

Minutes of the Board Meeting

- Date / time:** 19th July 2023, 5.00pm
- Venue:** Via Zoom
- Present:** Chair: Stewart Francis (SF),
Non-Executive Directors: Chelsia Lake (CL), Chris Palmer (CP),
(LB) Saqib Rehman (SR) Frances Dewhurst (FD) and Ann Green
(AG).
CEO: Julian Stanley (JS)
Minute taker: Carole Rose
- Apologies:** Ellie Addison (EA), Laura Beer (LB) and Johnny Hebron (JH)

Introduction and apologies

1. SF welcomed all Directors, the staff team, and members of the public to the meeting which will be leading on to the Annual General Meeting.
2. There were three 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 26th April 2023 were reviewed and the Board agreed that the minutes were a true and accurate record.

Action log

5. SF introduced the action log to update the actions from the previous meetings.
6. JS updated that the action to update and produce social media stories will be starting with a series of campaigns. The first of these has started and we have seen a rise in the number of engagements via social media.
7. The policy review schedule was discussed at the General Purposes Group (GPG) meeting, JS advised that the GPG had decided to defer the action to the new HR consultants as part of their contract. SF thanked AG for assisting with the tender process and explained that while we have always had an HR adviser it is good to review after some years, just as we did with the auditors.
8. The next action was about the risk register and if this had been reviewed. JS updated the Board that he would like to overhaul and slim down the current risk register as it is comprehensive and complex. He plans to do some work on this

process and bring it to the next Board development session. SF agrees with this idea for the development session.

9. In relation to the Board Development sessions SF suggested that there should be an agenda and that someone from either ICB or from social care local authorities, who is relevant to the subject of discussion, attend the session as a guest because the Board have benefitted from this in the past.
10. JS commented that Healthwatch England has published their new strategy so this will need to be compared to our local strategy, this action is marked as ongoing.
11. FD raised as a matter outstanding the item regarding Patient Participation Groups (PPGs) and asked if there is any update, this is in item 17 on the minutes. JS advised that the team have been encouraging PPGs to send representatives to Partnership Boards and Health and Care Forums. JS offered to send a fuller update to the Board after the meeting. SF acknowledged that there are barriers to the PPG setup but also that we are making progress, he asked that the Board have clarity on this. A revised PPG toolkit has been published and is available on our website.
12. SF commented that there are consistent questions raised at Forums and Partnership Boards, some NEDs feel that we need to involve other organisations to help contribute to these meetings and answer the questions raised.
13. AG commented left the meeting early to attend her local PPG, where she will be stepping down as Chair. AG will continue to attend her local PPG meetings and will report any ongoing issues. AG's group kept their members through the pandemic, whilst other groups folded. AG welcomed the opportunity to take this forward and learn from others. JS asked AG to invite members of her PPG to become independent members of the Partnership Boards and/or to attend our Health and Social Care Forums in a formal capacity.
14. Discussions about HW C & P future priorities took place at the recent Board development session.
15. Re item 6 Lincs Healthwatch were unable to split the data from professionals and public in the stakeholder survey. The Board have discussed the importance of the awareness of Healthwatch and the importance of our understanding of how our stakeholders feel about Healthwatch and this piece of work will need to be repeated. JS is considering the financial implications of using an external provider and whether this work can be undertaken in-house.
16. Ref item 18 regarding communications, JS is involving staff in the minor tweaks needed to the workplan with a focus on what to carry forward.
17. Ref item 20, KPIs were discussed at a recent Board development session. There is an agreement that we need a mechanism and asked when this will be ready to report to the Board. JS is considering the options and ways that could be reported, this will focus on monitoring and reporting 'influences and numbers in respect of how many people engage with us or seek information from us. These numbers are the easiest to map and account for, but KPIs for other areas are difficult to determine meaningfully. JS is contacting other Healthwatch chapters to see how

they manage this. SF asked if a useful route may be for the GPG to oversee this process, SR is happy for the GPG to work with Julian on this.

18. SF asked to include specific items and points we need to pick up in the minutes of our meetings to enable the Board to stay on top of them.

Action – item 11, JS to send update rework with PPGs to the Board in his next report.

Action – item 16, JS to discuss KPI measures with GPG before reporting back to the Board.

