**Board Meeting of Healthwatch City of London**

**Date and Time:** Thursday 20th February 2020 3-5pm

**Venue:** Golden Lane Community Centre, Fann Street, EC1Y 0RN

**Chair:** Gail Beer

**Present:** Trustees: Gail Beer (GB - Chair), Steve Stevenson (SS), Lynn Strother (LS), Board Associates: Janet Porter (JP), Stuart Mackenzie (SM), Dr Cynthia White. Staff In attendance: Ana Lekaj (AL), Stella Rranxi (SR)

**Apologies:** Malcolm Waters (MW) Trustee.

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|  | **Issue** | **Action** | | **Owner** | **Date for Resolution** | **Evidence** |
| 1. | **Welcome, Intro, apologies and declarations of conflict of interest** | All were welcomed by the Chair to the first Public Board Meeting of Healthwatch City of London, who was also delighted to welcome the public. Introductions were made by the Board, Trustees, and staff, and our Guest Speakers Mark Golledge and Ellie Ward.  The Public were invited to introduce themselves.  **Declaration of Conflicts of Interest**  GB – Director at Guys and St Thomas’s and is a local resident.  SS- uses the local GP practice and is a local resident.  CW – uses the local GP practice, represents the public on the CCG safeguarding group. | |  |  |  |
| 2. | **Approval of Minutes and Matters Arising from previous meeting** | Minutes of the last Board Meeting were approved.  Matters Arising – none were raised. | |  |  |  |
| 3. | **Guest Presentation** | The Chair welcomed Mark Golledge and Ellie Ward to talk about Integrated Care and Neighbourhoods.  The presentation used a case study to outline the prosed benefits of the for residents by using the integrated care system and ‘Neighbourhoods’ model – more personalised and person centred care, joined up working and a multiagency response. The model will enable earlier identification of patient /client needs, including consideration of the wider determinants of health and a wide pool of providers including the Voluntary and Community Sector (VCS) and housing.  The concept is about more localised multidisciplinary team (MDT) working e.g GPs working more closely with adult community nursing, housing; sharing information and knowledge.  The model will bring together the different providers to support people with complex needs via MDTs.  It will improve and make services available locally and linked to specific neighbourhoods; e.g. having named staff leads for each neighbourhood in adult community nursing and community therapies to support multi-disciplinary team working.  The City falls within the Shoreditch Park and City Neighbourhood..    City of London Corporation(CoL) are mapping local health needs to identify how the neighbourhoods model will work in the City; gathering the evidence base to make the case for services including; adult social care, VCS and reablement teams.  CoL plan to engage with residents so they can influence the development of these integrated services. They are working with the Neaman Practice to identify health needs. They are also working with Tower Hamlets, Islington and Westminster GP practices for the whole CoL population.  CoL plan to develop a resident model of engagement to develop a bespoke CoL operating model and explore how CoL can build on existing joined up integrated services.  Q&A -  Q: With regard to the geography of the neighbourhood patch as the City of London (CoL) is on outer fringes. Will the neighbourhood plan work for City residents as they are on the periphery of a neighbourhood? Would a person have a single point of contact?  A: The Neighbourhood model is predominantly about local community care rather than hospital care. If a person went to hospital, then there would be allocated staff members and teams for each neighbourhood.  City of London Corporation are looking at opportunities for single points of contact/ support to co-ordinate a person’s care – this is in the testing phase.  Q: Difficulty of accessing care and being sent to the Homerton for outpatient services rather than more convenient hospital sites. Have they heard of the satellite GP services?  A: In terms of integrated care, the planned care workstream is looking at how to improve choice and streamlining access to outpatient services. Speakers are not familiar with satellite GP services locally however they will check.  Q: How does the neighbourhoods model work with neighbouring boroughs such as Camden? How will it join up when some long term conditions care will be managed by specialist teams in other boroughs? Complicated for a GP trying to manage across CCG (Clinical Commissioning Group) boundaries and how do you identify triggers for needs of care. Sometimes appointment follow up letters arrive much later.  A: GP practices should be receiving information from hospitals and there is ongoing work to improve information sharing between different service providers including GPs and Hospitals.  Some of the health needs scoping for the integrated care model and neighbourhoods is about identifying risks/ risk stratification and how to better support and manage identified risks in the system. A lack of joined up care across CCG boundaries could be a risk.  It is the role of the GP to co-ordinate care.  Q: What about support for carers following a hospital discharge. What about carer support?.  A: CoL really value Carers, and have put in place the City Connections service. Carers can have an assessment to identify their support needs. The neighbourhoods team would also be considering a carers support needs as well as the individual.  Q: Concerns about the Neaman Practice capacity given the potential for population growth.  A: This has been raised and there is awareness of this. Healthwatch will be working with primary care to help ensure this situation is improved.  Funding is available via Primary Care Networks for ancillary services.  