

Healthwatch South Tees Partnership Board Meeting

**Minutes of the meeting held on Tuesday 25 June 2019
MVDA, St Mary's Centre, Middlesbrough, TS1 2RW**

<p>Present: Partnership Board Members:</p> <p>In attendance</p> <p>Observing</p>	<p>Dr Ian Holtby (Chair) (IH) Mike Milen (MM) Lesley Spaven (LS) Wade Tovey (WT) Mel Metcalf (MMe) Harsh Argawal (HA)</p> <p>Lisa Bosomworth (LB), Development & Delivery Manager, Gill Durden (GD)</p> <p>Chris Walker (Commissioning Officer, Middlesbrough Council), Derek Birtwhistle (Commissioning Officer, Redcar & Cleveland Council)</p>	
		Action
1.	<p>Apologies for absence Partnership Board Members: Andrea Latheron-Cassule (ALC)</p> <p>Jake Graham (JG), Strategic Development & Communications Officer</p>	
2.	<p>Declaration of interests None</p>	
3.	<p>Minutes of the last meeting held on 4 April 2019 - Agreed as an accurate record</p>	
4.	<p>Matters arising from previous meetings (action log) - Refer to Action log</p>	
5.	<p>Feedback from the Live Well South Tees Board and Executive</p> <p>IH provided feedback from the April and June meetings.</p> <p>April's meeting - discussion took place to agree plans and actions for the year concentrating on health performance indicators. Members took away these indicators to look at and comments/decisions would be discussed at June's meeting.</p> <p>One member highlighted obesity has one indicator to look at in the future which Ian Holtby backed. These indicators would be looked at fully in a years' time to see if any of these trends were still raising concerns.</p> <p>IH was concerned that some of the health indicators were not going to be given more attention in the future, particularly</p>	

	<p>Childhood Obesity. IH will raise this at the next meeting to see if he gets more support on this issue.</p> <p>The attendance in June was poor, he felt this might be down to the local elections.</p> <p>In relation to agenda item 7 - Key Findings from the NHS Long Term Plan discussion took place around obesity and how this; potentially links with the HWST focus on diabetes in the BAME community, as well as how preventative and treatment information regarding healthy life styles can be shared more appropriately.</p> <p>Further community intelligence needs to be gathered in order to feed into the work of the Live Well Board.</p> <p>Primary Care Networks - have been set up within R&C and Middlesbrough with three in each area - more information to follow.</p> <p>Children's issues - a new Child Development Officer has been appointed.</p> <p>Discussions on priorities for next year - one of the issues was dual diagnose (people with addictive behaviour and mental illness) who have slipped through the net previously is going to be flagged/looked at by the TEWV Health Trust more information to follow. TEWV plan to appoint a dual addiction lead.</p> <p>Dual addiction working group are looking for more representatives.</p> <p>Executive meeting dates - have been decided for rest of the year and have been shared with LB.</p>	
6.	<p>Programme Management Report LB highlighted key work plan areas</p> <p>Hearing loss Report - Accessible Information Standards - report sent to Thirteen Housing, Age UK, Middlesbrough & Stockton MIND no responses received.</p> <p>A discussion took place on how the board wanted to progress:</p> <ul style="list-style-type: none"> • Send an email reminder to Thirteen Housing, Age UK, MIND • Ask guidance from HW North East Network Leads meeting on 26 June 2019 	<p>LB</p> <p>LB</p>

