Healthwatch South Tees Partnership Board Minutes of the meeting held on 8 February 2019 at St Mary's Centre, 82-90 Corporation Road, Middlesbrough, TS1 2RW

Present: Partnership Board members In attendance:		Harsh Argawal (HA) Dr Ian Holtby (IH) Mike Milen (MM) Lesley Spaven (LS) Wade Tovey (WT)	
		Lisa Bosomworth (LB), Development & Delivery Manager Designate Sarah Corrigan (SC), Strategic Development & Communications Officer Jake Graham (JG), Strategic Development & Communications Officer Natasha Judge (NJ), Development and Delivery Manager	
			Action
1.	Apologies for Partnership B Cassule and A	Board members: Prof Paul Crawshaw (Chair), Andrea Latheron	
	In the absence	e of PC, LS chaired the meeting.	
2.	Declarations None declare		
3.		ne last meeting held on 28 November 2018 accurate record.	
4.	An updated a actions from	ng from the last meeting action log was circulated in advance to reflect the agreed the previous meeting. This detailed the current position ess. The contents of the action log were noted.	
	which has be confusion arc Executive (He Communicati	assion took place with regards to information about hearing loss en circulated to all GP practices. It was noted that the bund the reports to the Live Well South Tees Board and/or ealth and Wellbeing Board) have been clarified. on continues between the HWST team and the Audiology at James Cook University Hospital with regards to the intention	LB
	It was also ag around interp	follow-up work. greed that there is a need to clarify the wording in the report preters before IH presents this to the Redcar and Cleveland ciny Committee.	LB/ IH
5.	The updated acknowledge agreed that t	South Tees Decision-Making Policy policy was presented for the Partnership Board to note and to that a revised policy will be developed for 2019/20. It was his version would be published on the Healthwatch h and Healthwatch Redcar and Cleveland websites pending the	LB

	next review.	
	An updated policy to be added to the forward work plan for the Partnership Board for discussion at the next meeting.	LB (and Mark Davis)
6.	 Healthwatch South Tees staffing arrangements LS provided an overview of some staffing changes that were taking place at present: Natasha Judge will be taking up an internal secondment at MVDA to manage the Community Connect Service. Lisa Bosomworth will be assuming the role as Development and Delivery Manager for HWST. Following Carole Marshall's move to a new post at RCVDA, Gill Durdan (currently at MVDA) and Linda Sergeant (previously employed to work as part of Healthwatch South Tees) will be undertaking the Community Engagement and Development work. Both Natasha and Lisa will bring a wealth of expertise to support the development and delivery of Community Connect and HWST respectively. 	
7.	 Programme Management Report NJ presented the previously circulated Programme Management Report, focusing on several key areas in terms of the work plan: 7.1. Dementia champions There are two volunteers from HWST who are 'Dementia Champions' and leading on this area of work. SC has recently met with the volunteers who are keen to get involved in the rollout of the Dementia Environmental Tool, which is part of the Enter and View process being used with care homes across South Tees. There are only four volunteers are present and the question was raised as to whether the dementia champion work is to be driven forward across South Tees or should we enlist the help of our existing volunteers (Barbara and Maureen) on the rollout of the care home work using the Dementia Environmental Tool? 	
	 7.2. Care homes It was noted that no response had been received from The Gables Care Home following a recent Enter and View exercise. A discussion took place on the use of the Dementia Environment Tool and its appropriateness to the Enter and View powers of local Healthwatch. Views were expressed in relation to its focus on buildings (about the physical environment) rather than people (their views and experiences of services) and how it links to the function of Enter and View. There was also a question raised about whether this was a duplication of the PLACE (Patient-Led Assessment of Care Environments) which is operated as part of the CQC inspection regime. 	

