALITY IN CARE HOMES PROJECT

Planned for the summer, this project is to explore the discrepancy between CQC inspections and what residents and relatives think of those places where they live. People can sometimes be surprised about reports from inspections and have different experiences of the homes in which they live. There can be a conflict with what is officially reported through inspections. This project will help to outline what residents and their families consider to be the key components of a "great" care home. An initial survey has been developed in partnership with the CCG chaired Quality in Care Homes Group and this has been piloted in several care homes in Furness. The work has been widely welcomed and there is a commitment to listen to the findings. The initial findings from the pilot will be presented to a meeting of commissioners and providers in September and the full project further developed using any additional feedback received.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded			Numbers of people who respond to the survey will be recorded
Number of people likely to be at risk or affected			Increasing numbers of elderly people need to be supported in care homes in Cumbria

Potential impact on the health and social care system	Yes		
Request for information from HW England		No	
Risk impact to HWC		No	This work has been requested by CCG The Enter and View function of local Healthwatch is widely expected to be used in this way.
Locality specific		No	The Quality in Care Homes Group will help to identify a suitable programme of homes to be included in the project, using agreed criteria
Duplication - Is the issue being picked up elsewhere in the sector/system?		No	This work will align with any other similar activity and the findings provided to CCG and will be coordinated to avoid conflict with inspection programmes by CQC/CCC
Is there an opportunity to reduce health inequalities through the work?	Yes		
Are we adding value?	Yes		This project is being designed to help CCG better understand what people value in care homes - and providers have indicated that they will also welcome and act on its findings
Is there an opportunity to raise our profile and awareness through the work?	Yes		
Is commissioned work relevant?			This project has been requested by CCG but is not an additional commission

Justification for doing the work

This project is being co-designed with CCG and with the Quality in Care Homes Steering Group. CCG is seeking to better understand what people value and why that can sometimes differ from what CQC test during inspection.

Justification for not doing the work

There is no justification for not doing the work

Simple cost benefit analysis

Resource implications;

- Research and questionnaire design and agreement with Quality in Care Homes Group
- Staff time to visit homes and seek responses
- Analysis of feedback
- Report development

Benefits and outcomes;

This work provides an opportunity to work to directly inform CCG. We will create a framework of what “good looks like and feels like” from residents, staff and family members’ perspective and CCG will be able to better understand where this may differ from the inspection position.

Over view of project plan, Inc. resources, timescales, methods and desired outcomes

Research and design questionnaire	May 16
Agree format with Quality in Care Homes Steering Group	June16
Work with CCG to agree Care Homes to be visited	July 16
Distribute questionnaires and seek responses	September - December 2016
Use responses to shape framework for “what good looks like and feels like”	October - December 2016
Present framework to Quality in Care Homes Steering Group and CCG	December 2016

What do people value about Community Hospitals?

The future role and function of community hospitals is under consideration across Cumbria, especially through the considerations of the Success Regime in the west, north and east of the county. People are angry and concerned about possible changes. This project would seek to identify what people value about the role and function of community hospitals and also give people an opportunity to air their concerns about possible changes.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded			To be recorded
Number of people likely to be at risk or affected	Population wide		
Potential impact on the health and social care system	Yes		
Request for information from HW England		No	
Risk impact to HWC		No	

Locality specific	This is a countywide project		
Duplication - Is the issue being picked up elsewhere in the sector/system?			Not in this way - this information would add value to the thinking already going on
Is there an opportunity to reduce health inequalities through the work?			This has the potential to identify local issues of concern
Are we adding value?	Yes		
Is there an opportunity to raise our profile and awareness through the work?	Yes		
Is commissioned work relevant?			This is not commissioned work

Justification for doing the work

This is not the first time that the role, function of community hospitals has come under the spotlight. People tell us that they value their existence in their communities and express concern about possible changes.

This project would seek to better understand exactly what people value about community hospitals. HWC would use the information generated to inform the improvement programmes in the north and south of the county.

The formal consultation process for the Success Regime has been postponed until September 2016 so this provides an opportunity for HWC to engage local people to help them articulate their views about the role of community hospitals and inform the decision making process.

Justification for not doing the work

There is no justification for not doing this work

Simple cost benefit analysis

Resource implications;

- Development, distribution of questionnaire
- Staff and engagement officer time and expenses
- Analysis of feedback

Benefits and outcomes

- People have an opportunity to express their views about community hospitals
- Identification of key issues for each population, in relation to each community hospital
- Raised awareness of role and function of HWC
- Reports presented to CCG seeking to influence Sustainable Transformation Plans

Over view of project plan, Inc. resources, timescales, methods and desired outcomes

Design questionnaire	July 16
Engagement activity to encourage responses	August 16