Q: Concern about volunteers’ capacity and availability within the City.  Q: Is CoL going to conduct City specific engagement and involve HWCoL regarding the neighbourhood’s model.  A: Healthwatch Hackney(HWH) post is working across HWH and CoL as a whole. So, they will be doing some work and offering opportunities. CoL is looking for various mechanisms and opportunities for City public to engage on this.  Q: Need for monitoring more closely what is going on regarding services being delivered, with patients feeding back what their experiences are to service providers and designers. For example, breakdowns in patient pathways between hospital and primary care and a lack of liaison between staff . Concerns were raised about the neighbourhood model being able to make this happen.  City of London public have raised concerns about community nursing and **HWCoL will follow up on this issue**.  A: CoL said they want to engage with the City of London public about the development of the neighbourhoods model.  The Public Governor from the Homerton said he would be happy to liaise with the Homerton and be a point of contact between the City of London public and the Homerton. | | HWCoL staff |  |  |
| 4. | **Chair Update** | The Chair gave background to Healthwatch and their function, and the history of Healthwatch CoL.  The Chair then outlined all that has been undertaken to set the organisation up, which has now officially launched.  HW CoL have been attending different service design and provider meetings to influence and represent the public voice and their views. These meetings included CCG Governing Body, St Leonards re-development and Integrated Care Boards.  HWCoL have conducted PLACE Assessments and will be conducting Enter and Views with Tower Hamlets Healthwatch on a Stroke Ward at RLH , and one at the Neaman Practice, and looking forward hope to conduct one with HWH at ELFT on the inpatient wards.  Q: Social Care and Care Homes - do we need a care home in the City?  A: HWCoL are aware of this issue and are also looking at standards of care for people who are in own their homes. They will monitor the demand  A practical issue was identified - nursing teams are having to attend at odd hours because they are travelling from a distance and then can’t park. Practical solutions to these sorts of issues could be found.  It was highlighted that the CCG is interested in more local care home provision and HW CoL will continue to look into this. | |  |  |  |
| 5. | **Volunteer Strategy** | SR presented the draft Volunteer Strategy  Comment from the public was made about raising awareness of Healthwatch in general.  Feedback about being as flexible as possible, having a pool of volunteers that could attend one off meetings or doing practical volunteering that doesn’t require intensive support or training.  Could HWCoL join up and share volunteers across organisations? | |  |  |  |
| 6. | **Volunteers - Adoption of key policies** | LS recommended that we adopt the following policies/ documents as they have been signed off by the Volunteer Sub Committee:   * Volunteer Policy * Volunteer Handbook * Volunteer Agreement   The Board approved the adoption of these policies/documents. | |  |  |  |
| 7. | **Policies Ratification** | AL listed all the policies to endorsed:  HealthWatch CoL Media Policy  HealthWatch CoL Anti- Bribery Policy and Procedure  HealthWatch CoL Health and Safety Policy and Check list  HealthWatch CoL Trustee Code of Conduct  HealthWatch CoL Equality and Diversity Policy  These were approved.  AL recommended that the Environmental Policy be reviewed and not endorsed at this time.  The Conflict of Interest policy was adopted in principle and is to be reviewed internally | | HWCoL Board  HWCoL Board |  |  |
| 8. | **APM update and proposal** | AL outlined a plan for the APM:  An all-day event that facilitates engagement between the public and providers.  Morning session – a networking opportunity for the City public to meet with providers to encourage dialogue. Potential providers include East London Foundation Trust, Clinical Commissioning Group, City of London Corporation, City Connections and POWhER.  Keynote speaker during lunch hour on women’s health, the menopause in the workplace and in general  Afternoon session: Engagement activities to help shape services. Themes include; neighbourhoods, mental health and wellbeing, personalised care, and social care  Comments on the proposal:  Timing - some residents can’t make the APM as its during the day and they are working. GB agreed it is a dilemma, and HWCoL will try to balance daytime and evening time public meetings. Friday was also not seen as ideal as people leave the City for the weekend, however HWCoL constrained by venue availability. | |  |  |  |
| 9. | **Budget Approval** | This paper was withdrawn as the Finance Sub Committee has not met to approve it. | |  |  |  |
| 10. |  | | These cannot be taken at this meeting as the Finance Sub Committee has not met to approve them. |  |  |  |
| **Quarterly Management Accounts** | |
| 11. | **Risk register** | Several key risks were identified including the financial envelope.  The Chair identified it is important HWCoL prioritise the things the people of CoL want them to.  Staff retention was identified as a risk as both staff members are leaving; however, a new member of staff has been recruited to support with administration. Interviews to replace the current staff will take place in early March and contingency plans are in place. | |  |  |  |
| 12. | **Q&A and AOB** | Q: What do people do if they have issues.  A: HWCoL is available to provide information, and signposting to the City Public.  CW thanked the Board and Team for all their work in setting the organisation up and getting it to this point. | |  |  |  |
|  | The meeting closed at 5pm | |  |  |  |
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