	<p>Enter and View - JCUH Audiology Department - Final report shared with department for comments no response has been received. Board agreed to publish the report.</p> <p>Website and CRM -Middlesbrough new Healthwatch website up and running. We need a new Partnership Board group photo to publish on website. Redcar HW website to be launched end of June.</p> <p>HWST now has access to Customer Relationship Management (CRM) system. Still awaiting training.</p> <p>Quality Accounts Report - HWST have provided comments and responded to South Tees NHS Trust, TEWV NHS Foundation Trust and Teesside Hospice. Lisa formally thanked Ian Holtby for responding to this and providing comments.</p> <p>Information and Signposting - HWST are experiencing more extremely complex issues - (examples in appendix 1) which are having an impact on time and capacity.</p> <p>Discussion took place on how HWST can make people aware of services they provide and what other service provision is available:</p> <ul style="list-style-type: none"> • Publish an easy to use guide explaining different options could be web based • Update marketing material make information more clear/user friendly in terms of signposting • Produced a video on HWST for GP practices and hospital trusts <p>HWST staff have a prompts list for where to direct people with various concerns e.g. TEWV, PALS, ICA.</p> <p>Staff to keep a record of where people have been directed to us from.</p> <p>GD give a description of a complex case she has been involved with.</p> <p>Community engagement activities and events attended -A list of activities/events HWST have attended since last meeting were circulated to the Partnership Board.</p> <p>Youthwatch - Even though we had 12 young people confirm their attendance, no one turned up - LB still thinks that students are the way forward.</p>	<p>LB</p>
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	<p>LB to meet with Kevin Franks from Youth Focus North East to look at various options will circulate to board to get thoughts and responses.</p> <p>LB to research approaches adopted by other Healthwatch areas in relation to the development of Youthwatch. Potential opportunity to discuss at the Healthwatch Leads network.</p> <p>The Partnership Board needs to be clear about the purpose of a local Youthwatch and they feel it needs to steer HWST workplan, rather than just used as a reference group.</p> <p>In our original bid it was made clear that Youthwatch would function on its own, to drive and challenge the Partnership Board and have its own work programme.</p> <p>LB's understanding was that Youthwatch was to drive mental health work in young people as per the Work Plan Request Form agreed by the Partnership Board.</p> <p>The Board suggested Youthwatch could be made up of students at college who could undertake a piece of work as part of their course, dissertation or project that could also benefit HWST. This would be more of an incentive for students to get involved and keep it going.</p> <p>The Partnership Board needs to think about how we can recruit and train younger people / students so they are the driving force to influence other young people to be part of a group who have the same interests and life experiences.</p> <p>Representation of Healthwatch South Tees on strategic partnership forms - Appendix 2 to be completed by board and returned to LB.</p>	<p>LB</p> <p>LB</p> <p>Board</p> <p>Board</p>
7.	<p>Key findings from NHS Long Term Plan consultation and next steps (for information and decision) - report has been circulated - Board members required to email LB responses/comments</p>	Board
8.	<p>STAR (South Tees Award of Recognition) Awards (for decision) - report circulated - email LB responses/comments</p>	Board
9.	<p>HWST Annual Report (for discussion and decision)</p> <p>Page 2 - Message from the chair awaiting approval</p> <p>The layout of the report is a set template, headings set by HW England.</p>	PC

The purpose of the report is to supply an end of year summary to HW England some of the areas reported on are dictated by HW England.

Page 3 - Changes you want to see are based on:

- Information received through information and signposting
- Engagement activities with members of the public
- Feedback and evaluation from events

Comments:

- Need to emphasize the figure (1270 people) in bold and how it relates to the bullet points.
- Should the information be more generic?
- Do the examples compare to the needs of the South Tees area?
- Is this a representational demand for the area?
- Is there a way for us to make sure this is a balanced approach?
- How do we balance the most pressing needs of the area e.g. problems with alcohol or dementia against work we have undertaken?
- Need to make sure HWST are not missing out on pressing needs in the area.
- Need to be clear how this information was collated which may give this page more perspective?
- Add some more examples needs to be cross referenced with HWST priorities because they are dictated by what people tell us.

Page 6

- Need to clarify the numbers of people who have commented on experience of care.
- Need to highlight number of people in each bullet point.
- Rearrange the order move the highest figure to the top.

Page 14 - top of page to give number of people spoken to, to help with the % given.

Page 20 - need to give number of volunteers and add HWST are trying to recruit more volunteers.

Page 21 - state the Partnership Board is much stronger than last year and add HWST are trying to recruit more volunteers.

Page 25 - change title to CEO MVDA or LB.

Page 28 - information pulled from HWST work plan/priorities and priorities as a result of the NHS long term plan.

Board

	<p>Section on wellbeing of a positive nature.</p> <p>Any further comment forward to LB.</p>	
10.	<p>Any Other Business</p> <p>Protocol on how reports are presented to the Live Well Executive Board has been produced and shared with the relevant parties. This will support the connection between this work and HWST as we will now be included on Live Well Executive Boards' forward work plan. When appropriate HWST will organise meeting to discuss the contents of any reports or recommendations for clarification if required.</p>	
11.	<p>Date and time of next meeting</p> <p>Tuesday 24 September 10-12 @ RCVDA</p>	