

## **Minutes of the Board Meeting**

**Date/Time:** 29<sup>th</sup> June 2022, 4.00pm

**Venue:** Via Zoom

**Present:** Stewart Francis (Chair), Jonathan Wells, Saqib Rehman, Philippa Brice, Nadia Emmony, Chelsia Lake, Chris Palmer, Johnny Hebron, and Sandie Smith (CEO)  
Minute taker: Carole Rose

**Apologies:** Ellie Addison and Laura Beer

### **Introduction and apologies**

1. SF welcomed all Directors, management team and members of the public to the meeting.
2. There were two apologies for this meeting.

### **Declarations of interest**

3. There were none declared relating to the agenda.

### **Minutes of the previous meeting**

4. The minutes of meeting on 23<sup>rd</sup> March 2022 were reviewed. SF added that Jo McHattie was also present from point 44 to 52.
5. The Board agreed that the minutes were a true and accurate record.

### **Action log**

6. SS updated that all actions from last meeting are completed or in hand. It was noted that there is a service review underway for older people's assessments and the local authority are seeking feedback to assist in shaping the new model processes.
7. SS advised that in relation to the action about the Health and Wellbeing Strategy the Board will be informed about this when it is out for consultation as we will be helping public health with distribution.

### **Experiences report –Non-emergency patient transport**

8. SF introduced this update and asked if SS had anything to add to it.
9. SS gave the background to the report and explained that the criteria for eligibility is confusing and there are difficulties around whether a carer can

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- go with the patient or not and the service is erratic with patients having long waits or sometimes no transport at all causing missed appointments.
10. This has been a problem for a number of years but now the service is going out for another procurement. This paper is to raise awareness, for discussion and suggestions for solutions. The community car schemes that are funded by various organisations are very fragmented and the 'dial a ride' service has had funding cuts by the CCG causing a loss of goodwill.
  11. There is an opportunity for the ICS to use all the current providers to create a good service for patients and reduce the rate of missed appointments. SS has also raised this problem with Cambridgeshire Scrutiny Committee.
  12. JW agreed that this is an important area mainly filled by the voluntary sector which does the work that ambulances are no longer able to. He welcomed the procurement exercise.
  13. SS advised that she is not confident that the procurement exercise will result in providers thinking about the service differently but we will be encouraging them to rethink the service away from the traditional non-emergency public transport system with our new Information and Research Manager representing us on the group.
  14. PB stated that this is a real opportunity for the new ICS to demonstrate commitment to responding to the public voice in bringing together community groups and health and care services to make something work that will make a real difference to local people. It is worth the effort to get this relatively easy situation right because the learning from this could assist in the much bigger and harder areas of change needed.
  15. SF asked if SS asked if the procurement would be system-wide or separate for north and south. SS responded that it would seem to make more sense to have a joined up system and it may come into the wider strategic commissioning group. SF commented that there are mechanisms in place for joint North and South ICP decisions to be made but we do need to be watchful throughout this process.
  16. CP agreed with the comment and added that the procurement sounds like a mechanistic way of trying to get services for patients when perhaps what they should be thinking about is the design of the service and how that is integrated within, or complimentary to, existing transport infrastructure which puts the patient and their needs first and foremost in the consideration. CP requested that we ask the question 'what does good look like' as there may be other regions that we could use as examples of good practice. He suggested that we may have to help the ICS a bit with

this as it would be an excellent way to demonstrate a true integrated care system.

17. JW attended a national HW event a few weeks ago and there was a good presentation from Hertfordshire about patient transport so suggest we speak to them.
18. SF will continue to make sure that the patient transport system remains on the ICS agenda. Sarah Tingey will be our rep on the procurement steering group.

**Action:** SS and Sarah Tingey to see if there are any areas in the UK where a good patient transport service is provided.

