

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF  
HEALTHWATCH BLACKPOOL  
HELD AT THE EMPOWERMENT OFFICE, BISPHAM ROAD, BLACKPOOL  
ON TUESDAY 17 MAY 2016 AT 3.00PM**

**Present:** Ms K Burrell, non-Executive Director  
Dr M Davis, non-Executive Director  
Mr E Jackson, non-Executive Director  
Mr G Molyneux, non-Executive Director  
Ms M Whyham, non-Executive Director (Chairman)

**In attendance:** Mr S Garner, Healthwatch Blackpool Manager, Empowerment  
Mr S Butterfield, Corporate Development Manager, Blackpool Council  
Mr M Towers, Company Secretary (Co Sec)  
Miss Y Burnett, Company Secretary Support.

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1.	<p><b>Welcome and Introductions</b></p> <p>The Chairman welcomed everyone to the meeting and around the table introductions were provided.</p>	
2.	<p><b>Declarations of Interest</b></p> <p>None.</p>	
3.	<p><b>Minutes of the Last Board Meeting held on 24 March 2016</b></p> <p><b>The Board agreed:</b> To approve the minutes of the Board meeting held on 24 March 2016 as a correct record.</p>	
4.	<p><b>Minutes of the Annual General Meeting held on 24 March 2016</b></p> <p><b>The Board agreed:</b> To note the minutes of the Annual General Meeting held on 24 March 2016.</p>	
5.	<p><b>Health and Wellbeing Board Strategy</b></p> <p>The Chairman explained that following her recent attendance at the Health and Wellbeing Board, she had invited Mr Scott Butterfield to attend the meeting to present to the Board the draft Health and Wellbeing Board Strategy as part of the on going consultation process and to ensure that the issues raised by Healthwatch Blackpool were fed into the consultation process.</p> <p>Mr Butterfield explained that the Strategy was a statutory requirement aimed at reducing health inequalities and the Health and Social Care Act 2012 stipulated</p>	

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<p>that in preparation of the Strategy the involvement of the local Healthwatch was paramount. He added that the existing Strategy had become unwieldy and in the process of refreshing the document it had been agreed to focus on four top priorities:</p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Substance misuse, including alcohol and tobacco</li> <li>• Creating community resilience and reducing social isolation</li> <li>• Early intervention</li> </ul> <p>The draft Strategy had been presented to the Health and Wellbeing Board at its meeting on 20 April and it had noted that:</p> <ul style="list-style-type: none"> <li>• The importance of describing and developing links to addressing Blackpool's economy;</li> <li>• The need to reference the importance of quality healthcare;</li> <li>• The importance of not pitching the strategy at too high a level, ensuring that the action plan was one that the Health and Wellbeing Board could own and monitor;</li> <li>• To be realistic about the impact it could make on areas subject to significant funding reductions;</li> <li>• The need to be clear about the plan for the third sector, so that they could adapt and develop an appropriate response;</li> <li>• The need for community development work in order to build resilience and</li> <li>• The important role that the strategy should play in shaping partner organisations' priorities and strategies.</li> </ul> <p>Mr Butterfield explained that it was important, as part of the consultation process to include the Health Services to focus on the needs of the community prior to them accessing services. He added that the role of the third sector partners was equally important in building resilience.</p> <p>The Board was advised that the Health and Wellbeing Board had requested that a short duration task and finish group was established to collate the on going work addressing the Social/ Community Resilience priority. The Chairman of the Board had also asked for a short consultation period with the aim of presenting the final draft Strategy to the Health and Wellbeing Board at its meeting in July 2016. Mr Butterfield explained that this deadline was flexible, if it was considered further work was required.</p> <p>Mr Butterfield sought the Board's opinion on how the members of Healthwatch Blackpool could be involved in the consultation process.</p> <p>In response to a question, Mr Butterfield confirmed that the Strategy would be delivered through the Better Care Fund.</p>	

