

Minutes of the Board Meeting

Date / Time: 11th September 2019, 2.00pm

Venue: Arkenstall Village Centre, 7 Station Road, Haddenham, Ely, Cambridgeshire CB6 3XD

Present: Chair: Val Moore. Directors: Nik Patten, Susan Mahmoud, Sue Westwood Bate, Graham Jagger, Jonathan Wells, and Frances Dewhurst and CEO: Sandie Smith

Apologies: Saqib Rehman, Margaret Robinson, Clive Morton and Victor Lucas

Minute taker: Carole Russell

Introduction and apologies

1. The Chair welcomed everyone to the Board Meeting held in public.
2. Apologies received from Directors: Saqib Rehman, Margaret Robinson, and guarantors Clive Morton and Victor Lucas.

Declarations of interest

3. There were none declared relating to the agenda. A newly updated Register of Interests approved at the AGM is on the websites.

Minutes of the previous meeting

4. The minutes of meeting on 10th July 2019 were agreed with no changes.

Action log

5. All actions are completed except one. SS updated that FD has been informed of the dates of Huntingdon Patient Forum.

Chair's report

6. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
7. The report includes an update on Cambridgeshire and Peterborough Clinical Commissioning Group as they progress their work to tackle the financial crisis and a brief on the Ofsted and CQC inspection of Special education needs and disabilities services in Peterborough. VM also updated that the Cambridgeshire and Peterborough Foundation Trust received a 'good' in their recent inspection.
8. FD raised a query about the savings which VM explained.
9. JW commented that the CQC rating is good in 4 out of 5 areas but requires improvement in safety which is of concern. He has also heard that Cambridgeshire Community Services received an 'outstanding' rating. SS advised that she has emailed them to congratulate them on this achievement.
10. SWB asked if we have sight of the action plan when a service requires improvement. SS advised that if they are put in special measures then we do

but otherwise this would be an internal plan for that service. However regarding safety we are likely to hear about it from other means.

11. GJ queried the gap in funding, regarding the £33m to be saved what does this mean in the 'real world'? VM responded that by committing to a figure they can get support funding and start to agree specific actions. FD commented that there is a review of all services with the outcome being that we can no longer afford what we currently provide. VM advised that it is not just the CCG but other partners cutting services too. SS stated that some of the savings must be made in the year, renegotiating contracts and the requirement to consult may present the CCG with a challenge in meeting the financial targets.
12. SWB commented that it is not just 'real world' intentions to change patient pathways but also the 'parallel world' of the pressure on money. The difficulty of talk of savings when considering people was acknowledged.
13. SWB sought clarity on the Healthwatch role at these meetings. SS responded that we need to point out the mismatch and ask if there should be consultation, point out when other organisations are offering similar services and ask if they could work together. VM added to promote that people are being informed of the impact of changes, for example loss of service, longer waits etc and to ask if there are safety issues and if any self-help strategies may be beneficial.

Chief Executive's report

14. SS brought key areas of interest for the Board to note.
 - The engagement team have attended 26 events in the last 2 months, and spoke to 888 people
 - By refocussing the volunteer's role, we now have a team of volunteers who are more active and confident to work on their own
 - We now have links through the volunteers to diverse communities so spreading the word
 - We have regular stalls at hospitals
 - We have increasing numbers calling the signposting service and a huge range of services that we refer callers to
15. The communications team have been very active, full details in the report.
16. Feedback on the Healthwatch England quality framework has been given.
17. NP commented on good progress with the volunteer team.
18. SWB stated that she is particularly pleased to see that we support our partners social media posts as well.
19. VM asked that regarding the engagement events is there a level at which we need to plateau, not wanting to chase these at the cost of seeing through our projects? In response also to SWB, SS confirmed we prioritise these events according to our strategic priorities.
20. JW asked what the plans are for Enter and View. CTJ responded that there are 3 planned to care homes in the Peterborough area. SS advised that we have

worked with the CCG, Local Authorities and the CQC to identify homes to avoid over-burdening homes that are under scrutiny already.

‘What Would You Do’?

