

# Trustee Board Meeting Minutes

Wednesday 25<sup>th</sup> February 10am-1pm Huddersfield Mission, Huddersfield

## Present

Paul Bridges (Chairing, Huddersfield Mission), Fatima Khan-Shah (Joint Chair, Community Representative), Carol Haigh (Mencap in Kirklees), Dave Rigby (Community Representative), Hilary Thompson (Age UK Calderdale and Kirklees), Mark Lacey (KCA)

## In Attendance

Rory Deighton (Director), Katherine Sharp (Volunteer Coordinator), Clare Costello (Advisor), Shabana Ali (Advisor)

## Apologies

Yasmeen Sharif (Barnardo's), Hazel Wigmore (Community Representative), Hawabibi Rawat (Community Representative), Roger Milthorp (Cloverleaf Advocacy)

## Wider Discussion; The Care Act and its implications in Kirklees

This part of the meeting was chaired by Fatima Khan-Shah.

Philip Longworth (Health Policy Officer) and Margaret Watt (Head of Commissioning and Quality) made a presentation on the Care Act and its implications for patients, carers and the community in Kirklees.

Margaret Watt stated some of the key changes and challenges:

- There is now a duty to involve carers in the assessment of an “adult”, and you no longer have to provide substantial care to be considered as a “carer”
- Assessments should consider how the adult would function without any support for their carer - as, in the UK, there is no legal responsibility for family members to act as carers
- The adult’s needs eligibility criteria now includes “two or more outcomes” and “significant impact” which means that there could be some issues around eligibility

- Significant impact isn't defined in the Act - which again could cause confusion or concern for the LA - especially as "we are now best placed to judge our own wellbeing"
- There is no mild, moderate or severe level of need any more, you are either eligible or ineligible
- For carers, it isn't necessary to have two or more outcomes. Which means there will be more carers eligible for support.
- Your needs should be met if caring ABOUT someone is affecting you, not just caring FOR someone - this is a huge difference

---

## Main Meeting

### Section 1 Reporting

#### 1.1 Declaration of conflicts of interest

At this meeting, FK-S declared that she is a patient representative on the procurement panel for the Care Closer to Home contract.

PB, HT and CH declared that they had been approached by Locala for their feedback as part of the Care Closer to Home procurement process as representatives of their own local organisations.

#### 1.2 Minutes of the last meeting and actions arising

The minutes from the meeting on 17<sup>th</sup> December 2014 have been agreed as accurate.

#### 1.3 Project Updates- Review of the "Making Change Happen" document.

The focus of the review of this document was to focus on strategic issues rather than the details of each individual piece of work. A traffic light coding system makes it clear which issues are in need most of attention from the board.

These are the key discussions that arose from the review of the document:

- Hospital Parking- RD has been in discussion with Mid Yorks Trust in Partnership with HW Wakefield. RD has been able to negotiate a reduction in increase of charges and the scheme for people on benefits and low incomes. PB questioned whether there could be a scheme available to help people who have to make regular daily visits to the hospital for e.g. relatives visiting patient. RD said that the current scheme does cover this but has never been promoted publicised. HWK will be involved in the

promotion of the scheme and leaflets will also be published. RD also stated that Mid Yorks will be introducing a 'pay as you exit' system.

- Fluenz- SA and RD took part in a research interview. They will be taking the legal opinion on Fluenz and going to London to meet with the Executive Director of Health Protection Services for the Health Protection Agency. The board were keen to ensure that this is seen as an equalities issue for Muslim, Jewish and Vegetarian communities.
- Hospital Food- Laila will join HWK in April 2015 to re-assess the hospital food at CHFT.

#### 1.4 Volunteering Update

KS reviewed the current situation with the volunteer staff. Healthwatch Kirklees has 1 new Healthwatcher, 3 project volunteers. Volunteers have been involved with the last two Enter and View visits that have been carried out. There will be 4 volunteers involved in the hospital food work. There is one work placement student completing a 72 hour placement, who is working on a project looking at GP Charging for medical evidence.

A question was asked to KS of how we feel the volunteer management role is currently working. KS said she was receiving more phone calls from potential volunteers and she will be doing regular supervision and will organise a quarterly forum.

The board agreed about the need to be mindful of our role of helping people and about providing volunteering opportunities. RD paid tribute to Katherine who has worked hard to create a successful volunteering scheme from scratch. The Enter and View reports currently produced by KS are of better quality compared to other local HW reports. The boards agreed that volunteers add value to the organisation and help meet the role of community engagement.

## Section 2 Strategy

2.1 Board Development day- RD went through the Forward Plan document, which is an internal planning document that shows how HW Kirklees will address development priorities identified by the Trustee Board planning session in November 2014. The document produced a set of objectives and actions which were approved by the board. RD and HW have been looking at the LHM system and how it can help meet the objectives.

#### 2.2 Presentation on the LHM Sentiment Data & User Feedback system.

RD went through the LHM presentation, explained how the system works and how it is currently being used by HW Birmingham. The system has two parts, one part of it is like a 'trip advisor' and the second part analyses all the data. The LHM system will help HW Kirklees meet the strategic aims and objectives raised at the board development session:

- Developing a public profile and improve recognition of the Healthwatch Brand.
- Increase public visibility and professionalising our systems and processes
- Identify social care issues
- Potential for generating income.

The Trustee board questioned whether there is an annual payment or a one off cost. RD stated that the cost of the system is £18,000 with an annual fee of £650 and that HW Kirklees commissioner has agreed to pay a contribution of £9000 if a decision is made to purchase it.

RD stated that HW Wakefield are hoping to purchase this system, HW Calderdale are not.

The Trustee board questioned how the system will distinguish comments made by one person across twitter, facebook etc or whether the comments are being made by 10 different individual people. RD said we will be able to decide ourselves whether we look into that issue or not. This system will not be relied upon solely for issues that we decide to investigate.

The Trustee Board commented that if the system just shows us what is trending, then we still need to be aware of what data is genuinely reliable. We also need to ensure that we are on top of our data protection policies and procedures. The Trustees would like to see something that confirms that we have looked at the data protection in relation to the new system. It needs to be made clear on how information will be used.

The board agreed to spend monies to purchase these systems and instructed RD to move this forward. **Action RD/Team**

### 2.3 Improving our focus on Social Care

Staff are continuing to work on identifying social care issues. Since January 2015, CC and HW have been meeting with Trustee Board members, professionals and members of the public to discuss their concerns about social care services, both from their personal perspective, and on behalf of the groups with they work or meet with. The document containing the key themes identifies in social care was shared with the board.

## Section 3 Staff and Personnel - Confidential

**The meeting ended at 13.00**