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<p>A number of Board Members pointed out that the Strategy appeared not to refer to equality issues, the hard to reach groups within the community, mental health issues and the gap between the Children and Adolescent Mental Health Services (CAMHS) and the Adult Mental Health Services. Mr Butterfield explained that the Equality Impact Assessment would take into account each individual needs and would work with Blackpool Council to ensure that those needs were fully considered and all groups were equally involved.</p> <p>He added that in reducing the priorities, some aspects had not been articulated, but mental health issues was included in the 'Creating community resilience and reducing social isolation' priority. Mr Garner agreed to provide Mr Butterfield with the Healthwatch Blackpool reports on the subject. Mr Butterfield reported that telephone consultation had proven successful in involving hard to reach groups and those with access issues.</p> <p>With regard to the gap in provision of mental health services for children and adolescents, Mr Butterfield agreed to liaise with Ms Claire Grant, Divisional Commissioning Manager, Blackpool Council, who was reviewing the Lancashire wide issues, to ensure that those issues were being addressed.</p> <p>In response to a question, Mr Butterfield acknowledged that there was an inconsistent approach in the PHSE programme in secondary schools and was not entirely reliant, but ensured that a rounded approach would be taken to address substance misuse.</p> <p>The Board was advised that the next steps would include the consultation of all partners, using social media, surveys and Healthwatch Blackpool. In response to a question regarding the possibility of involving the Patient Forum, Mr Butterfield welcomed this and other suggestions of areas of inclusion.</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. To note the draft Health and Wellbeing Board Strategy.</li> <li>2. To request that greater prominence in the Strategy be given to equality issues, the hard to reach groups within the community, mental health issues and the gap between the Children and Adolescent Mental Health Services and the Adult Mental Health Services.</li> <li>3. That Mr Butterfield and Mr Garner would work together to develop a joint approach to consulting with people associated with Healthwatch Blackpool.</li> </ol> <p><b>6. Articles of Association</b></p> <p>Mr Towers advised the Board that the original Articles of Association had been adopted when the Healthwatch Blackpool was formed in 2012 and the revised Articles would align to the contract, which Empowerment had won, to enable</p>	<p><b>SG</b></p> <p><b>SG/ SB</b></p>

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<p>the work of the Board to be supportive of the objectives of Empowerment.</p> <p>The Board was advised that one issue, which had caused some confusion with the Articles, had been the interpretation of the word ‘member’. The definition had been discussed with the previous Healthwatch Board, but no agreement had been reached. Mr Towers explained that in Part 1, of the articles, “member” had the meaning given in section 112 of the Companies Act 2006. This in effect meant that the subscribers of a company's memorandum were deemed to have agreed to become members of the company. The subscriber to those articles was the Council. However, later in the articles the word ‘member’ was referred to in relation to arrangements for Annual meetings. For those meetings it could not just be the Council, which was referred to (as the registered member) so any member of the public who attended had been allowed to speak and participate in the Annual meeting to ensure there was transparency and accountability.</p> <p>Mr Towers explained that the Articles were a legal and sound document, but this anomaly could be picked up in a future review, if for example Healthwatch Blackpool wished to become a charity. The Board could then work with the Council in developing governance documents to help it develop into a more self-sustaining organisation.</p> <p>In addition, Article 11 stated the need for a decision making policy to be agreed by the Board and published. The Board was presented with a proposed policy, based on a template used by a number of Healthwatch organisations and very similar to the policy previously used.</p> <p>The Board was advised that if the Board agreed the revised Articles of Association the Council would need to consider the Articles through its Executive decision making process within 28 days. Once agreed by the Council, the revised Articles of Association would then be lodged with Companies House within 15 days of the decision.</p> <p>In response to a question, Mr Towers acknowledged that the reference to the Local Healthwatch accountability to the “resident taxpayer”, detailed in the Department for Health and Local Government Association publication “Developing Effective Local Healthwatch” was open to interpretation and would seek to improve on the definition.</p> <p>In reviewing the decision making policy, the difference between public meetings and meetings of the Board held in public was discussed. It was confirmed that the public could attend Board meetings in an observational capacity and be excluded should there be information of a confidential nature discussed, but acknowledged that a suitable venue and the publication of meeting dates would need to be considered to accommodate this. The Board agreed that a mechanism to allow members of the public to ask questions would be appropriate.</p>	