21. SS updated the Board on this commissioned engagement work. The full report, a summary and an Easy Read version are being used by the team to promote the feedback from this work.
22. SS highlighted the key findings of the report. Healthwatch England will produce an overview national report from the 44 reports (one per STP).
23. SS stated that although we tend to think there is plenty of information about self-help available the feedback suggest that it is not readily available in the right format that people need, and it should be more widely promoted.
24. While most people would be happy for certain aspects to be more digital there are people who would feel excluded by this. FD commented that as digital technology changes so quickly it is easy to be left behind however digitally aware you are now.
25. SS has fed back to HWE that this has been a very positive opportunity to use a systematic approach to talk to people.
26. SM commented that medical opinion changes and can result in more people being diagnosed with diabetes and autism much earlier than in the past raising expectations about care, medication and support. FD agreed that this is certainly the case regarding hearing loss and while the clinicians decide at what level hearing loss is an issue, the patient is left uncertain of the outcome.
27. SWB commented that health promotion teams no longer seem to be there so what is the model for people to care for themselves in partnership with the health service now?
28. SS encouraged all staff and directors to use this data in meetings to share the findings which covers a wide range of topics. NP commented that it can also be used at patient groups and integrated neighbourhood meetings. CTJ stated that these presentations are being shared at the community forums.
29. The Board thanked the team for this report.

‘Finding a dentist in Peterborough and Wisbech’

30. CTJ gave an update regarding the impact of this report published in January.
31. The report has had significant impact:
 - NHS England have increased funding for the Dental Access Centres for 6 months leading up to a review of the services.
 - There are plans for new initiatives to improve child oral health including information packs for parents of children under 2 years.
 - As part of the work programme the urgent and oral health stabilisation pilot is being set up and discussions are underway with the provider of the Dental Access Centres with regard to the next 2 years, commencing 1 October 2019.

- As part of contract reviews NHS England will ensure dental practices keep their profile updated on the NHS website.
32. CTJ reported that while it is changing it is still far from perfect and we will continue to gather experiences and feed this back to commissioners, as well as observing where information can be improved. The report has focussed the attention and made the service act in a more structured way to improve things.
 33. SWB congratulated the team on the report and highlighting the glaring examples of inequality. In relation to children's oral health she wonders what happened to the school's dental nurses? CTJ responded that they no longer exist, and the lack of preventative care that causes problems. SS commented that there is currently no dental school in the East of England.
 34. GJ supported the need to raise the profile of the dental service including dental hygienists as there is a lack of provision. Our report he said had been noticed by the Chief Dental Officer.
 35. SM commented that there is also a need for education of parents of young children in relation to dental cleaning and healthy diets.
 36. The Board thanks the team for this follow-up report.

General Purposes Group report

37. NP updated the Board on the activities of the General Purposes Group (GPG).
38. SS advised that the Healthwatch England Quality Framework and Making a Difference Toolkit have been trialled and comments returned. Both of these resources will be launched at the Healthwatch Conference in October.

Action: SS to email the Board regarding vacancy on the General Purposes Group

Finance report

39. CR updated the Board on the finance position up to the end of August. All invoices for funding have now been sent to the relevant bodies.
40. FD queried the high staff travel costs. SS responded the busy summer engagement work is completed and the anticipated saving from changes to claims may have been over-estimated. We have a large area to cover so the anticipated spend may need to be adjusted.
41. SM queried the high cost of meetings. It was explained that this figure includes venue cost for all projects, engagement work, board and partnership boards as well as any additional help needed for accessibility such as text to speech or signers. CR has provided refreshment kits to the teams so that we no longer purchase these from the venues in order to reduce cost. Whilst every effort is made to keep the costs down, we do use venues that have full facilities and also cater for disabilities incurring a higher cost.
42. The budget position at end of August was noted by the Board.

Action: CR to amend the budget header for meetings to include accessibility

Public questions

43. No public questions were submitted.

44. Robert Alexander, BBC reporter advised a new member of staff to cover a wider area and that she has already been in contact regarding IVF cuts. VM responded that it is important to recognise those that are most affected. Robert also offered to promote our vacancies for volunteers in the areas where we are currently seeking support. SS offered to advise.

VM thanked all attendees. Meeting closed at 15:45

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