The Board noted the report

### **Chair's report**

19. SF introduced his report which includes a summary of the meetings that he has attended in the last three months. SF drew attention to item 3 and asked if any of the Board had any objections to being called Non-Executive Directors (NEDs) from now on. No objections raised.
20. Item 4 explains a proposed change to the way non-executive directors are recruited which is because there will always be a turnover of non-executive directors for various reasons so the advert is to be run permanently on our websites so that anybody can express their interest and apply by submitting a CV at any time. SF proposes that a panel be set up to manage these applications.
21. SF reported that JW is due to complete his second term as a NED at the September Board meeting. NE will also be retiring from the Board in September at the end of her first term as a NED.
22. SF advised that we are no longer required to have guarantors, he asked the Board to give approval to act appropriately to thank Clive for the contribution he has made since the merger of the two Healthwatch.
23. Annual one to ones are to re-commence for all NEDs to provide an opportunity to discuss aspirations and what each NED would like to do as well as carry out an annual review. This will lead to a Board evaluation day when the full Board is involved. SF asked for assistance to design this process to begin in the Autumn with a full Board evaluation day in the Spring.
24. JH commented that it will be sad to see JW and NE leave the Board and he also commented on the recruitment panel idea as he would be concerned

that a prospective applicant may be dis-engaged by any delay in their application for a NED position and they may feel that they are just kept on the back burner for as and when the Board needs it. He reiterated the importance of keeping volunteer applicants informed and engaged in the process.

- 25.SF clarified that the permanent advert is for NEDs only and the usual route for other volunteers will continue. There is no maximum number of NEDs for Healthwatch so if someone applied whose skills we really wanted we could take them on without waiting for a vacancy. SF added that we need to be clear on how we deal with any applications via this route. SS added that we will send an acknowledgment and provide them a date when they could expect to hear from us, we do not want a 'keep them on file' approach.
- 26.Member of staff, Heather Lord, asked about the term of Associate Director which was introduced for a recent young NED. She is concerned that this may be construed as being patronising. SF agreed that we would not want to use an approach that was felt to be condescending for young people but that the mechanism should remain in case it is needed in the future. CL responded that although the points make sense she appreciated the additional help from experienced NEDs before taking up the full role.
- 27.SF commented that he would welcome further discussion at a future board evaluation day.

**Action:** SF to arrange a panel to review NED applications

**Action:** SF to write to Clive on behalf of the Board

**Action:** NED annual review process to be designed

The Board noted the Chair's report.

### **Chief Executive's report**

- 28.SF introduced the CEO report. SS advised that her report is a bit shorter this time as there is a separate report around Partnership Boards, Engagement and Volunteering. SS took the report as read and flagged highlights for attention.
- 29.The Gypsy Roma Traveller project has started very well with a very high demand for places on the cultural competency training.
- 30.The Health Champions have completed the first project and report and analysis is complete. There will be a public summary report. The planning for the second project is underway.

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31. We have completed the project about the new independent living service provision and the report has been well received by the county council.
32. Our contract has been confirmed by Local Authorities and the finalised version will be circulated to the Board soon. The outputs and outcomes that are in the contract do reflect our work programme so that we only report on them once. We are fortunate that we have not had any cut to our grants although no increase either.
33. SS referred to the strategic priorities and advised that questions are being prepared to do a perception survey of our population to test that the strategy is still current and appropriate, the findings will be brought to the December Board meeting.
34. For the experiences section there will be a graph in future for comparison of years although each year has been so different from the last especially through the pandemic. The figures include who we are hearing from and we are targeting comms and engagement to groups we don't hear from.
35. We supported the HWE campaign for accessible information and this is outlined in the Impacts and Influencing section. SS followed up some work with two of the providers and found examples of best practice. Cambs Community Services have been invited to talk at our AIS workshop during our summit on 7<sup>th</sup> July and they will be presenting at our Regional HW conference on 20<sup>th</sup> July as well.
36. NE asked what were the salient points from the Health Champions work on the urgent and emergency services project. Member of staff, Jo McHattie, responded that a consistent theme was around communication, people understand the need to wait but updates and communication was poor. Things like getting food and drinks while waiting in A&E being difficult as people were afraid they would miss their 'slot'. The feedback on the level of care was very positive but there were concerns about delayed discharge from hospital and unclear appointments. They found that there is a general lack of awareness of the 111 system so this needs to be promoted more. The report will be circulated to the Board later in July.
37. CL commented on social media engagement increases particularly on Instagram which has had a 400% increase on the previous year which is amazing as this is mostly used by younger people. CL asked if there is potential to use this by way of polls on stories which could be a good way of getting feedback or promoting 111 service via this method. SS agreed and also commented that social media is very good value for money for getting messages out so she does anticipate this increasing.