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<p>On behalf of the Chairman, Mr Towers read out the written resolution to the Board Members for consideration if the Company thought fit, to pass a resolution to adopt the revised articles of association of the Company. A vote was taken and carried.</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1) To approve the Written Resolution to adopt the revised Articles of Association of the Company and the statement as to how the Council (as registered member) could signify agreement.</li> <li>2) That the Chairman be authorised to submit the documents set out in 1) above to the Council.</li> <li>3) That the Chairman would arrange for the following to be delivered to the Registrar of Companies as soon as practicable: <ol style="list-style-type: none"> <li>a. The written resolution referred to above, once it had been duly passed by the Council;</li> <li>b. A print of the revised articles of association of the Company; and</li> <li>c. Companies House Form CC04.</li> </ol> </li> <li>4) To adopt the proposed decision-making policy and review the effectiveness of the procedures set out in the policy annually.</li> </ol> <p><b>7. Appointments to Various Bodies</b></p> <p>The Board was asked to consider the second appointment to the Health and Wellbeing Board and the attendance at meetings of the Blackpool Clinical Commissioning Group (CCG) Governing Body and the Primary Care Commissioning Committee.</p> <p>The Board was advised that under the Health and Social Care Act 2012 it was a statutory requirement that the Health and Wellbeing Board comprised of at least one member of the Healthwatch Board. The Board was reminded that at the last meeting, it was agreed that Mrs Whyham would fill the first position as Chairman and to defer to the next meeting the appointment of the second position.</p> <p>The Chairman advised the Board that she had regular informal meetings with the Chairman of both the Hospital Trust and the Blackpool Clinical Commissioning Group (CCG).</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. That Mr Eddy Jackson be appointed to the second position on the Health and Wellbeing Board.</li> <li>2. That Mr Greg Molyneux be appointed as a lay member to the Blackpool Clinical Commissioning Group (CCG) Governing Body.</li> <li>3. That Dr Mike Davis be appointed to the Primary Care Commissioning Committee.</li> </ol>	

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<b>8.</b>	<p>4. To review the appointments to the Health and Wellbeing Board and the other bodies at the November Board meeting.</p> <p><b>Board Expenses</b></p> <p>The Board was advised that the purpose of the expense policy was to define a criterion for the approval of expenses on the basis that no Board member should be out of pocket for undertaking their official duties. It was reported that following discussions with Empowerment, the Council had set aside a sum of money to cover all expenses claims from Board Members as part of the commissioning contract. Although the position of Board Members was not remunerated, the Council and Empowerment were keen to ensure that no Board Members would out of pocket for undertaking their duties with Healthwatch Blackpool.</p> <p>Mr Garner agreed to circulate the associated claim forms to Board Members.</p> <p><b>The Board agreed:</b> To adopt the Board Expenses Policy.</p>	
<b>9.</b>	<p><b>Performance Review 2015/ 2016 and Business Plan 2016/ 2017</b></p> <p>Mr Garner presented his report to the Board and highlighted eight draft aims and objectives for 2016/ 2017 as being:</p> <ol style="list-style-type: none"> <li>1. Develop a plan of work, which includes a range of large in-depth quality projects, and smaller scale consultations.</li> <li>2. Raise the public profile of Healthwatch Blackpool and consumer feedback.</li> <li>3. Improve and maintain relationships with Care Quality Commission (CQC).</li> <li>4. Create a Youth Healthwatch.</li> <li>5. Maintain the role of championing the consumer voice and effective communication, ensuring quality reviews, responsive to public concerns, and good joint working.</li> <li>6. Raise the level of service provider feedback, and ensure robust KPI reporting.</li> <li>7. Increase the number of volunteers and members of Healthwatch Blackpool.</li> <li>8. Develop sustainability opportunities.</li> </ol> <p>Mr Garner added that public consultation around the plan of work was ongoing, but hoped to be in a position to present this to the Board at its next meeting. There was concern that few people were aware of the existence and/ or purpose of Healthwatch Blackpool and that awareness raising was needed in order for it to become a visible body. It was suggested in addition to social media, existing links with local media could be utilised to advertise the launch of the new Board.</p>	<b>SG</b>

