

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 25/04/2017	Paper No:
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Title of Presentation: FINAL minutes of the Board meeting held on April 25 2017

This paper is for	Discussion		Decision	x	Information	x
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Purpose and Executive Summary (if paper longer than 3 pages):

Financial Implications of Paper:
None

Action Required: The Board is asked to: <ul style="list-style-type: none"> • Approve the draft minutes • Note any matters arising

Author: Richard Maynard

Title: Healthwatch Oxfordshire (HWO) Board Meeting Minutes			
Venue: The Beacon, Portway, Wantage		Date: 25/04/2017	
Time: 19.00 - 21.00	Chair: Eddie Duller OBE (ED), George Smith (GS)		
Minute Taker: Richard Maynard (RM)			
Attendees: Board members: Eddie Duller OBE (ED), Tracey Rees (TR), George Smith (GS), Jean Nunn-Price (JNP), Caroline King (CK), Martin Tarran-Jones (MTJ), Dave Butterworth (DB) Also attending: Sylvia Butterworth (SB) Staff in attendance: Rosalind Pearce (RP) Executive Director, Richard Maynard (RM), Marketing and Communications Manager Members of the public: 15 members of the public attended this meeting, inc two councillors.			
Apologies : None			
Agenda item	Notes		Action
1	Welcome ED welcomed the Board.		
2	Declarations of interest There were no declarations of interest.		
3	Kate Terroni, (KT) Head of Adult Social Care at Oxfordshire County Council gave a presentation on adult social care in the county, including details of the work		

	<p>plan for the forthcoming year. The floor was then opened for questions. The follow questions were asked:</p> <p>Q) I am 80, how do I apply to get a package? A) KT: You can come direct to us. We have launched a website which gives a list of services, ratings etc. You can also telephone direct or go to the Community Information Network run by Age UK Oxfordshire.</p> <p>Q) Is the extra precept money accounted for separately? A) KT: Yes, there is a breakdown of how the money is spent.</p> <p>Q) Is the money ringfenced for social care? A) KT: Yes, it has to be spent on adult social care.</p> <p>Q) I am concerned that only 5% is spent on mental health. Is there any other spend on mental health? A) KT: Yes, there are other budgets. There is a pool budget - we put in 11% and the Clinical Commissioning Group puts in the rest.</p> <p>Q) You spoke of the Innovation Fund - who are you expecting to access that. We are hearing that the voluntary sector were not called on. A) KT: We have awarded Transition funding for those services that were due to end. We are already hearing of bids.</p> <p>Q) Do you work in hospitals? I was sent home from hospital but was offered no help. A) KT: Yes, we have social teams in hospitals. The bulk of their work is people who are ready for discharge. Your experience should not have happened so I am sorry.</p> <p>Q)Your co-production projects - what will they look like in 2017/18? A) KT: Help for people with personal budgets, Transition</p>	
4	<p>Questions from the public</p> <p>The following questions were asked by members of the public: Q) What is Healthwatch doing to make sure people are discharged from hospital safely? I was discharged from A&E with no provision made. A) RP: We will look into it. We are due update on progress following our Discharge and Dignity reports. Also, if we hear</p>	

	<p>that people are having a poor experience, we will go to the service providers and commissioners.</p> <p>Q) Can you back my campaign for more accessible toilets? The £50m development of the Orchard Centre at Didcot does not have an accessible toilet. A) ED: We can ask about that. It should be included at the planning stage.</p> <p>Q) Will you be looking at the issue of transport and people who are isolated? A) RP: We will be looking at how the changes in adult day services have affected people. We hear a lot about transport.</p> <p>Q) There is going to be a lot of growth in Wantage over the next 15 years - will Healthwatch be looking at the services that will be needed? A) GS: That is at the top of my list of personal priorities. It needs to be addressed at a higher, national level and planned much further ahead.</p>	
5	<p>PAPER 1: Draft minutes of Board meeting of January 24 2017.</p> <p>It was proposed and seconded that subject to two amendments, the minutes of the meeting be approved.</p> <p>The minutes were unanimously agreed.</p>	
6	<p>PAPER 2 Draft minutes Board management meeting of February 14 2017</p> <p>Unanimously agreed.</p>	
7	<p>PAPER 3: Draft minutes of Board management meeting of March 14 2017</p> <p>Subject to one amendment the minutes were unanimously agreed.</p>	
8	<p>PAPER 4 Draft minutes of Board management meeting April 4 2017.</p> <p>Subject to one amendment the minutes were unanimously agreed.</p>	

