

## Minutes of the Board Meeting

**Date / Time:** 15<sup>th</sup> September 2021, 11.00am

**Venue:** Main Hall, The Fleet, Fleet Way, High Street, Fletton, Peterborough, Cambridgeshire, PE2 8DL

**Present:** Val Moore (Chair), Jonathan Wells, Nik Patten, Margaret Robinson, Susan Mahmoud, Paul Jobling, Ellie Addison, Philippa Brice, Saqib Rehman, Nadia Emmony, Sandie Smith (CEO) and Stewart Francis (Chair Designate).

Minute taker: Carole Rose

### Introduction and apologies

1. This was the first face to face board meeting since March 2020. The Chair welcomed all Directors, management team and members of the public.
2. Apologies received from Clive Morton, Victor Lucas and Chelsia Lake.

### Declarations of interest

3. There were none declared relating to the agenda.

### Minutes of the previous meeting

4. The minutes of meeting on 21<sup>st</sup> July 2021 were approved.

### Action log

5. All actions from last meeting are completed.

### Notification of new Chair of Healthwatch Cambridgeshire and Peterborough and retirement of Directors

6. VM confirmed that as required by the Healthwatch Cambridgeshire and Peterborough Governance Policy, a competitive recruitment process has been undertaken to appoint a new Chair. The recruitment panel, comprising Clive Morton, a Guarantor, Will Patten, Healthwatch Commissioner and Julie Farrow, the Chief Officer of Hunts Forum, have appointed Stewart Francis as the new Chair of the Healthwatch Cambridgeshire and Peterborough Board. Stewart will take up the role on 1<sup>st</sup> October but is attending today to meet the Directors and observe the meeting. VM welcomed SF and gave a brief overview of his resume to say what he will be bringing to the team.
7. VM also advised the Board that Nik Patten, Susan Mahmoud and Margaret Robinson have completed their second term of office and are therefore retiring so we will be saying goodbye at the end of the meeting. VM said she hoped that they will still be involved in forums and other Healthwatch activities.
8. SS added her thanks to all three retiring directors for their remarkable work and commented that we will all be sorry to lose their expertise.

### Experiences being reported by our communities

9. VM introduced this report which keeps the Board informed of what the public have been telling us about over the previous months.
10. SS updated that although access to NHS dentistry continues to be an issue we are now hearing more about GP surgeries and problems people are having getting appointments with a GP.
11. We have also heard about problems registering with a GP and our team have given out hundreds of GP access cards over the previous three months.
12. The pandemic has had an enormous impact on GP service delivery and on how local people access primary care. Throughout the period GPs have continued to deliver services, with a large increase in telephone and online consultations. Many GPs have also been delivering the Covid vaccination programme which has placed additional pressure on their services.
13. SS confirmed that we are hearing about inconsistencies and this is frustrating for people. Consequently A&Es are under a lot of pressure, as more people are attending their local A&E if they cannot get a GP appointment.
14. Regarding vaccinations we have found that some housebound people have not been contacted for vaccinations, it seems the practice does not have them registered as being housebound. Younger people from clinically vulnerable families also need to be vaccinated as a priority but the GPs are not aware.
15. NE commented that she has noticed that the GP websites are poor in some cases and that they are using Facebook as another medium but people may not be aware, she asked if we had any data re numbers of GP Patient Participation Groups (PPGs) disbanded during Covid. SS responded that there is no baseline for this number so unfortunately this is not known.
16. VM commented that the PPGs were formed as a contract requirement some years ago but this has fallen by the wayside.
17. SM sits on the Peterborough PPG forum and advised that there are four active areas who hold occasional meetings but she sees little activity. SM asked if we had heard any complaints of difficulties getting appointments at hospitals. SS responded that this is not showing as an issue yet but we will be supporting the Healthwatch England campaign to call for experiences on this. Through personal experience SM believes that the difficulties are due to a lack of proper administration processes. SS updated that administration processes are being researched by The Kings Fund.
18. MR commented that some sections of hospital care are very good, especially in areas dealing with prolonged care where the patient and carer have been given names and direct numbers of contacts. It seems to be in sectors where the head of the section is making the system work, however there is no underlying understanding of the process and it is unfortunate that where there is good practice we are not hearing of it - happy patients have no reason to call us.
19. JW asked if we have oversight of PPGs, SS explained that we are represented at the Patient Reference Group (PRG) and we can enquire how many the CCG believe there are. VM commented that the PRG will change when the new Integrated Care System comes into effect.
20. SM commented that people can get a GP appointment via the 111 system as surgeries have to keep slots available for them. MR commented that she has never seen anything in the media about 111, or patients being directed to it so ringing them for a GP will not occur to people as there has been historical problems with the service. EA responded that 111 has now developed significantly.

