

Minutes of the Board Meeting

Date / Time: 13th March 2019, 2.00pm

Venue: Chatteris Library, 2 Furrowfields Road, Chatteris, PE16 6DY

Present: Chair: Val Moore. Directors: Jonathan Wells, Graham Jagger, Sue Westward-Bate, Mike Hewins, Frances Dewhurst, Saqib Rehman, Nik Patten, Susan Mahmoud. CEO: Sandie Smith

Minute taker: Carole Russell

Introduction and Apologies

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

Declarations of Interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. Minutes of meeting on 16th January 2019 - small change to 15th paragraph on page 3, should read 'are' instead of is. Paragraph 27 should read 'gaps in mental health services' in the themes box.

Appointment of Director

5. VM gave an overview of the recruitment process and of the successful candidate's achievements and then the new director, Saqib Rehman, was welcomed to the Board.
6. Mike Hewins has been asked to remain in post until after the AGM in July when his second term on the Board will be completed.

Chair's report

7. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
8. It was noted that OFSTED reported on children's social care services in Cambridgeshire in February. The quality and timeliness of services requires improvement. The experiences and progress of children who need help and protection and also the experiences and progress of children in care and care leavers also requires improvement.

Action - SS and VM will monitor the progress and speak out where necessary.

9. Cambridge University Hospitals Trust retained the overall Care Quality Commission (CQC) Good rating. SS advised that we are receiving further feedback from the public to be passed on.
10. FD asked if CQC ratings involved an averaging out to achieve the grading. MH advised that there is a weighted grading system, the on-site inspection only looks at some areas each time, informed by continuous monitoring of data.
11. VM feels that the framework of inspection is about right, and that provider trusts are generally ok with it. There is a forthcoming review regarding how CQC inspections are done. GJ advised that the process of mock inspections has helped to drive up the quality and the CQC are looking for public engagement and evidence which will guide the areas inspected.
Action - for this Board to discuss further under Chair's report in May
12. The North and South Alliance Delivery Groups are overseeing Sustainable Transformation partnership (STP) work around each of the acute Trusts; Cambridge University Hospitals for the south and North West Anglia for the north. Each programme of work is focused around integrated neighbourhoods. The Board noted that this is a work in progress.
13. MH commented that the reference to neighbourhoods is good but that GP groups are fragmented and it is ambitious to expect their emerging links to make sense to the public.
Action - VM to relay to the STP the vocabulary about neighbourhoods being used but possibly misunderstood.
14. The Board noted the Chair's report.

Chief Executive's report

15. SS introduced her report for the last quarter of 2018/19.
16. 'Finding an NHS dentist in Peterborough and Wisbech'¹ was published in January and has received media interest. NHS England are looking at how they commission dental access and there is a proposed dental school for East Anglia.
17. We continue to offer advice about engagement to GP practices and we are now being approached for help. Octagon will attend the Peterborough Forum.
18. In May the CCG are reviewing their decision regarding NHS-funded IVF. We have raised awareness and invited feedback from people which the CCG have agreed to include in their Governing Body report. We have heard that South Norfolk have reversed their decision and will now be providing 2 cycles. SM raised the point that if IVF is to be funded what other services would be cut?.
19. SS updated the Board that we now have 48 active volunteers and the Engagement team are very busy. The number of stories given to us has doubled in the last 12 months, as we are much more focussed to engage with people and get their experiences.

¹ <http://www.healthwatchcambridgeshire.co.uk/news/denied-dental-care-cambridgeshire>

20. SWB raised a concern over the consultation on podiatry services, she would like to support them? VM commented that a consultation on chiropody is underway and appeared to be very thorough. SS advised that we have already responded to this consultation and her response is available for directors to look at.

Action -SS to include volunteer totals and ensure graphs more visible on grayscale.

21. The Board thanked the team and noted the report.

Business development update

22. Jo McHattie updated the Board on progress of her workstreams.

- The funded NHS 10-year plan local engagement work from March to May 2019 has started well with lot of engagement events planned, this is covered in a separate report. The value of this contracted work is £7600.
- In reference to the Gypsy, Roma, Traveller project the funding application is £153,000 over three years as the work needs time to embed and be sustainable. This is to be used to improve the access and quality of what is offered in terms of sign-posting with a focus on the Fenland and Peterborough communities.
- A new IT support provider will start a contract with us on 1st April , expected to result in a £4000 annual saving on the existing contract.