38. Member of staff, Heather Lord, commented on the statistics provided for engagement regarding the comparison year on year as this is useful as a tool to see where we are focusing and if broken down into the districts it demonstrates where we are working well. This would then give an indication of where we need to focus on more. The personal characteristics that the engagement team now collect is also useful to highlight the links between the data, the experience and the inequalities that people face as this can be used in work priorities. SS responded that we do intend to keep building and refining the data and the way we can use it.
39. JW requested clarification of the word 'outcomes' as used in a column in the work programme, to explain if this is what has been achieved or what we are aiming to achieve. SS responded that she will amend the column title to outcomes sought instead.
40. SS updated the Board about the forthcoming summit on 7<sup>th</sup> July when several speakers will be attending our first face to face event for over two years. SS outlined the agenda and the link to the Partnership Boards and said how much she is looking forward to seeing everyone there. SF thanked the team for their work in organizing the day which he is sure will become an annual event and be very successful. Member of staff, Graham, added that a market place with various organisations who are focused on improving access and enabling independence will be bringing along their stalls and expertise.

**Action:** SS to amend the work programme outcomes column title

The Board noted the Chief Executive's report with thanks.

### **Partnership Boards and Engagement report**

41. SF introduced the report presented by CTJ, the report which covers the last six months and now includes the update on the Partnership Boards as well is taken as read.
42. CTJ thanked her team for all their hard work and updated some highlights for the Board. The Engagement team have put together a programme of activity and have spoken to lots of groups and gathered a significant amount of feedback which has been shared with the Information and Signposting team.
43. Some new contacts have been made including some in our target areas of those with ethnically diverse backgrounds and homeless charities and

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hostels. The team is also arranging some work with schools and we now have links with local youth groups and national citizenship service.

44. The Engagement team has also been involved in work to help the 111 service looking at the accessibility of this service for people who speak languages other than English.
45. An integral part of the team are the volunteers. Our volunteer manager and engagement team have been working closely with them to identify their skills and interests to better involve them in the work we do. Some are not yet confident in resuming face-to-face engagement but they are becoming involved in our work in other ways now. We have developed new roles for our volunteers including a 'Representation Role', these volunteers will represent our Healthwatch when attending certain meetings, including opportunities in the new ICS as members of the public.
46. Our Adult Social Care Partnership Boards have continued to be busy and we are trialing hybrid meetings to be as accessible as possible for all 5 Partnership Boards so there will be a report soon on how this is working for each group. We are contracted to put on a cross board event with the Partnership Boards each year and this year it will be the championing Access event on 7<sup>th</sup> July taking our Partnership boards to a much wider platform and taking the issue that they discuss to a greater audience.
47. Member to staff, Graham, updated the Board with a few highlights of how the hybrid meetings are progressing since April. Some independent members are coming to the Maple Centre to take part in person but others prefer to remain online for various reasons. GL has noted that professionals and other community sector representatives prefer to join online as this takes less time from their schedules. SF commented that we look forward to having sight of the report as we have much to learn.
48. SS added that we will be talking to the commissioners about the requirements of the contract and will be giving the format careful consideration.
49. SS updated that all four health and care forums are well attended with local large healthcare trusts also attending to give service updates and other care providers including voluntary and community sector organisations answer queries and respond to feedback at these meetings. The patient forum hosted by CCG are now ending and the ICS will not be supporting these forums so we have extended a welcome to the participants to attend our health and care forums in their place and we will be looking at having a protected agenda item around primary care.

