

Minutes of the Board Meeting

Date / Time: 21st July 2021, 10.30am

Venue: Virtual meeting via Zoom

Present: Chair: Val Moore, from 10.45. Directors: Jonathan Wells, Nik Patten, Margaret Robinson, Susan Mahmoud, Paul Jobling, Ellie Addison, Philippa Brice and Chelsia Lake
Guarantor: Clive Morton and CEO: Sandie Smith

Minute taker: Carole Rose

Introduction and apologies

1. The meeting was started by PJ as the Chair had given advance notice of being unable to make the start time. PJ welcomed everyone to our Board Meeting.
2. Apologies received from Saqib Rehman and Nadia Emmony.

Declarations of interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. The minutes of meeting on 12th May 2021 were approved.

Action log

5. All actions from last meeting are completed. PB attended the Arthur Rank strategy development meeting on our behalf and the information has been circulated. PJ confirmed that the last two actions are still paused due to Covi

General Purposes Group (GPG) report including Finance

6. JP asked that the GPG report be brought forward on the agenda.
7. NP presented the report. The first item reviewed by the group was the sickness levels for the staff in the previous 12 months. The GPG was pleased with the level when compared with their knowledge of other organisations and the current context. PB confirmed this view from recent data on similar roles she has observed. JW wonders with people now working from home as it may be easier to work when not travelling. SS speculated that as people have not been mixing there is a reduction in colds being passed on etc.
8. SS thanked JW for his assistance, along with the Well-being Champions, for the mental health promotion work. We have seen absences in the past but the wellbeing at work has improved. JW confirmed that we have paid close attention to the staffs' wellbeing through the pandemic - a credit to the organisation. PJ asked how the morale of the staff has been, SS referred back to the presentation by Sarah Stones at the last board meeting when she had specifically wanted to come

along and tell the board how exceptionally high the motivation was among our staff compared to other organisations she is working with. Morale is linked to motivation and the team are committed because we do make a difference and believe in what we are doing. MR commented that collectively the board and team know the importance of laughter and a sense of humour to lighten the load which we have successfully achieved even over Zoom.

9. NP updated the board regarding the budget position after the first two months. Payroll was down in April due to the PAYE being brought forward to March so was in last years figures and some areas are still underspending. The end of year projection is taking into account a gradual increase in engagement activity and is subject to change, but we are in a strong position.
10. JW asked about year-to-date income which is different to projection monthly. NP confirmed the figure is set as monthly but CCC pay up front for six months. SS commented that we have smoother systems now with the funding authorities.
11. NP updated that there are no changes to the risk register this time.
12. The GPG looked at four policies and as these are regularly reviewed there are now very few changes. The Group is now looking at separating out the procedures from the policies to make updating easier. All four have also been reviewed by our HR adviser. JW agreed that perhaps some policies need to be amalgamated. JP asked if the policies could be prioritised. SS advised we keep a master copy and the induction process does advise new people which they should read first. SM commented that having too many policies can be very discouraging for people, particularly volunteers.
13. NP reminded the Board that this was his last GPG report produced by this membership and he thanked MR and SM for their invaluable help. JP also thanked NP as a cornerstone of the board and the whole GPG for their work.

The Board noted the budget position and approved the four policies:

- Health and Wellbeing
- Time off in Lieu (TOIL)
- Recruitment
- Annual Leave

Chair's report

14. VM took the Chair and introduced her report which sets out the public activities and external meetings carried out by the Chair since the last Board meeting.
15. She noted a project that herself and PB have been involved in which is the successful bid to The Health Foundation for £475,000 over two and half years, for adopting health and care innovations rapidly and equally into the area thus addressing inequalities. The four national innovation hubs will act as centres of expertise and support to help local health systems. The hubs will build knowledge, skills and confidence in provider organisations and local partners as well as share

wider learning on the organisational conditions that support effective uptake of innovation. She hopes that Healthwatch involvement in bringing local peoples voices to the projects will make it a more successful operation.

16. JW expressed interest in the involvement of a citizen group, and hopes that it will not all be scientific or high tech and academic that people may shy away from but that it will listen to fresh ideas of ways to do things that are more effective and efficient than previously. He gave the example of administration taking up too much time and possible duplication that the public can see, but those involved are so busy that they can't see that the system is not working. PB added that topics chosen tend to lean more towards the more commercialise-able innovations. A wide variety of people and backgrounds are involved and heard from. MR commented that 'real' people start off by saying that they don't know anything, but they have vast experience of using the systems and seeing it from another perspective. SS is pleased to see that they have other groups involved as well and not just the academic led involvement. SM commented that the citizens involved need to be prepared to speak up and contribute as well and that this can take some courage to join in and be heard.
17. VM responded that the citizens at the steering group level would need to have certain amount of knowledge or experience of projects. A number of our volunteer are involved, who have experience of bringing in the voice of others as well as themselves. VM said there was a strong message to use groups to consult with that are in existence and not just rely on the few already involved in the bid. There is also a need to choose topics for the hub which needs to involve the public too.
18. CL asked that they make sure there are plans to involve young people as well. VM agreed that this should be considered as an important part of the citizens group formation and future way of working.