23. NP noted that JMH and CTJ will be organising the AGM and he has expressed an interest in this being focussed on mental health given our escalation.

24. JMH advised that we are looking to put together a formal business offer that we can promote on our website. This has yet to be scoped but is likely to include specific paid engagement options and paid academia collaboration options. FD advised that there is a need for care in how we word the business offer and funding streams. In regard to the academia work VM advised that there are two ways to work with Universities; research-based work relevant to our communities and also supporting evaluation. SWB suggested that the Institute of Public Health are conducting a “what would make a community a healthy place for people as they age” project in Fenland.

25. The Board thanked JMH and noted the report.

NHS England Long Term Plan

26. SS reported a set amount of funding is being offered to all local Healthwatch to engage with their local people and find out what matters to them. Our Healthwatch will receive three sets of funding; two for Healthwatch engagement and one to coordinate the work at an STP level.

27. There are two surveys now on the Healthwatch England website and these are being taken to all Engagement events. The findings from this piece of work can also inform our strategic plan. At this point we have completed 10% of target.
Action - AR to provide the Board with key messages so that Board members can assist in promoting this.
28. There will also be four focus groups; two general public groups and one in each for specific priority groups identified with the STP communications group.
29. SS noted that some of these groups will be very difficult to reach but will be targeted. The Partnership Boards will be very helpful in reaching a diversity of service users, carers and patients.
30. AR is working on promoting this project through social media and this is proving to be positive. Healthwatch England have seconded a research lead to ensure the quality of our work. From Northamptonshire HW, she will be applying the quality assurance and ensuring we are complying with it. SS reports back on this each month.
Action - Directors promote this project to their groups and contacts.
31. JW commented that they need conviction that it will affect decisions in order to promote it. VM advised that a targeted approach helps to ensure that different groups are heard for the STP plans and we can take responsibility and adopt the intelligence for our Healthwatch strategy.
32. The Board thanked the team and noted the report.

General Purposes Group report

33. NP updated the Board on the activities of the General Purposes Group and recommends the budget for 2019/20 and approval of four policies.
34. The new strategy process will be discussed in depth at the next development session. The proposed timescale from April to August will include three stakeholder workshops to produce a five-year plan and final strategy ready for Board approval in September.
35. The Board approved the policies as listed and noted the report.

Finance report, month 11

36. SS reported that the adjusted budget is working and is balanced at this time with all invoices raised and income expected to be paid before the end of year.
37. FD noted that the training budget had not been spent and asked if there is a plan for this. SS advised that CR is compiling a training needs and individuals records for future planning. It was also noted that a lot of courses are offered to us free of charge and these are not therefore noticed in the budget report.
38. SM asked if we had looked into digital training and move towards people doing this in their own time. SS advised that some courses are offered in a digital form however it has been found that a mix of training methods is preferable. SR commented that his company have recently returned to a blended mix of training as being the most effective.

39. SS advised that we envisage the staff travel budget reducing as a result of a change in to the home-based workers travel.
40. FD asked if the professional fees section could be broken down so more detail given into what types of professionals we are using.
Action - CR to modify Quickbooks reporting to enable the professional fees to be included for the May meeting
41. The budget position at month 11 was noted by the Board.

Public questions

42. Independent journalist Robert Alexander, currently working for Peterborough Telegraph raised a question about the Gypsy and Roma funding bid “How do you envisage spending the £150k over three years, how would you access the people and spend the funds?”
43. JMH advised that the largest part of the funding will be to appoint a member of staff with relevant expertise in the area. There will also be a need for one-to-one consultations to reassure and promote some activities e.g. Flu jabs. We will also need to invest in training for groups to reach them. SS advised that we have some links in this community so we do not believe we are coming from a standing start.
44. JMH emphasised that the funding is not yet agreed and we would need to do some work on cultural awareness, for example it is not always understood that males cannot speak to females about health issues and Romas do not live in caravans.

VM thanked all attendees.

Meeting closed at 16:40