Partnership Board and Engagement Report

19. SF introduced CTJ's report.
20. CTJ high-lighted a few areas of significance: The aim of the engagement programme is to be as wide as possible reaching a large range of communities and people. This face-to-face activity enables the team to collect feedback, recruit volunteers and tell people about our work.
21. We are focussing on young people, working with schools to increase what we hear from young people and train a few people up to be listeners themselves. This will raise awareness of the importance of the patient voice.
22. Our work to recruit volunteers has been recognised by Healthwatch England and we have been commissioned to deliver online training to share good practice recruiting and retaining volunteers. We are also renewing our Investing in Volunteering quality mark.
23. There is an issue with recruiting people to our Partnership Boards, the people we would wish to recruit are those who have their own health issues or disabilities, they also have carer responsibilities. A plan is being developed to recruit people to the groups to keep them vibrant and active.
24. The Health and Care forums work with PPGs and are making good progress, some PPGs are approaching us for help to set up or maintain. One of our project managers is working with PPGs and is sending the revised toolkit to them, she is also working with the integrated neighbourhoods as part of this project.
25. 'Enter and View is being re-introduced by JS, which SF welcomed. The Board has been concerned that this has not been done since the pandemic.
26. SF thanked CTJ and her team.

Carol Williams (Cambridgeshire County Council) thanked the team for the report and commented that recruitment of volunteers has been noted as being very challenging. They recognise that many of the independent members have long term conditions, disabilities, or caring responsibilities so this group is especially difficult to engage with. They are pleased to see the recruitment plan developing and hope that the work with other organisations will bring representatives onto the Boards to extend the reach and influence of them. She thanks Healthwatch for

their work and offered support to see new members joining the partnership boards.

27. SF thanked CW for their work in supporting us and together we recognise the importance of taking the voice of the user to a centre of power is very important particularly at this time of change and challenge for both the NHS and social care.
28. FD noted an increase in face-to-face contact but a decline in telephone contact and asked if our refreshed comms is making a difference. CTJ responded that the telephone contact is mainly handled by the Information and Signposting tea., Contact is driven in various ways including face the face events although most is driven by communications which is covered by the CEO report. SF commented that nowadays when things are made so easy online it is even more important to get out and see people to make ourselves visible to contact.
29. FD commented that it may be helpful in future to see comparison with the previous periods because it is difficult to tell if the numbers are increasing or not or if it is a seasonal difference. CTJ will include this next time.
30. Member of Staff, Graham Lewis, thanked Carol Williams for her support through the year. He also thanked our new admin support, Rebecca, who is very efficient and writes very good minutes from all these meetings. GL commented on work done by the Carers Partnership Board to support the Cambridgeshire and Peterborough domestic abuse and sexual violence project following two homicide reviews involving carers. GL updated the Board that he was recently invited to attend the mayors round table on transport to talk about the impact it has on people with disabilities, he has also been invited to present to Active Travel England to talk about what people with disabilities are experiencing so he hopes this will have an impact informing the department of transport.
31. SF thanked GL for bringing this work to the Boards attention and commented that although the Board does gather a lot of information, they should also be aware of the amount of work and issues that are being tackled every day. SF thanked CTJ and her team for their work and for informing the Board of progress.

Action: point 28, CTJ to include previous years data for comparison.

The Board noted the Partnership Board and Engagement Report.

Chair's report

32. SF introduced his report and reminded Board members that he is a non-voting member of the Integrated Care Partnership Board and the Health and Wellbeing Board. Their recent development meeting was taken up with estates policy because the government have decided that a new hospital can be built at Hinchingsbrooke and there are further funds available.
33. The meeting focussed on the various stages of planning for Hinchingsbrooke but also what can be done with Ely and Wisbech that both have important premises

for their communities in various states of disrepair. This discussion also brought to notice the many GP surgeries that are in a poor state of repair or do not have the right facilities.

34. SF advised that for Hinchingsbrooke there is a deadline, it must be built by 2030 and six years to build a hospital is ambitious. With various sums of money available SF made the point that it should not all be about bricks and mortar, the patients and users of the system will want it to work smart, so we get the best value. Although this must race ahead HW will need to be thoughtful, particularly in relation to how many beds are needed, what specialisms are based there, whilst ensuring services are made accessible in the community – which is where people want and need to receive as much of their healthcare as possible. There is a strategic challenge within this but also a time imperative to get it moving forward.
35. SF mentioned that in September there will be a Healthwatch Leaders' summit, and two places have been reserved for JS and FD to attend on our behalf. This type of meeting has not happened before, so it is important for all CEOs and Chairs to attend and meet others doing this work.
36. No further points or questions were raised in relation to the Chairs report.