Analyse responses	September 16
Provide reports	October 16

Cumbria Health on Call (CHoC) Commission

The CHoC Executive Group has asked HWC to help to review their services from a patient perspective. Their own survey had a very low response rate. This is a commissioned piece of work and the brief and price has been agreed. HWC has been asked to deliver a survey to elicit responses to support improvements for CHoC services. A final report will be presented to the CHoC Executive Group in October 2016.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded			Will be recorded during project
Number of people likely to be at risk or affected			N/A
Potential impact on the health and social care system	Yes		
Request for information from HW England		No	
Risk impact to HWC		No	
Locality specific		No	
Duplication - Is the issue being picked up elsewhere in the sector/system?		No	
Is there an opportunity to reduce health inequalities through the work?	Yes		
Are we adding value?	Yes		
Is there an opportunity to raise our profile and awareness through the work?	Yes		
Is commissioned work relevant?	Yes		

Justification for doing the work

HWC is responding to a request for support by CHoC. The Executive Committee was impressed by the work that HWC did to deliver the Maternity Report and having been disappointed with its own patient survey work was keen to involve HWC as an independent organisation.

This is a good opportunity for HWC to learn directly about the effectiveness of this service and also to drive improvements from a patient perspective.

Justification for not doing the work

There is no justification for not doing this work

Simple cost benefit analysis

Resource implications;

- This is a commissioned piece of work
- Costs will include development of survey, advertising and promotional material to encourage responses, analysis and development of report
- Recruitment, training and support of students/volunteers to carry out the survey work which will be largely “out of hours”

Benefits and outcomes

- Increased profile of HWC
- Increased number of volunteers to support future work
- Increased understanding of the role and function of CHoC and of what is working well and less well

Over view of plan, Inc. resources, timescales, methods and desired outcomes

Agree brief and price	May 16
Design survey	May 16
Recruit and train students	May/June 16
Plan programme of visits to cover all CHoC centres etc.	May 16
Plan rota of student and staff support	May 16
Carry out programme of activity	June- August 16
Analyses responses	September - Oct 16
Respond to CHoC	Nov 16

Development of Young Healthwatch Cumbria

HWC would like to develop an active group of young people to stimulate and support the effective engagement of young people from across the county in all projects and also to provide advice and guidance to our communication methodology for this demographic.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded			N/A
Number of people likely to be at risk or affected	All young people		
Potential impact on the health and social care system	Yes		
Request for information from HW England		No	
Risk impact to HWC		No	
Locality specific		No	
Duplication - Is the issue being picked up elsewhere in the sector/system?		No	Many other organisation work with young people and we plan to build on existing good practice
Is there an opportunity to reduce health	Yes		

inequalities through the work?			
Are we adding value?	Yes		
Is there an opportunity to raise our profile and awareness through the work?	Yes		
Is commissioned work relevant?			This is not commissioned work

Justification for doing the work

The young people of today are already service users of health and care services and are a very important group to involve to shape the services of the future to ensure that they meet their needs.

We have already identified through South Lakeland Youth Council are very willing group of young people to act as ambassadors for this project, to provide links to the other 5 youth councils across Cumbria. They have endorsed our premise that this is an important and willing group through which to develop the reach and effectiveness of HWC.

Justification for not doing the work

There is no justification for not doing this work

Simple cost benefit analysis

Resource implications;

- Costs will include time and resource to identify and engage groups of young people and to develop a programme of work supported by suitable materials

Benefits and outcomes

- Increased profile of HWC
- Active and effective extension of HWC through Young HWC

Over view of plan, Inc. resources, timescales, methods and desired outcomes

Set up Steering Group in conjunction with young people already identified	August 16
Develop membership of Young HWC	September - December
Develop programme of activity for Young HWC	Jan 17 onwards

Sue Stevenson
Chief Operating Officer
Healthwatch Cumbria

1st July 2016

healthwatch Cumbria

Draft Minutes Board of Directors

Date: 11.04.2016

Time: 2.00 pm - 4.00 pm

Place: Best Life Building, Carlisle

Tel: 01228 550696

Agenda items and requests to: Elaine Ralph

Board Members:

Helen Horne (Chair)
Gilda Wells (Board Member/Vice
Chair)
Gill Sadler (Board Member)
Tamsin McGlinchey (Board Member)

Supporting Officers:

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

1. Apologies for absence

Gill Sadler

2. Declarations of Interest

None

Action - ER to send Board members the paperwork to register any declarations.

3. Minutes

The minutes of the last meeting were agreed as a true record.

4. Matters arising

The action log from the previous meeting was reviewed.

Outstanding Actions

Intelligence Reports

"It was agreed that Intelligence Reports would inform the Healthwatch Cumbria Board future agendas."

This action was reviewed and it was agreed that intelligence coming forward should inform possible priorities to be presented by the Board for discussion in line with the Priority Setting Model.

Podcasts

It was agreed to remove podcasts for the foreseeable future due to other work priorities at the moment.

Edenwood Unit

As a result of the CQC report following their inspection in November 2015, services delivered to Learning Disabilities Inpatients including in Edenwood are being assessed as "Inadequate". CQC will return later in the process to re-evaluate the service following recommendations for improvement. HWC had previously carried out an evaluation of Edenwood unit observing how patients were experiencing services. It was agreed that following the CQC inspection findings Healthwatch Cumbria will continue to do "A Day in the Life of" type of visits via Enter and View powers.