The Board noted the Chair's report.

Chief Executive's report

19. SS introduced her CEO report which is being presented in a new format although the content is the same. The idea is to make a document that can be used to update other groups, e.g. the forums, volunteer meetings and partnership boards, in more of a magazine and slide format to make it easier to navigate.
20. SS gave an overview of the highlights of the first quarter. We have published a number of reports in this period, some held back due to the election period:
 - The Healthwatch Cambridgeshire and Peterborough annual report was published on 30th June.
 - The NHS England commissioned Integrated Index Project has been completed, details are in the Business Development Programme Group report.
 - The Autistic Voices report was published in May. This report tells the stories of what it is like for people getting diagnosed and finding and using autism services and support. The report has been shared with local authorities and health commissioners to help shape a new All Age Autism Strategy for our area.
 - Our Peterborough and Cambridgeshire Partnership Boards published a report, Keep on Moving, which describes what it is like for people with disabilities to

get around. The report has been shared with the new Mayor for the Combined Authority, who welcomed the recommendations.

- Our Healthwatch held two workshops as part of NHS England's consultation on new A&E standards and in May we published a report of what people told us.

21. SM left the board meeting at this point. SS advised the board that staff are now starting to attend more face-to-face engagement events although still with risk assessments in place for each. Work is underway to build confidence in staff and encourage a gradual return to the office. People with underlying medical conditions will be meeting with line managers about exemptions to work at home.
22. SS gave an update of the strategic priorities and new work. There is a lot happening in the mental health services priority section. SS has been asked to join a regional group of 'Home First'.
23. There are still concerns around access to GPs and to NHS dentist services. Our Healthwatch is trying to address the inconsistencies and we are continuing to feed back our intelligence and sort out issues around urgent treatment. Healthwatch England have spoken out that this is a national crisis. There are three new concerns; the first is regarding people who do not have English as a first language and are having trouble using the 111 service. We are helping the provider, Herts Urgent Care, with possible solutions. We have also liaised with the CCG who have been very helpful in sorting the problems that carers of housebound people have had getting their covid vaccinations arranged. The third current concern is not new; confusing letters from Addenbrookes are very unclear and people do not know whether they have an appointment or not. The patient experience manager is now keeping in regular contact with us and is investigating solutions.
24. SS highlighted the 45 articles in external communications and publications, including BBC radio, local press, community newsletters and local NHS and voluntary sector publications which is extraordinarily high. We have also improved our demographic data collection in line with advice from the equalities commission, so we now ask people a wider range of questions so we can monitor how well we are reaching different members of the community. This allows us to analyse our reach and target our comms as needed. SS commented that she is pleased to see on the age chart that the highest number is for the age range of 25-49 when historically we have struggled to engage with this this working age group.
25. The engagement data shows numbers of people attending the health and care forums and the topics covered. The second data show the groups we have engaged with and the numbers of people.
26. SS explained that following a meeting with the commissioner we are highlighting the Partnership Boards activity and will specifically demonstrate the impact of these boards. We will collect this through the impact tracker tool. The graphic used on this report shows the target for the membership of the Partnership Boards which is to have 50% of independent members. The graph shows progress against this target and recruitment to increase this number is continual but currently focused on the sensory impairment and physical disability boards.
27. We held three volunteer team meetings online including a meeting to say 'Thank you' during Volunteers Week.
28. We are continuing to see increases in the numbers of enquiries and feedback than in previous years, with a much higher proportion of people asking for signposting help. Resources have been moved to assist the Information and Signposting team in logging these calls on the system. As can be see on the impacts tracker this team is making a big difference.

