

## Healthwatch South Tees (HWST) Leadership and Delivery Group (LDG)

**Minutes of Meeting on 8 March 2018, 9.30am-11am  
Clarendon Building, University of Teesside, Middlesbrough**

<p><b>Present:</b> Mark Davis <b>(MD)</b> – Chair Natasha Judge <b>(NJ)</b> Mike Milen <b>(MM)</b> Paul Crawshaw <b>(PC)</b> Ian Holtby <b>(IH)</b></p> <p><b>In attendance:</b> Melanie Liddell <b>(ML)</b></p>	<p>MVDA MVDA RCVDA Healthwatch Executive Board, Middlesbrough Healthwatch Executive Board, Redcar &amp; Cleveland</p> <p>MVDA</p>	
<b>1.</b>	<b>Welcome, introductions and context for meeting</b>	<b>Actions</b>
	MD welcomed everyone present and the Agenda was agreed.	
<b>2.</b>	<b>Healthwatch South Tees Interim Decision-Making Policy</b>	
	<p>MD referred to the Interim Decision-Making Policy for HWST, which will be reviewed and further developed in April 2018 when the new HWST Partnership Board is established.</p> <p>There are three main requirements in terms of making relevant decisions:</p> <ul style="list-style-type: none"> <li>• <b>Provision as to who may make such decisions</b>  <b>Work plan</b> – The Development and Delivery Manager to make decisions as to what aspects of work can progress taking account of all relevant factors.  <b>Local Healthwatch statutory responsibilities</b> – The Leadership and Delivery Group will make decisions on the framework and implementation of all decisions connected to statutory responsibilities of local Healthwatch.  <b>Contractual responsibilities</b> – MVDA’s Chief Executive, in consultation with RCVDA’s Chief Executive, to be responsible for all decisions concerning contractual issues.</li> <li>• <b>Provision for involving lay persons and volunteers in such decisions</b>  Lay persons and volunteers deliver on the HWST priorities, acting as Enter and View Authorised Representatives, undertaking community engagement and capturing community intelligence and in the governance of local Healthwatch.</li> <li>• <b>Provision for dealing with breaches of any procedure referred to in the two previous points</b>  The breach of any decision made by HWST will be considered by the Leadership and Delivery Group (LDG). The process for breaches will be based on raising the issue with the Development and Delivery Manager who will gather all information and facts. A report will be prepared and distributed to the LDG for discussion and a decision taken by the LDG and</li> </ul>	

	<p>notified to stakeholders as appropriate. If the issue is not resolved by the LDG, it will escalate to MVDA's Trustee Board to determine the appropriate action.</p>	
<b>3.</b>	<b>Healthwatch South Tees governance arrangements</b>	
	<p>NJ tabled the Healthwatch Partnership Board Member Recruitment Pack. The following points were agreed:</p> <ul style="list-style-type: none"> <li>• The Partnership Board should have a range of skills and expertise with a good balance of lay people from a diverse range of backgrounds.</li> <li>• Geographical spread of members should be considered.</li> <li>• The process should be open and transparent.</li> <li>• The Board should consist of no more than twelve members.</li> <li>• A sub-group of the LDG will undertake the selection process.</li> <li>• Advert to be updated and sent out week commencing 12 March 2018 with expressions of interest by 28 March 2018.</li> <li>• Application form to be modified.</li> <li>• Selection panel to meet 29 March 2018 and appraise LDG of shortlist prior to any formal appointments.</li> <li>• Interviews to take place mid-April.</li> <li>• Minimum of four meetings per year to be held in public.</li> <li>• The Board arrangements will be in line with the developments of the single Health and Wellbeing Board for the South Tees.</li> <li>• Chair of the Board to be decided at a future meeting of the LDG.</li> <li>• A clear Conflict of Interest policy is required. Expression of Interest form should ask if there is a potential conflict.</li> </ul>	
<b>4.</b>	<b>Healthwatch South Tees Enter and View Policy</b>	
	<p>NJ presented the draft HWST Enter and View Policy and Procedure document for discussion. The following points were agreed:</p> <ul style="list-style-type: none"> <li>• Planned visits are preferred.</li> <li>• HWST not to duplicate what the Council and CQC are doing.</li> <li>• Partnership Board to sign off Enter and View arrangements.</li> <li>• Volunteers previously trained can still carry out Enter and View arrangements, subject to refresher training.</li> <li>• Consider scheduling training every six months.</li> <li>• Identify one person to be the lead Authorised Representative for Enter and View when the HWST Partnership Board is established.</li> </ul> <p>Following a proposal from the Development and Delivery Manager, it was agreed the following Enter and View visits should take place:</p> <ul style="list-style-type: none"> <li>• <b>Audiology department, JCUH</b> Patients are presently called for by name and there is not sufficient seating in the waiting area. HWST intend to capture the views of the staff team who are keen to have the situation highlighted.</li> </ul>	