	Following discussion, it was agreed that:	
	 A new Healthwatch South Tees Enter and View model/ framework is developed based on the material from Healthwatch England training (and the slides from the 	LB
	 training be circulated to Partnership Board members); Enter and View training be organised for Partnership Board members who are asked to indicate their interest in this; The report that focuses on the Gables Care Home will not be published as this was a visit to pilot test the use of the tool and comments made on its appropriateness at today's meeting; 	LB
	• NJ discussed with Gary Parker at Middlesbrough Council that the potential future use of the tool associated with Healthwatch South Tees will be reviewed.	NJ
7.3.	Social media strategy A full review of the Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland social media profiles have been undertaken. A major exercise associated with the local Healthwatch data has also been undertaken. We are looking to implement the national CRM system through Healthwatch England imminently (to replace the existing HWST in-house database) and JG is looking to use video and other tools to increase our online presence.	
7.4.	Hearing loss Contact has been established with the Audiology Department at James Cook University Hopsital and can now progress with further engagement and consultation with service users. We have linked up with Action on Hearing Loss and Middlesbrough Deaf Centre to ensure interpreters are available when this piece of work is carried out. The information from the hearing loss report has been presented to the Health and Wellbeing Executive and it has also been circulated to all GP practices to establish if they have implemented the accessible information standards.	
	It was suggested that feedback from Adult Social Care be sought, potentially through Erik Scollay (Middlesbrough Council's Director of Adult Social Services).	LB
7.5.	Life experiences of people with learning disabilities Three reports have been produced with the first circulated previously to the Partnership Board. IH and MM have commented. Next steps to be discussed with Mark Davis.	LB
7.6.	National response to Sustainability and Transformation Partnership (STP) plans Healthwatch England (HWE) are working through the Healthwatch network to co-ordinate a response to national policy around the Long-Term Plan based on the STP geographies. Each local Healthwatch have been asked to engage and support this. Further	

	information is expected from HWE imminently.	
	7.7. Work with our partners JG has met with colleagues from ICA and we are sharing information, however we are not getting as much as we would like to help inform our work at HWST. There is a need to clarify what and how information is shared between HWST and ICA.	LB
8.	NHS Long-Term Plan A briefing note was previously circulated to provide the basis for discussion.	
	 The focus of the Long-Term Plan will be on three key priorities: I. Making sure everyone gets the best start in life; II. Delivering world-class care for major health problems; and III. Supporting people to age well. 	
	There will be an emphasis on prevention and empowering patients, a commitment to social prescribing and community-based health and social care services.	
	A general discussion followed, and it was noted that these priorities link closely with those highlighted in our work plan and with the workshops that are planned with stakeholders.	
9.	Youthwatch update JG has established links with various local youth organisations and Teesside University who are keen to be involved with our concept of Youthwatch. Five volunteers have been identified through Voluntees (at Teesside University) to be members.	
	Many of the youth organisations we have engaged with so far have agreed to support us to recruit volunteers where possible. It has been suggested that a junior youth board might be an option to reflect the fact that the 14-25- year-old age range is quite broad. A lengthy discussion took place with regards to this and it was agreed that the team do some further developmental work to present to the next Partnership Board meeting.	JG
	JG also referred to a document that can be circulated, outlining the project from a young person's point of view and what they can expect from being involved.	JG
10.	Healthwatch South Tees current priorities/workshop The initial priority planning workshop will take place on 19 February. At present 33 stakeholders have registered to attend representing BAME communities, older people and those with long-term health conditions. The team are working to increase attendance through MVDA and RCVDA networks in the main. The intention is to facilitate discussions focusing on barriers and issues that people experience. We will then begin to categorise these issues that will then begin to help influence our work plan and priorities.	

	The outcomes from the workshop will then be summarised and circulated to the those that attended, Partnership Board members and other stakeholders.	
	The outcomes will also inform further engagement activity in terms of the roadshow and potentially integrate this into our forthcoming engagement that is being facilitated by Healthwatch England around the Long-Term Plan.	
11.	 Feedback from the Live Well South Tees (Joint Health and Wellbeing Board) meetings IH provided feedback from the last meeting which focused on the new Sustainability and Transformation Partnerships and who this will work locally. This was very generic rather than specific. It was also previously agreed to develop a flowchart showing the links between Healthwatch South Tees and the Live Well South Tees Board through the Executive. 	MD
12.	Any Other Business 12.1. Social prescribing MM highlighted the need for HWST to be aware of the development around social prescribing as detailed in the NHS Long-Term Plan. LS indicated that Edward Kunonga, Director of Public Health has picked this up and is starting to initiate a dialogue around social prescribing with GPs and other stakeholders.	
13.	Date and time of next meeting Thursday 4 April, 10am-12noon at The Palace Hub, Redcar.	