9	<p>Election of Chair</p> <p>ED said he had been Chair for two years and felt it was time for some new thoughts. He would remain on the Board and continue to assist with marketing and communications. He paid tribute to and thanked, Rosalind Pearce, his fellow directors, and the staff team.</p> <p>He said an election had been held, and George Smith had been duly elected as the new Chair.</p>	
10	<p>Welcome of Incoming Chair</p> <p>GS said it was an honour and a serious responsibility to take on the job. He paid tribute to ED, the staff, and the Board, which he said was well set-up and now needed to multiply its effectiveness by working with other organisations such as PPGs. His personal interest would be broader strategy, attempting to influence at county and national level.</p>	
11	<p>PAPER 5 Executive Director's update</p> <p>RP presented her report and said that the main activities had been the Voluntary Sector Forum in February, a report of which had gone to the CCG; attending and reporting to HOSC, at which she reiterated HWO's belief that the health services consultation should not have been carried out in two phases. Healthwatch has also said that Phase 2 should include social care, although the situation is now unclear until after the county council elections in May.</p> <p>At the HOSC meeting of April 6 the theme was quality, and RP observed that on the basis of the reports presented by OUHFT, OHFT and SCAS, quality appeared to be defined by medical outcome, rather than the patient experience as a whole. The Witney project helped raise the organisation's profile and we have now become the go-to organisation for quotes. The organisation has also become more pro-active in releasing comments on issues.</p> <p>RP reported that the 2017/18 workplan had been agreed, with the main themes of gathering people's experiences and informing people. The report from the Witney project would be published in May, and the project will be replicated.</p> <p>CK asked where the project would be replicated, and RP said most likely Bicester.</p> <p>GS said the project had also been good for team building among the staff.</p>	

	<p>RP said the project had seen the HWO make contact with more than 1,500 people and receive more than 400 questionnaires back.</p> <p>The Board agreed to note the contents of the Executive Director's report.</p>	
12	<p>Report from Sub Groups</p> <p>PAPER 6 - GSF Group for approval</p> <p>MTJ outlined the contents of the report from the Governance, Strategy and Finance sub-group looking at the three main sections:</p> <p>Governance - ensuring that the organisation was compliant on regulations. MTJ had been asking a number of questions and asking to see policy documents.</p> <p>Strategy - the remit was to look beyond next year, and looking two to three years ahead to identify the main goals, with a view to producing a forward vision in July. MTJ asked for a SWOT (strengths, weaknesses, opportunities and threats) analysis to be carried out at the Board management meeting on May 9.</p> <p>Finance - the financial report has been circulated and MTJ asked the Board to agree the new format in which accounts are presented. This was approved.</p> <p>DB asked how unrestricted funds were tracked. MTJ and RP said this would be looked into.</p> <p>MTJ said the organisation should make financial provision to cover three months' costs, and he had asked the accountant to come up with a figure. He proposed that the money be put in a separate bank account that can only be accessed by the Board. Proposed: JNP. Seconded: DB. Agreed.</p> <p>MTJ said that on the issue of whether there was a long-term liability over the staff pension scheme, the answer was no.</p> <p>MTJ said that because the organisation had become a charity on April 11th, but its financial year came to an end on March 31, a one-off change should be made to the financial year to end it on April 11.</p> <p>MTJ reported that the accountant had said that charitable status would require extra inspection at year end, which will cost about £500. This will need to be included in the forecast.</p> <p>JNP said she had been emailed by the Charity Commission to check whether her details were correct but a password was needed - did she need to sort this herself? RP said that yes, Directors were responsible for their own passwords.</p>	

	<p>GS said he hoped charitable status would make HWO a more attractive destination for people who want to make donations. RP pointed out that it also meant HWO could not act outside its charitable objectives.</p>	
13	<p>AOB. There was no other business but one more question from the floor: County Councillor Jenny Hannaby asked that the south of the county not be forgotten by HWO as there were a number of health-related concerns in the area, eg closure of community hospital, major housebuilding etc. RP replied that it was intended to facilitate a workshop with organisations such as PPGs to start the process of looking at the issues around healthcare. Meeting closed: 9.05pm.</p>	

Action Log

	Action	Responsible person	Completion date	Comments
3	Hospital Discharge report - write to providers for an update on commitments made in response to this report	RP	31.3.17	To be covered in Outcomes and Impact Report
4	Circulate Delayed Transfer of Care figures to board	RP	ongoing	
11	Investigate impact of travel and parking on staff and patients of OUHFT.	RP	25.4.17	HWO to carry out travel and Parking survey funded by CCG.
12	Hospital transport service: Drivers pick up and drop off space inadequate at JR. RP to raise with Dr Holthof	RP		