

Virtual Healthwatch Northamptonshire Board Meeting in Public

Minutes of the meeting held on Wednesday 12 May 2021

Present:

Professor Will Pope	Interim Chair (West Northants)
Morcea Walker	Vice-chair (West Northants)
Sandra Bell	Board member (North Northants)
Simon Barter	Board member (West Northants)
Rashmi Shah	Board member (West Northants)
Sheila White	Board member (North Northants)
Susan Hills	Board member (North Northants)
Ric Barnard	Board member (North Northants)
Vikki Lynes	Board member (North Northants)
Caroline Gooch	Board member (West Northants)
Roger Knight	Board member (North Northants)
John Rawlings	Board member (West Northants)
Dora Shergold	Board member (North Northants)

Apologies: None

In attendance:

Kate Holt	CEO CTCIC and HWN
Katie Bayliss	HWN Manager
Dr Jo Spenceley	Comms and Research Manager
Esther Stimpson	Project Manager and Young HWN Lead
Julie Curtis	PA and Office Manager
Donna Heads	Inspector, Primary Medical Services and
	Integrated Care Directorate Central Region,
	Care Quality Commission



Healthwatch Northamptonshire

Moulton Park Business Centre,









Item No.	Item	Action
1	Introduction	
	Will Pope, Interim Chair, welcomed everyone and confirmed that the meeting would be recorded for minute referral. He gave introductions of everyone that was present.	
	Julie informed that there were no apologies for this meeting.	
	Will gave his thanks to all for their work commitment and contributions over the years.	
	He reported that no news had been received from the Commissioner on our contract yet.	
2	Declarations of Interest:	
	Rashmi reported that he was currently doing some work with Support Northamptonshire.	
3	Minutes of HWN Board Meeting in Public 14.01.2021	
	The Board agreed the minutes as presented are a true and accurate record of the last meeting.	
4	Matters Arising:	
	Rashmi asked for the EMAS reports to be in a word format. Julie will write and ask EMAS if this is possible.	JC- actioned
	Sandra mentioned that we still need to invite someone to a meeting regarding Direct Payments. Kate reported that Stuart Lackenby would be happy to attend.	
	Katie to arrange a meeting with the volunteers who put themselves forward to work on this, to raise questions for Stuart.	KB-Actioned
5	Draft Annual Workplan:	
	Katie reported that the annual workplan went to the Planning Group members before this meeting and has received approval by them. This is a working document and will also need approval by the Board.	
	Sheila and Roger shared their opinions on the situation of Primary Care/GP surgeries which is currently very concerning and the need for Healthwatch to look/prioritise the dissatisfaction with and access to GPs.	
	All points raised regarding GP/Primary Care will be addressed by a GP and there will be a Task and Finish group formed to define the project. Katie to action this.	KB- actioned
	Rashmi raised his concern for the BAME groups that this affects and how will we make sure they are included.	

	Will stated as a David to sate Dade 12 and 1 and 1 and 1 and 1	
	Will stated as a Board, to note Rashmi's point and we must and shall give appropriate ethnicity focus and continue working with our partners, but ensure we are not duplicating work that they are doing. The Planning Group should be asked how to consider matters are handled.	
	Sandra mentioned she has grave concerns that Community Care has been "kicked" yet again referring to Social Care and asked what Healthwatch England are doing about this. She asked that it is noted that HWN need to be seen as looking into Social Care as well as Healthcare.	
	Primary Care Commissioning Meeting:	
	Vikki updated the group on the Primary Care Commissioning Meeting held last week. She said it had been noted by them that they need to understand and do some work on how patients are feeling about the services as it was clear that the Commissioners are not listening. Quality reporting had not taken place, but they are beginning to get data. Better patient engagement and patient perspective is required. Evidence is needed as to what is working. She said that public perception is not understood by the GP's. Roger gave his support to Vikki regarding this.	
	A general discussion followed and Will decided that as an action, we need to write to Toby Sanders at the NHS Northamptonshire CCG regarding the GP access problem, as this is a big focus at the moment on Primary Care.	Action WP/KH
	Will then asked subject to all comments and suggestions being agreed, could we ask the Board whether the Workplan is approved?	
	All agreed approval.	
	Policies:	
6	Draft Decision Making Policy:	
	This policy had been previously taken to the CTCIC Board with final feedback being added and had been approved by them on the 23 March 2021.	
	Will asked whether this policy would be reviewed again and it was confirmed it would be in three year's, unless requested sooner by the Board. This was then approved by the HWN Board with Sheila proposing and Dora seconding this.	
	Quality Assurance Framework update:	
7.	Katie reported she had attended some Healthwatch England workshops and was utilising support from them to complete this efficiently and effectively. She reported that this will be an ongoing live document. Each QAF member had been given a particular area to look at and Katie will be looking for evidence to add to assist them. This is work in progress.	КВ

8. Interim Chair's Update:

Will reported that the recruitment process for the Advisory Board had started and the closing date for applicants would be the 30 June 2021.

Planning Group Update:

Morcea referred to the meeting on 30 March and gave thanks to Esther and Katie for their work on the Workplan order of priorities and said that at our next meeting in May 2021 we need to prioritize the work accordingly.