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<p><b>10.</b></p>	<p>The Chairman suggested that a Strategy, which would then shape the Board’s Business Plan, was required and agreed to work with Mr Garner to produce a draft Strategy for the Board’s approval. The Strategy needed to be simple, focussed and with measurable outcomes covering a two-year period.</p> <p>Mr Garner referred to the Key Performance Indicators (KPI’s) contained within the report and advised the Board that a meeting was scheduled with Blackpool Council’s Commissioning team to review the contract and the KPI’s for 2016/ 2017.</p> <p>A financial overview was presented to the Board and it was noted that the two largest expenditures were PR and printing costs. It was reported that printing and postage costs had been high over the past financial year due to the monthly full colour newsletter, distributed to over 130 people. Mr Garner explained that since December 2015, the newsletter had been produced quarterly and physical printed copies had been reduced following a feedback survey.</p> <p>Mr Garner explained that the PR costs were the result of a large volume of leaflets and posters (additionally the annual reports) being printed in order for Healthwatch Blackpool to be able to better inform the public of its purpose and be visible in health and social care settings and a two page advertisement in The Gazette and a radio advert</p> <p>The Board was advised that those two areas of expenditures would be monitored over the next financial year, whilst also looking into additional sources of revenue.</p> <p>In response to a question as to whether or not there was sufficient resources to achieve the proposed aims of Healthwatch Blackpool, Mr Garner explained that there were two positions alongside his, a fulltime involvement officer and a part time (15 hours) information officer. He added that the possibility of an administration apprentice was also being perused.</p> <p>The Chairman suggested that obtaining Charitable status should be part of the two year Strategy, as the Board may struggle to attain this in a shorter period.</p> <p><b>The Board agreed:</b> To note the report.</p> <p><b>Appointment of Auditor</b></p> <p>Mr Towers advised the Board that Healthwatch Blackpool was exempt as a small business from needing to appoint an external Auditor, however it was recommended by the Department of Health and the Local Government Association as good practice.</p>	<p>MW/ SG</p>

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<p><b>11.</b></p>	<p>The Board was reminded that the existing Auditors were John Potter and Harrison Chartered Accountants. However, as there was a shared accounts process with Empowerment it was suggested that the Company could use the same Auditors as used by Empowerment.</p> <p><b>The Board agreed:</b> To appoint Paul Clegg and Company, Chartered Accountants as the Company external Auditor for 2016/ 2017.</p> <p><b>Operational Leads' Report</b></p> <p>Mr Steven Garner, Healthwatch Blackpool Manager presented his report to the Board. He explained that social media and website engagement had been increasing month on month. Included in his report, for information, were a number of reports that had been prepared following Healthwatch Blackpool reviews and consultations. He explained that the Board prior to them being submitted to the service provider for a response would normally approve those reports, but due to changes to the Board, it had been necessary to send them to avoid any delays.</p> <p>He advised the Board that responses from the Head of Urgent Care (Accident and Emergency Report) and the Harbour Conversation were still outstanding, but a response to the Substance Misuse report was anticipated later in the week. It was suggested that the recommendations made in the reports should be followed up to see if, because of the reports, changes had been made by the service provider. This would also enable the impact of Healthwatch on the delivery of services to be measured.</p> <p>Details of the Annual Healthwatch Conference were included in the report and Mr Garner reported that it was a useful event to attend providing operational and governance workshops. It was decided that Mr Garner and Mr Robinson (Involvement Officer) should attend the Conference and provide feedback to the Board at its next meeting. The Chairman reported that she would possibly attend part of the conference, subject to other commitments.</p> <p>In response to a question, Mr Garner reported that there was little opportunity for professional development, but there were many events, such as the Healthwatch Conference, that provided learning opportunities. The Chairman agreed to discuss with the Chief Executive of Empowerment the clarification of roles between the Board and Empowerment and in doing so identify any potential development needs.</p> <p>It was suggested that the contact should be made with the Chairman of the Blackburn with Darwen Healthwatch, Mr Bill Taylor, as there was the potential for shared resources and their expertise could be invaluable. The Chairman agreed to contact Mr Taylor to seek guidance on how they had developed their Healthwatch Strategy.</p>	<p></p> <p><b>SG</b></p> <p><b>SG</b></p> <p><b>MH</b></p>



