

Healthwatch Board Meeting

Thursday 27th April 2017, 10am – 12pm (CNet Centre for Enterprise, Bradford)

Healthwatch Board members present: Javed Khan (Chair), Isobel Scarborough, Heather Ogden, Pam James, John Samuel, Trevor Ramsay

Healthwatch staff: Victoria Simmons, Paula Smith, Rowena Garton (minutes)

Community Action Staff: Soo Nevison (CEO), Paul Stephens (Operations Manager)

Members of the Public in attendance: Kathryn from Scope, Bradford

Apologies: Peter Horner, Paul Anderson, Emmerson Walgrove, Julie Bruce, Sue Crowe, Gerry Armitage

Item No.		Action	Who
1.	<p>Welcome and apologies (as above).</p> <p>Javed welcomed people to the meeting and Victoria listed apologies received.</p> <p>A new member of the Healthwatch team, Paula Smith, joined the meeting to introduce herself and meet Board members.</p> <p>Soo Nevison attended the meeting to introduce herself as the new CEO of Community Action Bradford & District.</p>		
2.	<p>Minutes of the Board meeting held on 26th January 2017 & matters arising</p> <p>Minutes of the previous meeting were checked for accuracy by Board members and approved.</p> <p><u>Matters arising:</u></p> <p>Pam referred to the mention of shadowing opportunities with help from Age UK. It was suggested that this should be put on hold due to current re-structuring at Age UK.</p> <p>In response to a question from the Board on further development regarding Sustainability & Transformation Plans (STP) Soo Nevison said that there was no significant progress to report as yet with regard to Sustainability and Transformation plans. The upcoming 'Harnessing the Power of Communities' report would cover good practice across all six areas.</p> <p>Victoria updated the Board on Healthwatch's engagement work via the Local Delivery Plan but this was on hold due to</p>		

Item No.		Action	Who
	<p>the forthcoming election.</p> <p>Pam asked for the videos from Healthwatch Essex regarding STP to be re-sent.</p> <p>Victoria explained that West Yorkshire wide engagement work on stroke services had now been completed and was successful. The report will be published after the election period. Healthwatch had spoken to people in Airedale and Bradford who had been through the new pathway for treatment in the first 72 hours after a stroke. This insight will influence future plans for stroke services across the region.</p>	Email videos from Healthwatch Essex etc.	VS
3.	<p>Project Proposal – Partnership work in Care Homes with Airedale Social Movement</p> <p>Paula gave a presentation on the proposed project, which would be core Healthwatch activity in partnership with the Airedale Social Movement. The opportunity to do this work had developed from the Telemedicine project and is connected to the ‘Enhanced Care in Care Homes’ vanguard.</p> <p>The Airedale Social Movement aim to increase the range of activities available for residents in care homes and improve residents’ wellbeing. Healthwatch would support by asking the residents what living well in a care home meant to them and what activities they wanted their life to include.</p> <p>The role of the Healthwatch volunteers would be to have side to side conversations with the residents rather than a ‘clipboard’ approach in order to increase participation. It had been taken into account that up to 80% of the residents suffered with some degree of dementia or memory loss, therefore Alzheimer’s Society were offering Dementia Friends sessions on how to communicate with people with dementia in order to improve engagement. This training would also be useful in other future work.</p> <p>Board members discussed the project at length and expressed some concerns and challenges that might be met. Board members were happy for the project to be added to the work plan, with an initial pilot in one care home to check out the method & approach.</p> <p>Soo suggested engaging with carers as well as residents as they often knew what activities the resident had enjoyed before they had memory problems.</p> <p>Board members felt the project was exactly the type of work that Healthwatch should be doing in order to reach some of those without a voice.</p>	<p>Doodle dates of Dementia Friends training to the Board.</p> <p>Add to work plan</p> <p>Contact Liz North re ‘Molly & Bill’ (Making Our Lives Lively & Being Involved in Local Life)</p>	<p>VS</p> <p>VS</p> <p>PS</p>

Item No.		Action	Who
4. a.	<p>Governance</p> <p>Constitution</p> <p>The existing constitution had been approved in March 2014. The main reason that changes were necessary to this was that the host organisation had changed from KIVCA to Community Action Bradford and District. This also meant that the Memorandum of Understanding would need to be updated.</p> <p>After discussion regarding some of the finer points of the constitution and clarification of the role of Community Action with regard to the governance of Healthwatch, it was decided that the Board should email any changes they felt were needed to the constitution to Victoria, who would then produce a draft constitution that could be taken to the Community Action board meeting on May 17th.</p>	<p><i>Circulate current constitution and M.o.U</i></p> <p><i>Email constitutional amendments to VS</i></p>	<p>VS</p> <p>All</p>
b.	<p>Board Structure</p> <p>Victoria explained to the Board that its current members had been drawn from different organisations but that some posts had been vacant for a while. The Board would need to decide whether the current structure was still correct and relevant.</p> <p>The current Board structure and vacant positions were:</p> <ul style="list-style-type: none"> • Health & Wellbeing forum nominee – vacant, nominee request is out to the forum • Young Lives forum nominee - vacant, nominee request is out to the forum • Representative for Healthwatch volunteers – vacant, volunteers have been approached • Chair – JK in place until September • 3 Patient Network Representatives – HO in place for AWC CCG, SC in place for District CCG, vacancy for City CCG • Service User Representatives – Older People’s (PJ), Mental Health (TR), Carers’ Partnership (JB), Equalities Forum (JS), Strategic Disability Partnership (PA), Learning & Disabilities (vacant), Children & Young People (vacant), Supporting People (EW but this no longer exist) <p>The Board discussed each of the roles and the following decisions were made:</p> <ul style="list-style-type: none"> ▪ The five vacant roles needed to be filled by the AGM in June. ▪ The Supporting People role on the Board was no longer appropriate and would be removed from the 	<p><i>Write to Board</i></p>	<p>VS</p>