21. A member of the public commented on the different approaches of surgeries and asked if there was any good practice guidance. SS responded that there is guidance, but they are independent businesses and may choose not to follow it, SS would like them to have a standard template for their websites as well.
22. VM summarized that Healthwatch is taking an active role to feed back to the powers that be that we are aware of the pressures on GPs

The Board noted the Experiences report.

### **Chair's report**

23. VM introduced her report which is a summary of the achievements and projects that Healthwatch has been involved in during her time as Chair. This is her final board meeting as the Chair so this report provides a selection of landmark and impactful events during the period 2015 - 2021.
24. VM took the opportunity to thank everyone at Healthwatch for their involvement and hard work and commented that she has learnt so much from listening and working with each and every one of the Healthwatch team who have demonstrated exceptional motivation and skills. She gave special thanks to Sandie Smith, for her exceptional skills and energy, and to the Board for leading the co-creation of our strategies, getting involved and being so dynamic in helping to put it all into practice. Thanks also to our Guarantors Victor Lucas and Clive Morton, for donating their generous time, wisdom and encouragement, they assure us and our commissioners that we are on the right track.
25. VM referred to her report and highlighted some projects that she had particularly enjoyed or which she felt had the biggest impacts over the past six years. Some of these projects are ongoing and VM remarked on the huge significance in the events of each day for our Healthwatch team, for example to:
  - collect and respond to people's feedback
  - engage and publish on many platforms
  - speak out at committees or meetings
  - influence policies and funding
  - chair a forum effectively
  - provide advice on patient and public engagement to GP practices
  - persist when problems with access to care continue such as dental care and for marginalized groups
  - manage and lead each other, and to
  - collaborate and learn from the Healthwatch Network.
26. JW commented on how good it was to read through the Chairs report and remember the projects of the past years. PJ thanked VM for all her hard work over the years, this was echoed by the rest of the Board.

The Board noted the Chair's report.

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

27. SS introduced her CEO report and gave an overview of the highlights of the past two months. We have received excellent feedback about our online AGM conference held in July when over 40 people joined our workshops throughout the afternoon. The evaluation showed that people had mixed views about having online or face to

face sessions, but the majority prefer online formats. We have noted other suggestions for improvements. Video clips from the workshops are on our websites and these are useful for people who could not make it on the day.

28. We have published a news story about our work helping NHS England develop the new Health and Care Experience Profile methodology. SS explained how we can now promote the methodology.
29. SS highlighted that the engagement team have started to return to more face to face engagement and that the online engagement, developed through the pandemic, is continuing as well. The team is very busy but are happy to be out again.
30. SS explained that there continues to be long waits for children and young people in need of mental health support. A new partnership service, YOUnited, has been commissioned by the local authorities and the CCG. This service is hoping to gain benefits by closer working between CPFT and the voluntary sector, SS sees this as a positive step to provide a single point of access to the mental health service. We are members of the partnership group. NE asked if there is an intention for schools to have counsellors, SS responded that some schools are offering this through, for example Centre 33, however it is fragmented and not widely known about. EA sits on a primary school board and commented that they have Wellbeing Officers. SR sits on two trusts with elements of pastoral care and remarked that there are some good student models available and that Centre 33 are very good and are a key part of the support. JW confirmed that Centre 33 have recently won the local authority/CCG contract.
31. People who are digitally excluded continues to be a concern. Members of our team are supporting a CCG working group looking at how this can be resolved particularly in Fenland. NP asked if this is in regards to primary or secondary care, SS has not heard of a problem in secondary care but will ask this at next meeting. PJ asked why this is a particular problem in Fenland, SS responded that broadband is poorer in rural areas. EA confirmed that this is on the Fenland forum agenda.
32. SS commented that during July and August, we have participated in 31 engagement events, speaking to 586 people and collecting their experiences. The total number of people we have engaged with so far this year is 1,071. JW commented that these figures are great as it has only been a couple of months that we have been out again. CTJ confirmed the figures and confirmed that the team have been very enthusiastic in getting out to meet people and there has been a real appetite from the public to attend events as well.
33. SS updated the Board re the progress of the South Place project, previously known as South Alliance project. We have had a very good response for the Health Champion role and will be interviewing soon, the training package is being developed. SR asked why this campaign has proved so successful in recruiting volunteers, JMCH responded that the marketing of the project had been very good and it has been a targeted recruitment in diverse areas with partner organisations such as carers, we also checked the recruitment in mid run and tweaked the messages where we noticed gaps.
34. A member of the public asked if anything could be done to assist people who do not speak English to access a GP as she is aware that there is a problem with some people missing appointments. SS responded that we are working with Herts Urgent Care who run the 111 service to improve access as we are aware that this is a problem.
35. VM thanked SS and the team for their hard work.