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<p><b>12. The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. That future review/ consultation reports would be submitted to a Board meeting for approval, subject to timing. If outside the cycle of meetings, the reports would be circulated to Members, by email, for comments and finally approved by the Chairman. The reports would then be presented to the next Board meeting for ratification.</li> <li>2. To note the Operational Leads' report.</li> </ol> <p><b>Registered Office and Sail Address</b></p> <p>The Board was advised that a registered office was mandatory and was the official address of the Company where statutory mail and legal notices were delivered. A single alternative inspection location (SAIL) was a useful alternative and recommended for the retention and inspection of statutory company records, for which the Company Secretary was responsible. It was reported that the Council, on the formation of Healthwatch in 2012 had registered the Municipal Buildings as the registered office.</p> <p><b>The Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. That the Registered office of the company be the Empowerment offices, 333 Bispham Road, Blackpool, FY2 0HH.</li> <li>2. That the Single Alternative Independent Location (SAIL) be Number One Bickerstaffe Square, Talbot Road, Blackpool, FY1 3AH.</li> </ol>	
<p><b>13. Items for Next Board Meeting</b></p> <p><b>The Board agreed:</b> That in addition to items suggested during the meeting, the following items would be included in the agenda for the next Board meeting:</p> <ul style="list-style-type: none"> <li>• Operational Leads' report</li> <li>• Finance/ Performance report</li> <li>• Business Plan/ Strategy</li> <li>• Protocol outlining the responsibilities of the Board of Directors and those of Empowerment</li> <li>• Report outlining the performance measures in Empowerment's contract and the Board's role in helping to achieve those.</li> </ul>	
<p><b>14. Any other Business</b></p> <p>a) The composition of the Board was discussed, noting that there could be a maximum of eight Members and a required quorum of three Members. It was suggested that through the recruitment panel a further one or two Members could be recruited to represent areas of the community not currently represented, subject to their skills set.</p>	

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15.	<p>Mr Towers advised that the current Board Members had been identified through an open advert, the Blackpool Business Leaders Group and recommendations. He added that he had received an expression of interest from a person with a Health and Social Care background and suggested that this could be progressed through the recruitment panel.</p>	Co Sec
	<p>b) The Chairman suggested that Service User representatives, related to the Strategy and Business Plan could be invited to attend future Board meetings to provide a presentation.</p>	Co Sec/ SG
	<p>c) Dr Davis advised the Board, having recently attended a National Haemochromatosis Group, that there had been representation from between 30/40 medically related charities, intermediaries of the Healthwatch Board. He sought the Board's opinion of their inclusion in the Strategy to develop a mutually beneficially partnership to raise awareness.</p>	
	<p><b>Proposed Dates of Future Board Meetings</b></p> <p><b>The Board agreed:</b> The dates of future meetings for 2016 as follows:</p> <ul style="list-style-type: none"> <li>• Tuesday 12 July</li> <li>• Thursday 15 September</li> <li>• Tuesday 15 November</li> </ul> <p>All meetings to be held at the Empowerment Office, Bispham Road, commencing at 3.00pm.</p> <p>It was also noted that a date in December, for the 2016 Annual General Meetings, would be confirmed at a future meeting.</p>	

The meeting ended at 4.55pm

**Signed by the Chairman**

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**Mrs M Whyham, 12 July 2016**