Item No.		Action	Who
	<p>structure.</p> <ul style="list-style-type: none"> ▪ The vacant Learning Disability representative would be taken off the structure but different groups would be approached to explore better ways of ensuring representation at Board level. ▪ The representatives from PPG networks were no longer the best way to bring in patient voice from the different geographical areas. Instead a volunteer opportunity would be put out for members of the public to become members of the Board rather than representatives from the PPGs. ▪ Existing Board members whose roles are being removed in the new structure would be welcome to apply for the new public representative roles. ▪ The People’s Board could be approached to see whether they would like to put forward someone to be co-opted onto the Board where appropriate. This person could not be a full Board member due to The People’s Board being part of CCG governance structure. <p>It was noted that the Healthwatch Board was viewed as an advisory body rather than a Board by external organisations. Soo explained that this was because the Healthwatch Board cannot recruit or dismiss staff members and that Community Action are the supervisory body making them liable for any problems that may arise.</p>	<p><i>members affected explaining decision</i></p> <p><i>Produce volunteer opportunity advertisement</i></p> <p><i>On hold until vacant positions filled</i></p>	VS
c.	<p>Chair Role and Recruitment</p> <p>Javed explained that he would be in position as the Chair until September, as agreed at previous Board meetings.</p> <p>He reflected that the time commitment involved in the role varied but included a lot of networking. He told the Board that the reputation of Healthwatch was very good and said that this was a credit to both the staff and the Board.</p> <p>Victoria shared a document detailing the Chair’s role and key responsibilities and asked the Board to consider whether the details were still correct.</p> <p>After a discussion, it was decided that the Healthwatch Manager should attend both the Health & Wellbeing Board meetings and the Primary Care Commissioning Committee meetings, instead of the Chair. In particular the Health & Wellbeing Board had asked for operational involvement at their meeting.</p> <p>The recruitment process for the new Chair needed to begin as soon as possible after the AGM in order to have the Chair in place by September. It was noted that Javed could choose</p>	<p><i>Staff member to attend meetings</i></p>	VS

Item No.		Action	Who
	to re-apply if he wished and would go through the recruitment process along with other potential candidates.	<i>Draw up plans for recruitment to start in June</i>	VS
5.	<p>Principles for Income Generation</p> <p>Victoria shared the document 'Guidelines for External Commissions'. This had been updated with regard to the host organisation but now needed approval by the Community Action Board.</p> <p>Soo informed the Board that there was a section missing from the document with regard to conflict between Healthwatch and Community Action around paid work.</p> <p>It was decided in principle that Community Action would take on work involving engaging or developing organisations and Healthwatch would take on work which involved engaging with individuals (and this could involve working in partnership through organisations).</p> <p>John raised a concern that Healthwatch should not be limited in terms of income generation, and that the Board should be able to review any proposed changes to the guidelines.</p>	<p>Re-write document</p> <p>Take draft document to Building & Finance Cttee mtg for approval</p> <p>New document to be emailed to Board</p> <p>Board to raise any concerns over new document</p>	<p>SN/ VS</p> <p>SN</p> <p>VS</p> <p>All</p>
6.	<p>Progress report on current workplan</p> <p>Victoria presented the updated report against workplan and explained why some activities had fallen behind and gave highlights of outcomes achieved.</p>		
7.	<p>Finance Reports to end of March 2017</p> <p>Victoria presented the finance report to the end of March 2017. This showed an under-spend which was largely due to staff vacancies but it had decreased as new members of staff had been taken on. The budget would continue to be managed to further reduce the under-spend by the end of the first year of the contract (July 2017).</p> <p>Soo explained that the new Community Action finance team consisted of the Finance Manager from Bradford CVS and the Finance Officer from KIVCA.</p> <p>Board members had no other questions on finance.</p>		
6.	<p>Any Other Business</p> <p>Heather asked where the Healthwatch volunteers came from</p>		

Item No.		Action	Who
	and whether there were enough of them. Victoria explained that they were either long-standing volunteers or they were recruited from universities or advertised through the Do It website for volunteering.		
9.	<p>Date of Next Meeting:</p> <p>Last week of July - tba</p>	Send doodle poll for all Board members to try to find best date to ensure attendance.	VS