

Trustee Board Meeting Minutes

Wednesday 17th December 2014 10am-12noon Huddersfield Mission, Huddersfield

Present

Paul Bridges (Chairing, Huddersfield Mission), Carol Haigh (Mencap in Kirklees), Hazel Wigmore (Community Representative), Fatima Khan-Shah (Community Representative), Hawabibi Rawat (Community Representative), Dave Rigby (Community Representative), Hilary Thompson (Age UK Calderdale and Kirklees), Roger Milthorp (Cloverleaf Advocacy), Mark Lacey (KCA)

In Attendance

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

Apologies

Yasmeen Sharif (Barnardo's)

Section 1 Reporting

1.1 Declaration of conflicts of interest

The board agreed that there is a need for an ongoing list of members' interests that's updated at each meeting.

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

PB, HT, CH and RM all 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.

HWi - declared that she is a representative on the Adults Safeguarding Board, which is due to be a statutory board next year. She explained that if Healthwatch Kirklees would like to report to that board, that she would be happy to do so.

1.2 Minutes of the last meeting and actions arising

The minutes from the meeting on 17th September 2014 have been agreed as accurate (pending change to location of the meeting).

Actions that were not on the agenda for other parts of the meeting were discussed:

- RD has made enquiries about attending the Integrated Commissioning Executive meetings but this has not yet been approved. There are continued difficulties with getting in to the Contract Commissioning Group
- Staff will bring an action plan on service promotion to the next Trustee Board Meeting - **ACTION**
- Staff have completed some training with Leeds Beckett University on research skills, and more research skills training has been identified for early 2015
- Enter and View will be discussed at the next Trustee Board meeting
- ML & RD have agreed a spending limit up to which RD does not need to seek the Board's approval of £2000.

1.3 Trustees to elect new chair

As the recruitment process for a new Trustee Board chair was unsuccessful, it was proposed that FK-S and PB should co-chair the Healthwatch Kirklees Board, with PB chairing these meetings, and FK-S acting as the public facing chair for the organisation.

RM proposed this chairing arrangement and it was seconded by DR. HT abstained from voting.

1.4 To formally accept the audited accounts for 2013/14

ML reviewed the changes made to the accounts since they were mailed out to the Trustee Board and any other key points:

- Currently they contain details of a payment to Kirklees Citizens Advice & Law Centre (KCA&LC). This will be removed as a payment to KCA&LC, because as the lead body, they receive the payment from the Local Authority and pass the money on to Healthwatch Kirklees minus their management fee, rather than a payment being made.
- The amount of funding received from the LINK underspend is not correctly stated in one location on the accounts.
- The organisation is fortunate to have achieved reserves of 3 months running costs in their first year. This is due to late start of staff and underspend.
- On pg 4, RD's is referred to as Company Secretary not his role title of "Director" because he is not a Trustee/Director and there could be confusion here.

ML proposed that they approve the accounts, PB seconded this. They do not need to be approved at the AGM but will be lodged with companies house before the due date in December.

1.5 Volunteering update

KS reviewed the current situation with volunteers. Healthwatch Kirklees currently has 1 Healthwatcher, 2 project volunteers, 6 Enter and View volunteers, and 3

volunteers that take on multiple roles, 1 who is a project volunteer and Enter and View volunteer, and 2 who are Trustees and Enter and View volunteers. There is one work placement student completing a 72hr placement, who has completed a project looking in to discharge from hospital from the perspectives of care homes.

All Enter and View volunteers have been DBS checked. This is suggested good practice from Healthwatch England for this type of volunteer. Trustees raised some concerns about whether this is necessary as people should only be DBS checked if they will be alone with vulnerable people. HWK have followed HWE guidance on this.

Trustees were pleased to hear how volunteers are adding value to our work programme.

1.6 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:

- FK-S started a discussion about the continence work completed by SA, and the issues experienced by carers of people using incontinence products. She is aware that patients have fed back to Locala that they are not properly considering religious and cultural needs, or people’s dignity in the provision of their service, much as we have through our work. The service remains the same, and there is a need for more action. Although e-prescribing is thought to be a potential solution for these issues, there are concerns about how a majority of service users will do this. RD agreed that we need to do more work to look in to this issue and that a proposal will be drawn up in early 2015 - **ACTION**
- Trustees considered what other methods HWK has at its disposal for making change happen. In the case of dentistry, the issue has been escalated to HWE, and even with a huge amount of work from the team, little change has been achieved. Should this be being addressed through a political forum? For issues around Fluenz, HWK have received legal opinion that suggests the current approach to immunisation is unlawful. Although we cannot change this year’s programme, we hope to influence next year’s. Trustees thought that publicly sharing this commitment to change through the press might encourage action in the coming year, and that we should be aiming to get this in to national media. RD explained that we have not publicised this issue thus far, as we do not want to raise concerns for the general public, but that we will now look to get this in to the press - **ACTION**
- With such a substantial number of issues to review, RD suggested that it might make sense for named Trustee to take a lead from a board perspective for each issue, in order to reduce time. When discussing changes to Termination of Pregnancy Services in Greater Huddersfield, and how commencing the commissioning of an underprepared new provider might lead to a gap in service

provision for women in this very difficult time, HWi expressed that she would be happy to be the Trustee Board lead for this issue. The Trustee Board formally stated that they were unhappy about this change and that they wanted to be kept informed about any updates received from the commissioner to our questions - **ACTION**

