

	Minutes	Sheet N° 1 of 4
	Title: Healthwatch Derbyshire Executive Board Meeting	
Subject/Title:	Healthwatch Derbyshire (HWD) Executive Board Meeting	
Held On:	Monday 8 th February, 2016	
Time:	1.00pm - 4.00pm	
Venue:	Suite 14, Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RD	
Chair:	John Simmons	
Minutes prepared by:	Karen Ritchie	
Distribution: HWD Board Members, HWD Team, HWD Website		

NAME	DEPT / ORGANISATION	ATTENDED	APOLOGIES
John Simmons (JS)	Chair Executive Board	✓	
Madeleine Fullerton (MF)	Vice Chair Executive Board Member	✓	
David Armin (DA)	Executive Board Member	✓	
Emma Hyde (EH)	Executive Board Member	✓	
Sonia Rafferty (SR)	Executive Board Member (Treasurer)		✓
David Roulston (DR)	Executive Board Member		✓
Carolyn Shearer (CS)	Executive Board Member	✓	
David Weinrabe	Executive Board Member	✓	
Karen Ritchie (KR)	HWD Chief Executive	✓	
Tammi Wright (TW)	HWD Office Manager		✓

No	ITEMS	ACTION BY WHEN/WHO
1.	Apologies Received from Sonia Rafferty and David Roulston.	
2.	Conflicts of Interest None reported.	
3.	Minutes and Matters Arising There were no amendments to the minutes. <ul style="list-style-type: none"> - Page 2 University of Durham, who have interviewed JS previously, regarding research they are doing to evaluate the leadership role of Health and Wellbeing Boards as drivers of health improvement and integrated care across England, have now asked to meet with members of the public in Derbyshire, to discuss a range of issues around how the Health and Wellbeing Board engages with the public, and the impact this has on influencing priorities. Healthwatch Derbyshire has agreed to help with the circulation of invitations to the forums. JS has contacted Sandy Bull, Head of Participation and Engagement at Derbyshire County Council (DCC) and asked that representatives from older people’s references groups and other references groups be invited to the forums. - Next Healthwatch network meeting - neither JS nor KR can attend. Helen Hart attending in KR’s place, but John extended the invitation to other Board members to attend in his place. - Page 3: John asked if there had been any EMAS whistleblowing enquiries. - Update on IIA lay reps - one has been recruited, others still to be recruited to make up the total of three. - There was a discussion around NHS dental work, and the ring round that DR has conducted to look at the information on NHS choices. The problems dealing with this issue locally were discussed and it was noted that this has been escalated HWE. - Positives report delayed, but should be ready to circulate by the end of March. 	
4.	Meetings Attended and Feedback Our Primary Care Co-Commissioning reps met today before the Board meeting to look at the role, the experiences of each rep, and how each CCG was approaching this responsibility. The view was expressed that each CCG seemed to be operating their Primary Care Co-Commissioning	

meetings quite differently. There as a concern about what was expected of the representatives. This relates to the speaker who is coming to the Board today, and questions will be directed to Helen Hart.

6. Policies and Procedures

Financial controls discussed. JS reassured everyone that all procedures are followed. SR signs the reconciliation reports each month. Accounts are also independently examined. In purchase order section the amount was changed to £1,000, from £500 before 3 quotes were expected to be obtained. The Financial Controls were reviewed by the Finance and Audit Sub-Group and they recommend their adoption by the Board. The Board agreed the new Financial Controls.

Safeguarding Policy - changes outlined to the Board as discussed at the Governance Sub-Group. The main change was to amend the content of Appendix 2 to outline how to report concerns. A question around what outcome the patients/service users wanted from a referral has also been added to the ROCA to ensure we are in line with 'Making Safeguarding Personal'. Policy recommended for agreement and agreed.

Information Sharing Policy and Information Sharing Protocol amendments: These amendments were made to reflect the new website feedback procedures around responding to comments, and how this information was recorded and shared. The Governance Sub-Group recommended the changes for approval and this was agreed by the Board

5. Presentation from Helen Cawthorne (HC), Head of Primary Care Southern Derbyshire Clinical Commissioning Group (SDCCG)

HC stated that the terms of reference for the Primary Care Co-Commissioning meetings are standard, so all CCGs should all be operating the same purpose.