The Board noted the Chair's report.

Chief Executive's report

37. JS introduced the CEO report which he took as read, additionally he updated that the grant for Partnership Boards has been received and the arrangements for the CCC grant are in place, so we hope to receive that shortly.
38. He has attended several events and forums and, during volunteer awareness week JS was pleased to meet and celebrate with some of our dedicated volunteers.
39. Our focus on social media and website engagement is paying dividends in terms of increased traffic. We are promoting a wide range of health and social care campaigns and posting on other platforms to reach younger people.
40. JS has been getting to know the external systems we are part of. He is building a growing understanding of what we do, how we do it and why so we can do more of what works and ensure we reach, connect, and actively engage with more people. JS will be reviewing how our information service operates during August. Other team reviews will follow, and a report will be provided to the GPG in October.
41. JS has spoken at various meetings across the region, interacting with people face to face has produced some interesting results, including a contact from Cambridge Older Peoples Enterprise (COPE) who approached JS to arrange attendance at Partnership Boards. Connections with funders and research partners have flowed from professional and community settings.
42. The ICB will be coming to a meeting with Healthwatch in August to present their draft Patients Outcome Framework which looks at the services they intend to commission and how they will promote and monitor outcomes. This initiative is a

demonstration of the way in which our relationship with the ICB is proving beneficial. ICB colleagues and Healthwatch recognize our role is to be a support, but critical friend that is not afraid to raise issues, to challenge, ask questions and voice patient and community feedback.

43. JS attended a meeting which was planning the emergency response service. There are different services people can be directed to but if there are too many telephone numbers of people can potentially get pushed from pillar to post. JS has been asking how they will communicate changes so people know how to access the services they need. We are aiming to be bolder regarding our tone of voice, which often necessitates speaking up and representing the views of the public we serve in ICB and NHS meetings.
44. JS is hoping that the new Chair of Healthwatch England can join us as a keynote speaker for the summit on 11th October. WE are also involving CC, PCC councillor and senior officers, as well as voluntary sector representatives. Our workshops will be focusing on social care in the community, services in the home and on palliative and end of life care.
45. There is a new section in the report to update the Board on pieces of funded work that we are applying for or have been approached to partner to apply for projects with other organisations. He is confident that we will generate funds for the income target as there is a lot of work in the pipeline.
46. No further points or questions were raised in relation to the CEOs report. SF congratulated JS on his progress so far during his first three months tenure.

The Board noted the report.

General Purposes Group (GPG) report

47. SF introduced the report which also contains the first quarter financial data, the report is presented by SR.
48. SR took the report as read and drew attention to the 'any other businesses and the investment element reported, giving us the opportunity to refresh everything.
49. SF asked for clarity on the name of the investment bank, JS advised that it is the Unity Trust Bank, this was confirmed by CP who had recommended this account. SF thanked CP for his involvement in this discussion and commented that the work of the GPG is greatly appreciated.
50. No further points or questions were raised in relation to this report. SF added that the financial position at the end of June 2023, some of the Board were troubled when they put together the budget, but they are pleased to report a much-improved position which does not include a promised uplift from Peterborough City Council as it has not yet been signed off so not included.

The Board noted the report.

Annual Report and Financial Statements

51. SF explained that our new auditors have produced these accounts which do resemble the management accounts. The auditors have made recommendations regarding how we can improve and the GPG has taken note of these.
52. The accounts have been through the GPG, all non-executive directors have seen them. They are content to approve the accounts. Once approved the accounts will go through to the AGM to be adopted.

The Board approved the Annual Report and the Accounts as produced by Azets.

Any other business

53. SF confirmed that no questions had been submitted by the public in advance of the meeting. No further questions were raised during the meeting.
54. SF asked that the next GPG and the development day are re-arranged due to personal reasons.
55. SF thanked everyone for attending and reminded them that the next meeting will be on 25th October.

Meeting closed at 18:19 hrs.