9. Healthwatch Staff updates January - April 2021:

9i) Healthwatch Northamptonshire Manager:

Katie's update had been circulated prior to this meeting to all members.

Carers Report:

Simon mentioned the Carers Project report was with Katie and Jo. Katie reported that this report is currently being written which includes the Carers interviews and Jo is writing up the survey data. The draft should be circulated to the project team by the end of May 2021. The raw data had been circulated.

Sandra said that we had a timetable when the report was to happen, but we need to give this proper time as this is a huge volume of work for the staff.

Kate thanked Sandra for her comment and Morcea confirmed there currently is an issue with the workload and the Planning Group need to look at the staffing and who will work on these projects.

NHS First 111 Report:

Kate said that this project was instigated by the NHS Northamptonshire CCG. We have had about 125 responses to the survey and are waiting to hear from the CCG when to close this, so that the report can be started.

9ii) Young Healthwatch Northamptonshire:

Esther's update had also been circulated prior to this meeting.

Young Healthwatch Northamptonshire survey on COVID-19

Esther reported that there had been a good response to this survey and had received over 1173 responses with good representation from the North and West with a good mix of ethnicities. Young Healthwatch had seen the draft report and Jo was in the process of finishing it. Public Health Northamptonshire and the NHS Northamptonshire CCG have asked for a copy of the report.

9iii) Research and Communications Manager:

Jo's update had also previously been circulated prior to this meeting. Jo reported that we are receiving more enquiries from the public which has impacted more on Natasha's work now. The GP's are an area that we need to work on, particularly, the access issues and the fact that GP's are not registering people with ID. She reported that dentistry continues to be an issue at a national issue.

10. COVID-19 Update:

Jo reported that the Comms Meetings for this are every two weeks and That currently lateral flow testing was a priority.

11. Reports/Updates:

11i) NHFT Group update:

Since 2019, Northamptonshire Healthcare (NHFT) and Leicestershire Partnership (LPT) have been working together in a 'buddy' arrangement. Because of this arrangement they have been able to work together beyond targeted support on a range of initiatives including programmes, quality improvement work, strategic planning, regional care models and more.

Therefore, after much consideration on their next steps, their Boards have agreed to continuing their work together, however not merging while still maintaining our organisational identities and structures supporting local systems.

11ii) Dentistry update:

Susan gave thanks to Jo and Christine on their informative dentistry report.

11iii) NGH Update:

Jo reported positive developments were taking place at NGH. Rashmi asked about the NGH Patient Experience and do we have contact with them? Jo replied that we have a good working relationship with Rachel Lovesy at NGH and we can talk with her and James Allan at KGH about patient representation and we could invite Rachel to a Planning Group Meeting in the future.

Action

11iv) KGH Update:

Sheila reported the new build Urgent Care Centre can be expected as a workplace by 2024 and the Government are appointing builders for all the seven structures.

KGH have now started to receive visitors by appointment only to the injury area with GP presence and another children's department.

There will be separate paediatric out-patients at both hospitals, but all major ENT will go to NGH, but minor treatments and outpatients will be at KGH.

KGH and NGH working together seems to be working well with many joint appointments.

Sheila said the Patient Experience Group had been sent a sustainable Travel plan. Concerns had not been appreciated about how many people do not have their own transport and there was a big question of whether a Park and Ride could be provided? The plan is going to public Consultation and could Healthwatch get involved by writing from their perspective to represent the public? Esther suggested to the members if they want to respond, to contact Sheila about this and could be discussed at a project group.

ALL

Will suggested that as well as raising this with KGH, to also pick this up with North Northamptonshire Unitary (George Candler)

Action

11v) EMAS:

Will reported that the EMAS performance in Northamptonshire is better than the rest of the region, although it is difficult to hit the national average. CAT 1 category is okay but the other categories not so good as the volume is high and EMAS is under pressure. Will suggested if any volunteers would like feedback, to email Katie who will put forward to him.

ALL

12. Any Other Business:

Rashmi gave his thanks to all staff, volunteers and Board Members and the excellent work we have achieved together.

Rashmi mentioned he was disappointed with the Northamptonshire Health and Care Partnership that engagement and co-production was still not coming across. There are lot of organisations countywide but there was hardly any black representation on their Boards.

Simon asked how we will recruit to fill those gaps particularly in the West? Kate said that we need to be focussing on recruiting a new Chair and a new Board and we will look at the Terms of Reference. The new Advisory Board needs to be up and running from October 2021. Will said that the future Board has cognisance for this need.

Kate said that if we do not get the contract, all will be handed over to the new provider. John asked whether there would be one or two Healthwatches in the Unitaries. Will said that because the two Unitaries have replaced Northampton County Council, both have statutory responsibility for two Healthwatches. It could be commissioned

Date and time of next Advisory Board Meeting to be confirmed.
This public meeting then closed.
Rashmi asked whether the tendering would be done through North Northants? Will confirmed yes and that we are the second worst Funded Healthwatch in the country.
separately or as one so we are unsure of how this will be structured.

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Professor William Pope:

Interim Healthwatch Northamptonshire Chair

Date:	
28 October 2021	