

Trustee Board Meeting Minutes

Wednesday 21 May 2014 10am-12noon Empire House Dewsbury

Present

Mark Lacey (KCAB), Naseem Saeed, Jill Robson (Mencap), Dave Rigby (Community Representative), Hazel Wigmore (Community Representative), Paul Bridges (Huddersfield Mission), Yasmeen Sharif (Barnardo's), Hawa Rawat (Community Representative)

In Attendance

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

Apologies

Hilary Thompson (Age Concern), Roger Milthorpe (Cloverleaf Advocacy,) Shabana Ali (Advisor), Fatima Khan-Shah (Community Representative),

Section 1 Reporting

1. Minutes of the last meeting and actions arising

Trustees agreed that the minutes of the last Trustee Board meeting were accurate. The action points were then reviewed:

NS asked that we number the pages in the minutes **Action RD**

1.1 Trustees asked for a summary of Healthwatch & Dewsbury and District Hospital and our relationship with the MYT Transformation Agenda.

We have three different relationships:

- HW sits on the Dewsbury Health Campus Board.
- RD meets with Stephen Eames as part of developing links that allow us to find out what their issues are. SE has offered to come to the next Trustee Board meeting and Trustees agreed that they would like this to happen to explain where the MYT is up to. **Action RD to invite SE to attend**
- We also have a day to day relationship around issues and functions with Comms, PALS & Nursing Staff.

Trustees agreed that our role is to observe how the MYT decisions are implemented to make sure that there is enough information available about what the services will look like and to help the public to understand the changes.

1.2 Trustees asked for clarity on the financial pressures that were part of the Transformation agenda. DR believed that CHT funding is being reduced, and that they, as with other trusts, are facing different cost efficiency measures. He felt that cost is a driver for the proposals and is not sure people are fully aware of this.

RD to ask the question “what will your budget be?” to get a more frank answer about this. Where is the money coming from for the community based services? If it isn’t going to be focused around the hospital trusts, but how does this actually work? Where is the funding going to come from? **Action RD to ask this question.**

1.3 End of Year Contract Reporting

DR reported back on the end of year contract review meeting we had attended with Kirklees Council. DR reported an extremely positive view of the activity that had been undertaken and with the way that we have established Healthwatch in Kirklees. NS congratulated the staff team on the work that they have completed this year.

RD reported that Trudi Wright has left Kirklees Council and that we have a new commissioner Andrew Dolman, who works in the community engagement team. Trustees raised concerns raised about our involvement with Adult Social Care and asked do we need any doors opening. RD reported that we have tried hard to get engaged with social care, and continue to do so. Social Care will form the focus of our Enter and View programme in 2014.

Board members asked for more frequent reporting including the possibility of opening up Electronic Board discussions? Might it make things easier to keep up to date? RD said he would investigate whether we can set up Yammer - setting up licences from all Trustees. **Action RD**

1.4 Trustee Board Reporting

We have discussed this issue a number of times. PB stated that what trustees want to know is;

- Are we on target with the agreed work programme?
- Are there any significant barriers? Things that didn’t work out, that Trustees might be able to help with?
- Has anything arisen that has a strategic implication?

PB recognised that the danger of over reporting means that Trustees are getting involved on an operational level.

The board discussed the need to be mindful of what we take forward - the balance between new pieces of work and making change happen. We are being driven more by shorter pieces of work and responding to customer problems - need to look at that as a balance as well.

Action HW/RD - work up the reporting format for Trustees.

Section 2. Strategy

2.1 Sexual Health Services in Kirklees

CC presented the report to the board and reviewed key points. Board members commented on the clear and comprehensive nature of the survey. Trustees asked how will this impact service re-design? CC informed board that new services are to be in place by April 2015. PB was interested at whether the gender split produced interesting differences in results.

RD was keen to emphasise how this work now links in to commissioners and providers and to emphasise that this work has taken place upstream of a commissioning decision meaning that we are more able to influence decisions. Trustees agreed that it should be a strategic priority for us to build an evidence base of this kind of work.

Trustees were clear that the next step was to see the specification that came out as a result from public health. We would need to understand whether it met effectively, and was influenced by what patients said that they wanted.