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50. JW asked about the Enter and View plans for the future. CTJ responded that although we have previously completed selected enter and view in line with our feedback to have impact in line with our intelligence. It is still important and we are now checking the DBS certificates and ID badges are up to date and everyone involved has had refresher training. We also have to update our websites with all personnel involved in these visits so that this can be checked by the care homes themselves. SS added that during the pandemic we undertook the care home survey so we have kept up a focus on collecting experiences from people using those services.
51. JH commented that he has had the impression that places we have visited for Enter and View have not always been received very well by them so he asked what the criteria is that we apply for these visits. SS responded that we attend an intelligence sharing meeting with the CCG and CQC to make sure that we fit in with them and we are usually concerned with homes that are in the middle of the spectrum so no serious problems and not the ones rated as excellent either. We try to make these visits a positive experience and to be transparent and let the providers see our report before we publish it.

The Board noted the Partnership Boards and Engagement report with thanks.

### **General Purposes Group (GPG) report**

52. SR introduced the report along with the financial position and took the report as read. He added that the renewed Volunteer policy is a really good piece of work which needs to be acknowledged.
53. SF commented on the financial position as at the end of May and queried the forecast figure. SS said that this report is just two months into the financial year so we cannot accurately forecast at this point.
54. SF commented on the reviewed Volunteering Policy which has been through a thorough review process and thanked everyone involved in it.

The Board approved the Volunteering Policy and noted the report.

### **Any other business**

55. SF reminded the Board that the Independent Care System starts on Friday 1<sup>st</sup> July and he will be attending the first Independent Care Board meeting which will focus on governance and contractual issues. Healthwatch has a seat on the board as a non-voting member. SF highlighted the



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engagement item on the agenda which has several references to the work of our Healthwatch. SF asked the Board for views of the document he had circulated.

56. JW commented that he is concerned that ICS documents frequently refer to Healthwatch as fully backing the approach, whereas some NEDs have concerns that the ICS claims of 'People at the heart of everything we do' are not being realised as yet.
57. SF commented that he sees this as that Healthwatch are backing the vision rather than the approach. JW agreed and said that the difficult part is how to talk to people and to listen well to them and make things better but the NHS does not do communication in plain English.
58. PB endorsed this, saying that she sees nothing different or transformational, nor any rethinking how to do geographical place-based engagement and communications that will be top-down processes.
59. CP agreed, adding that there are inconsistencies and that a mapping of what exists already would be a good starting point. The document is not tailored to the needs and uniqueness of our area.
60. SS advised that she has undertaken a mapping of all experience groups, This is kept updated and has been shared widely.
61. SF thanked everyone and will put this forward as a strategic point for the meeting. JW suggested providing the ICS with our own wording for what we think putting people at the heart of everything looks like and a few examples of easy to do engaging properly with people. SS confirmed that she has put forward ideas forward of how we can support system-wide initiatives but it will need additional capacity. She is actively seeking to replicate the funded South ICP engagement work in the north.
62. SF agreed that a positive approach is best and that the ICS set up will take 18 months, He is confident the foundations will be in place and it is important that we have a non-voting seat so can pose challenge to the system.
63. PB commented that using our Healthwatch would be cost effective and speedy for them as we have the know-how in place already.
64. SF thanked everyone for their insights and comments which have been very helpful in preparing for the meeting on 1<sup>st</sup> July.
65. As there were no questions from the public in attendance, SF thanked all Directors, staff, and management for their contributions and attendance. He reminded everyone that the next time the Board meeting will be at 4pm on 21<sup>st</sup> September which will include the AGM and will be held online.

Meeting closed at 1755 hrs

DRAFT