29. SS highlighted the lack of public information about a proposal for primary care to share people's data. We contributed to national discussion and locally liaised with our Local Medical Committee (LMC) to make information available so that people can make an informed decision. We highlighted to the LMC one practice who sent out blanket text to patients to opt out. The LMC have taken action.
30. The Business Programme Development Group report has more about the projects subject to external funding. SS summarised the South Alliance project is being re-named as this does not give an indication of what it does. Recruitment of volunteers for it is going well. We failed to recruit a manager for the Gypsy Roma Traveller project now being re-advertised and offering as a secondment opportunity for the three year contract. The Lottery Fund are content with the delay. SS is writing the case study for the Healthwatch England quality framework.
31. MR commented that she likes the way the new CEO report format groups the information and links it to the next as this makes it easier to digest.
32. JW commented about the website information being used much more with the SUN network having the same experience. This does reflect a lot of uncertainty among people so we need to raise attention to our partners to ensure their own systems are working effectively to keep people informed.
33. JW said getting back to more in-person work but the return to office is a challenge for a lot of organisations so he suggests that we remain sensitive and aware of anxieties but also be clear with staff about our expectations as an employer, and that the team will benefit by working together again.
34. JW also wanted to clarify the changes to Partnership Boards reporting. SS explained that although they know the impact of the partnership boards they wanted to be sure that we do not undersell ourselves so suggested these should be included in the Healthwatch reporting. JW feels that these boards could be more ambitious in terms of what they achieve and he would be happy to be involved in further conversations and constructive challenge.
35. VM thanked JW and commented that the other need from our commissioners were that we were clear that Healthwatch facilitates these boards on behalf of the local authorities. We have helped design the model for this involvement and in our reporting of things that we achieve we should be cautious not to confuse Healthwatch achievement with Partnership Board achievements which could be argued are the local authorities engagement achievements, although we helped to make it happen. This difference needs to be clear in our board reporting - we need to attribute impacts from core work and work that is funded separately as appropriate, including the various members or volunteers involved.
36. CL commented that it is good to see the demographic of our engagement contacts on the report as this clearly demonstrates that younger people are beginning to be involved. VM agreed that it is good to see this high level information at the board meeting and further more detailed information is available behind this data.
37. PB added to JW's comment that staff may have forgotten some of the benefits of being together and welcomed getting people in for 2-3 days a week as reassuring if done as a gradual process.
38. VM congratulated SS and the team for all the achievements in the first quarter and commented that the board like the clarity of the new report and its flow and connectivity. She recommends adding the acronyms as a key and she looks forward to seeing the report develop. If there is anything that needs approval VM asked if this could be included as a separate report for the Board.

Action: SS to include a key for acronyms in her report.

Action: SS is to produce an additional report for any items requiring approval.

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

Business Development Programme Group Report

39. VM introduced this report as oversight of the Healthwatch Cambridgeshire and Peterborough Business Development Strategy, to provide assurance to the Board of Directors that the business development programme is balanced and aligns to our Healthwatch strategy, principles and values.
40. SS updated that the Group has reviewed the project register for the four ongoing projects to check the purpose, progress, funding and the risk for each. Two projects are ring-fenced so this is now an additional section within the reporting structure to the General Purposes Group as well.
41. This Group is also developing a process for robust reviews of the projects and in this report the group has reviewed the Integrated Index Project, funded by NHS England. We are one of only five Healthwatch to be involved in producing a methodology to compile health and care experience profiles for groups of people who may be experiencing more challenges accessing health services. We were asked to pilot personas for young people transitioning to adult mental health services and South Asian people with diabetes.
42. The report includes a summary of the work and the outcomes. We had very good feedback from NHS England and Healthwatch England. SS thanked the team and noted that we were the only local Healthwatch to submit on time.
43. The review also looked at the funding evaluation which started as an estimate of costs but proved accurate from the coding of additional expenditure plus the time that members of staff had spent specifically on this project and we spent almost exactly the amount of funding we had received. SS fed this information back to HW England so they know the 5k funding per persona was spot on.
44. There were several additional outcomes relating to the challenges of carrying out an extensive piece of work during covid. It reminded us of the many benefits of building and maintaining strong and effective working relationships with professionals, the local voluntary sector and with our colleagues, with SS commenting that the value was far more than monetary.
45. The reports are available in Healthwatch England's library, and we will decide when to publish the summaries locally given the inevitable sensitivities and negativities within the findings, particularly of the young people transitioning to adult mental health services.
46. VM assured the Board that The Business Development Programme Group is fit for purpose and can understand when interdependencies might put pressure on staff or timescales may change, or the risks around funds and investment. The costing work proved accurate with detail in the projects spreadsheet. This has satisfied the Group about the business management of the projects and the way we can review and evaluate any learning.
47. VM confirmed that the Board will see short reports like this at future meetings and once a year they will review the business development strategy itself.

The Board noted the Business Development Programme Group Report.

Any other business

48. No public questions submitted.

Meeting closed at 11:42