2.2 Cervical Screening rates in North Kirklees

Trustees agreed that this piece of work could be discussed at our next meeting.

2.3 Patient Experiences of people detained under S136 of the Mental Health Act

HW took the board through the work that has been completed in these areas. NS asked Trustees to feedback specific queries by email to Helen.

DR asked HW to strengthen the point around a lack of an inpatient suite in Huddersfield.

DR asked about out of area placements? Do we have feedback about that? HW said that we do not have specific local feedback on this issue at the moment.

2.4 CHT Transformation

RD expressed how disappointing the public debate around CHT Transformation was, with its focus on A&E Services and Acute care forming the mainstay of the discussion. The board agreed that the information vacuum that had been left from the initial announcement to the engagement schedule had created a hole that had been filled by press coverage and political positioning. It was clear that people don't understand what's happening at A&E now, and where people end up dependent on their diagnosis. HWK aim is to raise the quality of debate where we can.

Action RD to find out whether we can get feedback from the drop-in sessions to guide us around what patients are saying.

2.5 GP surgery update

RD fed back to the board on the work completed by Healthwatch Luton. Healthwatch Luton had visited every practice in the area over the course of 9 months and produced a report on accessibility and patient experience at each location. Whilst it was undoubtedly a good piece of work Trustees agreed that we

did not want to invest this amount of resource at this point. Instead we would be working with Primary Care Improvement Groups at CCG Level, and using Healthwatch Bradford's report at a regional level.

2.6 NHS Dentistry update

RD fed back to Trustees on the NHS England approach to Unplanned Dental Care. NHS England's current spend is £2 million across West Yorkshire and the new contracts will lead to a budget to £1.2million. RD is concerned that UDC is used disproportionately by more vulnerable patients and that this reduction could reduce access to services for more vulnerable people.

NHS England's aim is to move resources away from unplanned care to planned care but they don't have an access strategy at this point yet.

Trustees discussed what happens when we get ignored as an organisation? We have a really strong case in this area. There is no equalities impact assessment, and a poor piece of consultation that does not understand why people use these services. The work that we have done supports our perspective. PB believed that some vulnerable people are never going to have their own dentist - planned care is not appropriate for them.

Action: Trustees agreed that we should challenge NHS England on this point as we are concerned that this contracting decision will impact disproportionately on more vulnerable patients.

Action: JR asked RD to find out about dental care available in homes as per a previous request

2.7. New pieces of work

NHS Services for people with multiple and complex needs. We are looking at access to health services for people with complex needs and discharge as part of the special enquiry for Healthwatch England. We are commissioning work from Huddersfield Mission to support us in this area.

GP Opinions. We are looking at commissioning a piece of work through KCA to look at patient experiences of people who paying a lot of money to have the GP's opinion for ESA or PIP. We are looking to see if we can standardise rates across the district and improve the quality of reporting.

Patients experience of Hospital Food at CHT

Laila Charlesworth, a student at Leeds Trinity was completing a piece of work looking at patient's experience of food at CHT. This will include issues like fluid intake, and people who need special diets. We will go back to the hospital in 12 months' time and review the progress that has been made against objectives.

Enter and View

Our Enter & View programme will start in the next period. KS has completed PLACE and Patient Safety Walkabout visits, has received E&V training and is in the middle of starting off our first 2 visits to locations identified by HT & JR.

DR asked what is the statutory background for an E&V visit? The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 give us access to companies and private organisations receiving public funding.

PB Asked for links to a summary of this

1. <http://www.legislation.gov.uk/uksi/2013/351/contents/made> Legislation
2. <http://www.healthwatchsefton.co.uk/visits> Healthwatch Sefton's commentary on Enter & View processes.

Friends & Family Test

PB related his experiences of the test. "Would you recommend this ward to a friend?" and his reservations about the appropriateness or usefulness of the initiative. CC reported that it is being rolled out in to GP practices as well. We agreed to watch the development of this measure whilst being sceptical about its value.

Section 3 Staff and Personnel - Confidential

The meeting ended at 12.15.