In terms of SDCCG, there are no clinicians on the SDCCG Co-Commissioning meeting. Internal audit has just tested out the arrangements at SDCCG. Primary Care team headed by HC. 56 practices split up into 4 localities. SDCCG have reviewed governance structure, as a result of delegated responsibility, as GPs are members of the organisation and have a contract with CCG, so can't make decision about their own contracts. The Primary Care Co-Commissioning meeting is to ensure that the final decision around contracting doesn't lie with the clinicians, i.e. to decide if fair and equitable.

For example - there is some money to drive up standards in cancer care treatment. This will be delivered through general practice. The proposal that is worked up will involve clinicians, but will then be put to the Primary Care Co-Commissioning Committee to make the final decision.

The question was asked, what is the value of having Healthwatch reps on the committee? One of the examples that HC gave was - impact on patient care is an issue that needs to be looked at by the members of the committee in terms of any decision made. For example, if a practice wants to close a list, this needs to be considered carefully. This could be a

role for Healthwatch, i.e. to raise the voice of the community. Healthwatch can put a challenge in, or the committee as a whole can do this.

Reps have agreed they will continue with their role, but will meet again in 6 months' time to see if the role is clearer.

7. Media Strategy

- This has been put together by a working group, discussed by the Governance Sub-Group and put to the Board for agreement. This was agreed by the Board. This will form the basis of our work going forward with the media.

8. Financial

Finance Report - Finance and Audit sub-Group went through this in detail and are happy that the budget is well managed. The predicted surplus was discussed in the Contract Monitoring meeting and they are happy that we put it towards our future risk strategy.

Proposed Budget - This was discussed, new budgets headings added around event costs and ISO. There is no reason to assume our funding won't be the same next year. Our Contract Manager didn't indicate otherwise. The budget for 2016/2017 was agreed.

9. Sub-Group Update and Reports

- Finance and Audit - the report was tabled. Points raised:
 - Recommend a 1% increase in pay to all staff. This is included in the budget for 2016/2017. This was agreed.
 - Perception survey raised, currently quoted £5,000. Further research needed, as once we agree to conduct a perception survey, then we will need to put further money aside to conduct the survey again. It is linked to the Media Strategy as a possible way to look at whether our efforts in this area have been effective.

- Governance - it was pointed out that a new risk has been added to the register around the uncertainty caused by a change of leadership at HWE and the new relationship with the CQC being negotiated.

Working group needed to review Strategic Plan and Risk Register, due for annual review. JS and MF, DA (potential)? SR and DR to be asked.

- Intelligence, Insight and Action (IIA) - have not met since last Board. Next meeting 25th February, will be joined by new lay member. DW is the Vice Chair of the group.

10. Manager's Report

The Chief Executive circulates a weekly round up to share Healthwatch news with staff and board members. KR asked if there were any questions.

The new Learning Disability report was discussed. It was observed that this had no Social Care focus, and it was discussed as to why this might be. Often general engagement of this type does tend to focus on health services as it what people know and are familiar with.

The need to focus in on a certain area of concern for people with learning disability and deep dive to provide new information, was also discussed as a possible future engagement priority.

11. Risks

- New risk added see above in Governance Sub-Group section.
- Risk register due for annual review. Working group to be set up.

12. Any Other Business

Change in leadership Healthwatch England (HWE). There was transparency in the recent update from Susan Robinson, Acting National Director for HWE. She stated that when she met with David Behan CEO CQC they talked a lot about HWE's independence and how important it is that they retain it. During the discussion she was reminded that although this might feel like a big change, he has been the Accounting Officer for Healthwatch England since it began, and that will remain the case. David was involved in the very early discussions about Healthwatch so he understands and supports the potential of the concept.

The Board felt that although members of the public needed to be reassured about HWE independence during these times of change, there could be opportunities to working more closely with the CQC.

13. Confidential Items

Recorded separately.

14. Date of Next Meeting

Monday 11th April, 2016 1.00pm - 4.00pm
Venue: Healthwatch Derbyshire office unless otherwise advised.

Minutes checked and signed by HWD Executive Board Chair



John Simmons
22/02/2016