- There is a need to revisit those projects where issues were identified which still haven't been addressed by providers or commissioners. In the case of GPs, there are still access issues, and it's important that we understand patients' perspective on this. For work around the experience of people with HIV in hospital, although we have received responses from the Trusts, these do not convey enough action to make a significant change. Both GP access and HIV work will be revisited in early 2015 - **ACTION**
- HWK has received and addressed their first Freedom of Information request from Unite regarding Yorkshire Ambulance Service
- It is important to be mindful of what our changes to the system achieve. In the case of ensuring that patients in Kirklees should be able to access an upright MRI scanner at the closest location, it was felt that although we wanted things to be different, we don't want to be creating more process and bureaucracy. There was some consideration of whether our focus should be around trying to get more flexibility built in to the system, rather than creating specialist pathways for each different concern.
- The "Making Change Happen" document is still very focused on issues in health care provision. The Trustees asked that RD assess what is coming up in the work programme that links to social care - **ACTION**
- Additionally, Trustees felt that they needed to have a better understanding of what the key issues in social care were, especially around the implementation of the Care Act, and asked whether it might be possible to receive some type of briefing around this, either at a meeting or on paper - **ACTION**
- Trustees felt that there could be some concerns around Carers Assessments and a pressure that people were feeling surrounding a consultation about this. This could be an area for further consideration.
- With regard to promotion, the question was asked whether we should be focusing on producing something that shows all sides to what we have done, including the level of success we have had around making change happen. This should be considered in the service promotion review for the next meeting - **ACTION**

Section 2 Strategy

2.1 Patient Feedback & Engagement NKCCG. To discuss opportunities in working with Patient Reference Groups.

RD explained that he approached Siobhan Jones, Head of Communications and Engagement at North Kirklees Clinical Commissioning Group (NKCCG) to discuss the specific concerns that the Trustees had expressed about the specification they had

provided. Siobhan said that they would need to take that feedback away and think about this, and have a discussion with Greater Huddersfield CCG about taking this forward.

It is likely that this will be discussed again at a later date after NKCCG have come back with further information. At later meetings, the Trustee Board should consider:

- Does it fit with what we do?
- Is there enough funding to allow us to do the work comprehensively?

2.2 Care Closer to Home - to discuss issues arising out of this procurement

PB, CH, HT and RM reiterated that they have declared an interest after being involved with Locala's engagement with voluntary sector providers surrounding community services. FK-S reiterated that she was involved in the procurement panel for the contract.

Information surrounding the procurement:

- Locala currently holds the largest chunk of the contract for health service in the community in Kirklees and are considering how they could deliver services differently by through consultation with voluntary sector providers.
- It was thought that Locala, CHFT and SWYT would bid jointly for this contract, as they have in the past for community services, but this partnership bid is no longer happening. Instead Locala and SWYT are bidding together, and CHFT, Mid Yorkshire Trust and 2 GP Federations are thought to be bidding together for the contract.
- Other bidders for the contract have not been in touch with the voluntary sector providers.
- All providers had come together previously to provide an Outline Business Case to Greater Huddersfield CCG, who rejected this as they want to procure and strength community services before transforming hospital services.
- The timescale for the procurement is by May 2015, so it is a tight window in which the decision has to be made.
- The decision will be made through a competitive dialogue process.

Trustees were asked to consider what role HWK should take in this and were presented with two letters posing questions to the commissioners and the providers of services. Trustees felt that HWK role is:

- To ensure that patient feedback is consider as a part of the commissioning process and to ask questions of the commissioner about how they will do this
- To increase the public's understanding of the NHS landscape. In a climate of increasing concern about privatisation of the NHS, it is important that the public know what this really means.
- We can't have any kind prejudice in our views, everything needs to be entirely neutral.

Additional concerns were raised surrounding:

- How linked is social care funding (Better Care Fund) is to the rest of this plan for community health services.
- Our involvement in this, questioning whether it should have been from the beginning, or whether it should not happen until the end now, as it is a struggle for us to know how to be involved in this middle part.

It was agreed that:

- No letters would be sent through to providers or commissioners.
- When RD and DR meeting with commissioners at GHCCG in January, they can carefully ask questions around the content of the letter, but with a focus on involving patients in this process - **ACTION**
- Work should be done to increase people's understanding of the privatisation of the NHS, although this needs to be done in a politically sensitive way - **ACTION**

Section 3 Staff and Personnel - Confidential

Actions list

Action	For	By
Create an action plan for service promotion	Next Trustee Board meeting	RD & HWr
Draw up a proposal for how we will continue project work around continence service in Kirklees	March 2015	RD & SA
Complete some press work highlighting the cultural issues surrounding the Fluenz vaccination programme	January 2015	RD
Keep Trustees up to date with any developments surrounding the provision of the TOP service in Greater Huddersfield	January 2015	HWr, CC, HWi, RD
Revisit GP access and HIV work and create action plans for reviewing these issues	March 2015	RD, SA, CC
Assess what is coming up in the work programme that links to social care	Next Trustee Board Meeting	RD
Improve Trustee understanding of the key issues in social care, especially around the implementation of the Care Act, either through a speaker attending a meeting or a paper	March 2015	RD
Ask questions outlined in the pre-prepared letters around the procurement of care closer to home, but with a focus on involving patients in this process	January 2015	RD & DR
Increase the public's understanding of the privatisation of the NHS	March 2015	Staff team
Create a finance policy that would outline what should happen with reserves, etc...	March 2015	ML
Present the Trustees with some options for increasing the capacity of the Trustee Board	Next Trustee Board Meeting	RD