

Healthwatch City of London Board Meeting

12th September 2014

Artizan Street Library

Present: Sam Mauger (SM) Chair, Dave Barnard (DB) Carolyn Piper (CP) Glyn Kyle (GK) Prakash Kakoty (PK) Ronnie Jacobson (RJ) Steve Stevenson (SS)

In attendance: Lynn Strother (LS), Janine Aldridge (JA)

1. Welcome

The Chair welcomed the Members of the Board to the meeting. The new board members were co opted to the board.

2. Apologies

Apologies received from David Simpson.

3. Minutes of the meeting 27 May 2014

The minutes were approved subject to an amendment to 7.1 where DB had highlighted a report on the issue of workers registering with City GPS.

4. Matters arising

- 4.1 The Chair explained that Crossroads Care Central North London (CCCNL) had been sub contracted to work with children and young people, the contacts with schools had been made through their staff member. Following a meeting with CCCNL to complete their involvement in the contract, a handover took place. HWCofL agreed to recruit a sessional worker to focus on children and young people. The full payment to CCCNL was not made as they had not completed all elements of the workplan. These funds were diverted to activity to plan for future younger people engagement.

5 Items for discussion and resolution

5.1 Healthwatch City of London AGM – 29 October

- 5.1.1 The Chair explained that the 'members' of Healthwatch City of London are those who have voting rights under the company constitution. These are currently the board members.
- 5.1.2 The voting will take place at the beginning of the AGM followed by a report on the year and then the conference which will focus on mental health.

5.1.3 AUKL has the contract to deliver HWCoL. HWCoL is not currently a charity but may want to become one in the future.

5.2 Recruitment and introduction of new board members and Chair

5.2.1 The new board members introduced and were co-opted onto the board. They will be formally elected at the AGM. Chair gave the background to each individual.

5.3 Healthwatch City of London accounts

5.3.1 The accounts were approved. This year the funding received is £54,678. It was discussed that the public indemnity insurance is very high and is reflected in the accounts. The Chair confirmed that the loss of £94 will be covered by Age UK London.

5.3.2 SS mentioned the additional work that HWCoL had undertaken and that a request for further funding could be made as a result of this for future similar work. It was agreed that as HWCoL moves forward additional funding can be sought. The events undertaken so far have been good in helping HWCoL to build its engagement community.

ACTION – formal presentation on expenditure at AGM

5.3.4 PK highlighted the issue of translating services in the City and it was discussed that the comment had come from the Portsoken ward. SS added that the Mayor of Tower Hamlets is trying to make these services more accessible for Bangladeshi speakers.

6 Reporting Items

6.1 Report from Healthwatch Manager (report attached)

6.1.1 LS also spoke of the new appointment system for outpatients that is being introduced. Barts is now compliant on junior cancer services. It was discussed that comments that we have received include that the administration systems and IT are unsatisfactory and that we have had verbal reports that files are lost, there are delays in sending discharge letters, people are sent to the wrong rooms for appointments.

6.1.2 The City and Hackney CCG have written to Barts expressing their concerns over the the impact on patient care and outcomes.

6.1.3 LS confirmed that she is now a member of the City and Hackney pharmaceutical group.

6.2 Update on children and young people sessional worker

6.2.1 HWCoL has successfully interviewed a sessional worker and are currently awaiting references. The sessional worker will be running

workshops with younger people and the first impact and results from these will be reported on at the next board meeting.

- 6.2.2 SS commented that it was important to get both and state and private schools involved in engagement activity. It was also agreed that a better route could be engaging younger people by going directly to the residential estates and youth groups.

6.3 Department of Health Tender for Report into the Impact and Effectiveness of Local Healthwatch

JA explained that there will be a government led review exploring the factors that affect local Healthwatch delivery against statutory functions and any non statutory activity they undertaking. HWE will have opportunities to contribute to the research and local HW may be involved. HWCoL will keep the board updated and alert members if we are requested to provide any information. **ACTION JA**

6.4 Summary of Barts patient feedback data

- 6.4.1 JA agreed to send round the summarised Barts feedback - **ACTION**. The summary of comments recorded and the diary of meetings was discussed.
- 6.4.2 GK requested that the officers prepare a document for the next meeting showing which events/meetings take priority. This could take the form of a strategic prioritisation grid. **ACTION JA/LS**
- 6.4.3 It was discussed that during the first year HWCoL had attended a wide range of meetings and that LS and JA are currently going through a process of selecting those that can be contributed to in other ways such as providing a report/notes.
- 6.4.4 GK asked how the comments were used and it was discussed that these were forwarded to the relevant providers where appropriate and used as evidence in strategic meetings. DB and LS confirmed that the contract for advocacy in the City sits with Voiceability and that City Advice provides the advice service. CP added that the public health department has an analyst who could potentially be used to analyse any data if needed.

6.5. Health & Wellbeing Board update

- 6.5.1 SM explained that a recent refresh has been undertaken on the H&WB strategy. SM gave a presentation at the development day on how HWCoL is working with the H&WB and an engagement event has taken place. The H&WB have said they value the work of HWCoL.
- 6.5.2 The H&WB are currently looking at the gaps in the board and if other partners could be involved such as the fire service.
- 6.5.3 SM explained that the board itself is a mixture of officers and elected members and HW sends a report for each meeting.

6.6 CCG update

- 6.6.1 The CCG has been looking at the move of cancer and cardiac services to Barts and has focussed on administration, communications and transport. The CCG has written to Barts regarding quality issues.
- 6.6.2 A letter has also been sent from the CCG to the Homerton who have responded addressing the issues raised. This will be reported on at the next CCG meeting.
- 6.6.3 It was discussed that the City has been allocated a small amount of funding as part of the Better Care Fund.

6.7 JSNA Update

- 6.7.1. CP explained that the JSNA brings together an evidence based strategy. The emphasis is on an individual's life course. Healthwatch has already held a joint focus meeting with the community to assist with the JSNA informing local need and priorities.
- 6.7.2 A final paper is going to the H&WB on 30 September

6.8 Monitoring and Annual Report

- 6.8.1 LS explained that the diary of meetings demonstrates the HWCoL influence and outcomes
- 6.8.2 It was discussed that having fewer priorities in future years would allow for more time to delve deeper into priority areas.– this year there have been four priorities.
- 6.8.3 The monitoring document for the last quarter was shortened to provide headlines for the period
- 6.8.4 GK stated that the amount achieved was impressive

7.0 Any other business

- 7.1 The pharmacy survey was discussed and it was noted that this had been circulated to residents by HWCoL and distributed at events
- 7.2 The new HWCoL leaflet was presented and RJ requested that a list of services signposted to be added.