Action - HW Cumbria to review how we carry out evaluations under the Enter and View authority.

Skills Matrix for Ambassadors

This audit is to be extended to include ambassadors thus creating a comprehensive skills matrix. The Board agreed that this would help to ensure that Board members and ambassadors could now support HWC in line with their own skills and expertise.

Action - ER/SS to source a skills audit, for all Board members to complete. This will be extended to include Ambassador's, and a skills matrix completed with the audit data.

5. Contract Award - Helen Horne

The Chair recognised the success of achieving the four year contract from Cumbria County Council. There are some final figures on the award of the contract still to be confirmed. It was agreed that the Chair and Chief Executive Officer would meet regularly with appropriate elected members in future to keep them informed of Healthwatch Cumbria's work throughout the county.

Action - HWC Chair and CEO to arrange to meet regularly with appropriate elected members to keep them briefed on HWC activity.

6. Operations Report - Sue Stevenson

SS thanked all the Healthwatch Cumbria staff for their hard work recently and recognised they had gone above and beyond their remit.

SS also noted the national recognition of the Maternity Report.

There is now a sub group following the Complaints Review report which has had its first meeting.

The Diabetes report is now in draft.

The Better Care Together project continues in the south of the county and the team in the south is considering how to increase involvement. There has been an extension of the maternity engagement in the south. The Chatty Van will be touring around the South of Cumbria in May 2016.

HW Cumbria continues to support the Cumbria Health Scrutiny Committee and Health and Wellbeing Fora, when appropriate.

7. HWE Commissioners Event -Sue Stevenson/David Blacklock

SS had given a presentation to this event on 7th March 2016 outlining the activities, opportunities and challenges of the Chatty Van engagement work. SS had also submitted a proposal for a workshop at the HW England Conference. This has been accepted and the workshop will consider possible roles for local HW "Champion, Campaigner or Catalyst?"

HWC has also been invited to be part of the HW England Advisory Group - DB has already attended one of these meetings

8. Success Regime Engagement- Sue Hannah

SH gave an overview presentation of the Success Regime engagement to date. She summarised the key issues raised by people and advised the Board that 2 reports have been submitted to the S.R. Programme Board. SH also spoke about the opportunities and

challenges of delivering such a comprehensive engagement programme

The Board thanked the HWC team for all the hard work relating to the Success Regime Engagement.

Action: SH to provide a summary of key issues from the public for the Board

9. Finance - David Blacklock

End of year 2015-16 has a finance surplus which is in line with good financial practice to have reserves at 3-6 months turnover figures. Accounts for 2015-16 have still to be audited and then will be finalised.

DB explained that there was a Celebration Day organised for 22nd April for all staff to celebrate the contract award for the next four years and to thank everyone for their hard work.

The Board discussed the principle of accepting and delivering additional work in the form of commissions. HH said that it is the right thing to do as long as they are in line with HWC core business and principles.

GW asked about Delegation of Powers on spending money, what is the "up to" limit? DB to bring the Policy for Delegation of Powers to Development Day.

Action - DB to bring Delegation of Powers policy to HW Board Development Day.

10. Healthwatch Workplan Priorities - DB

The Board confirmed that business cases should be presented to shape priorities for core business. There are currently four ongoing/upcoming core business projects:

1. Enter and View - The plan is to put in place a programme of work and recruit and train volunteers to carry these out.
2. Quality in Care Homes - Planned for the summer, this project is to explore the discrepancy between CQC inspections and what residents and relatives think of those places where they live. People can sometimes be surprised about reports from inspections and have different experiences of the homes in which they live. There can be a conflict with what is officially reported through inspections. This project will help to outline what residents and their families consider to be the key components of a "great" care home.
3. Extended engagement in South Cumbria - May/June. The Chatty Van will be in south Cumbria to extend the engagement programme to some areas not previously covered.
4. CHOC Commission - The CHOC Executive Group has asked HWC to help to review their services from a patient perspective. Their own survey had a very low response rate. CHOC is currently developing a brief for HWC. HWC will be asked to deliver a survey to elicit responses to support improvements for CHOC services. A start date for the commission has yet to be agreed.

The Board agreed all four in principle and asked for a more detailed conversation to take place supported by short business cases to be presented at the next Development Day.

GW raised the issue of Mental Health services as a countywide issue. SS responded that the Best Life Wellbeing Network is currently commissioned by CCG to administer the Cumbria Mental Health Service User Forum and explained that it was county wide and involved collaboration with the CCG/Mental Health Partnership Group to improve MH services in Cumbria.

Healthwatch Board Members - An advert has gone out to attract for new Board members The Board would like increase its membership to 6-8 members. There has been two applications of interest for new Board members.

11. HW Board Development Day - 09th May 2016, Penrith. DB and HH to meet on 03rd May to finalise the agenda.

DRAFT