**Action:** SS to clarify online consultation question in relation to secondary care.

**Action:** CTJ to ensure that the Fenland forum agenda includes an item re digital exclusion.

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

### Communications Report

36. AR gave an update on the communications activities undertaken during the last 12 months to support the promotion of Healthwatch Cambridgeshire and Healthwatch Peterborough. It has been a year of two halves but since April we have seen more freedoms and more engagement.
37. One of the strategic objectives has been to increase the number of health and social care experiences shared by patients and service users with a minimum target of 2,000 experiences shared via online and offline means in the first year. This has been achieved with more than 2,700 experiences shared. Whilst our digital engagement has grown significantly in this period, it has been more of a challenge to reach those who are digitally excluded.
38. AR advised that they have been focussed on developing the information and advice part of Healthwatch service, developing and keeping up to date a range of advice articles to support people to find the information or services they need. This was one of the objectives of the communications strategy, and in this period more than 60,000 users accessed our information and advice articles.
39. Our improved websites have proved vital in getting our messages out and they have been visited by more than 72,900 people in the last 12 months, an increase of 160% on the previous period and over the last ten months we have collected an average of 86 experiences a month via our online webforms.
40. Social media now forms a significant element of our digital engagement strategy, and we use a variety of platforms, including Facebook, Twitter, LinkedIn, Instagram and YouTube to target different stakeholder groups. The blog and video content does well on social media, and AR is hoping to develop the vlogs now that restrictions have eased. In the last 12 months more than 15,000 people have reacted to, commented on, shared our content, viewed a video or clicked a link on our social media which is more than double then the previous year. PB asked if the social media sites are used to capture attention and then direct people to the websites for further details, AR confirmed that this does work and can also direct people to more private forums for information sharing.
41. The comms teams have continued to build positive relationships with traditional local media (radio and newspapers), with more than 65 articles in the press or radio in this period.
42. AR advised that Healthwatch England has been undertaking a review of the Healthwatch brand. This has involved two elements – a review of the tone of voice, or how we speak about Healthwatch and the visual changes to the brand. We have undertaken some initial training regarding the tone of voice with staff and will roll out the changes locally over the next few months. JW asked what the tone of voice change meant, AR responded that it is how we talk about Healthwatch using everyday language and giving us a better way of describing what we do. SS advised that AR will be attending the next Board development session to talk more about this.
43. PB congratulated the comms team on a very strong year. MR commented that she has noticed a move away from a 'talking to' perspective to a more 'talking with'

aspect which is good to see. VM advised that we are now reusing films from the AGM etc. as well which supports the strategic aim.

44. A member of the public commented that in his experience very few people seem to have heard of Healthwatch so he suggests a link to our website from GP websites as a way to improve this. AR thanked him and agreed that this is a good idea and could be developed although we are quite a new organisation so is not surprising that not many people know of us.

The Board thanked the team and noted the Communications Report.

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

45. NP presented the report and updated the board regarding the budget position. Although difficult to forecast in this changing work environment, the position is very positive. He advised that in future the restricted funds and costs of these projects will be included in this report.

46. NP updated that there are no changes to the risk register this time.

47. The GPG looked at four policies

- a. Expenses
- b. Bad weather
- c. Harassment and bullying
- d. Alcohol and drugs

VM had noticed that the expenses policy does not include the volunteer expenses, she asked that this be cross referenced. JW asked if any were new policies in response to a problem, SS advised that these are all these existing policies have been reviewed by our HR consultant. The harassment and bullying policy has been extensively updated by our HR consultant.

48. SM expressed concern that there was no mention in this policy about some actions being criminal offences and there is a need to ask victims if they wish to take this further, VM agreed as she had also noticed this aspect and is conscious that we have a responsibility to support staff. SS responded that we would be involving our HR adviser at the earliest opportunity should a complaint be made. VM commented that the workplace needs to feel like a safe place. SR remarked that the policy needs to be broad to protect staff and to an extent our hands are tied in how the situation is dealt with. PB agreed that the process is set out well but suggested the inclusion of a sentence to state that all harassment and bullying is unacceptable. VM asked if the staff had been included in the policy write-up, SS advised that this was written by our HR consultant and is her recommended and legally- compliant policy.

49. VM commented that the board is available to support the management team in dealing with and difficulties. MR commented that although the process must show a level of appropriateness for the size of the organisation and have a policy to demonstrate our awareness, given her experience of the team she is confident that we have this understanding and would deal with any incidence properly.

**Action:** SS to add cross reference the expenses policy to the volunteering policy

**Action:** SS to include a statement that all harassment and bullying is unacceptable.

## Agenda Item 03

NP thanked the General Purposes Group. The Board thanked the group and noted the Report.

### **Any other business**

50.No public questions submitted.

51.Meeting closed at 12.45 with the presentation of gifts to the three retiring members of the Board.