	<ul style="list-style-type: none"> <li> <b>STAR Scheme</b>  Visits will be made to the four out-of-hours hubs across South Tees to evaluate if/how people have been signposted to the hubs. Changes to urgent care services were implemented from 1 April 2017 across South Tees and patients are now able to access GP appointments seven days a week from four GP centres. HWST evaluated patient and public awareness of urgent care and out of hours services and feedback indicated that people are not being signposted to this service. It is also clear that there is a lack of knowledge and confusion about the 111 service.   NJ reported that the Operations Director was aware and supported the planned visit. </li> </ul>	
<b>5.</b>	<b>Single Health and Wellbeing Board for South Tees</b>	
	It was agreed that HWST would hold a seat on the Board. IH and PC to discuss. Aim to have at least one piece of work to be presented by HWST at each Board meeting.	<b>IH/PC</b>
<b>6.</b>	<b>Development and Delivery Report</b>	
	<p>NJ tabled a progress report summarising the work to date and the current and ongoing priorities to year-end. The following points were discussed:</p> <ul style="list-style-type: none"> <li> <b>Eye Clinic Liaison Officer (ECLo) Service</b>  The final report was completed in July 2017. The report has been shared with NHS Hartlepool and Stockton CCG. A stakeholder meeting took place on 24 January 2018 to bring together commissioners and providers with a focus on future arrangements for the service. Work is now underway to improve the reporting arrangements to better capture the data from the service to inform future need. A commitment for continued funding has been provided in the short-term. </li> <li> <b>Healthwatch STAR (South Tees Award Recognition)</b>  A Healthwatch STAR award has been implemented, giving opportunity for good practice and outstanding service to be recognised. The first award has been given to Angela Beddingfield, ECLo at JCUH. </li> <li> <b>Redcar &amp; Cleveland School Nursing Service</b>  HWST is facilitating a consultation event on 28 March 2018 for young people to input into the wider provision of services for young people, in conjunction with Redcar and Cleveland Borough Council. </li> <li> <b>Visits to GP practices</b>  Visits have taken place to all 41 GP practices across South Tees to raise awareness of Healthwatch with professionals and frontline staff, assess consistency of information and look to identify the variances of implementation of the Accessible Information Standard. Focused work is being carried out with Cambridge Medical Group to support improvement of patient communication and feedback. </li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Patient experience of outpatient services</b> Areas for joint work were identified to further investigate the CCG proposal of follow-up appointments being conducted outside of secondary care settings. An intensive two week engagement exercise was carried out with patients and views were gathered as part of the existing outpatient clinics. It was identified that the CCG need to engage more with patients. Since the report, a meeting has taken place with South Tees CCG to discuss improved future engagement and shared learning from this exercise. NJ to forward a copy of the response from the CCG to IH to take to the Health and Wellbeing Board.</li> <li>• <b>ICA</b> HWST are working closely with ICA to develop better joint working, paying attention to issues with the NHS complaints process. An agreement is in place to share data and assess the complexities of making a complaint. It was agreed this would be discussed at the HWST Partnership Board Meeting.</li> <li>• <b>Community engagement and intelligence</b> Work continues to ensure that HWST capture the views and experiences of a diverse range of people across South Tees through engagement activities, networking events and targeted work. Stronger relationships are being developed with local voluntary and community organisations to strengthen intelligence and increase access to different communities as part of the HWST engagement strategy.</li> </ul> <p>Thanks for the work to date were extended to NJ and the HWST team.</p>	<b>NJ</b>
<b>7.</b>	<b>Any Other Business</b>	
	<p>MD raised three items:</p> <ul style="list-style-type: none"> <li>• A decision on the South Tees Social Prescribing Bid is still awaited from the Department of Health.</li> <li>• A follow-up meeting with Edward Kunonga will be scheduled after the next meeting of HWST LDG to continue discussions regarding the South Tees Public Health Service.</li> <li>• 'We Care You Care' campaign is being developed through the Middlesbrough Carers Partnership, which might provide opportunity for HWST to be part of and/or complement.</li> </ul>	<b>MD</b>
<b>8.</b>	<b>Date of next meeting</b>	
	Thursday 19 April 2018, 10am-11.30am, Paul Crawshaw's office, 2 <sup>nd</sup> Floor, Clarendon Building, University of Teesside.	