

## Minutes of the Board Meeting

**Date / Time:** 15<sup>th</sup> November 2017 19:00

**Venue:** The Fleet, High Street, Fletton, PETERBOROUGH, PE2 8DL

**Present:** Val Moore - Chair  
Directors: Mike Hewins, Graham Jagger, Gordon Smith, Margaret Robinson, Nik Patten, Jonathan Wells, Sue Westwood-Bate

Trisha Napier, Minute Taker

**Staff in attendance:** Sandie Smith, CEO  
Heather Davison, Julie McNeill, Angie Ridley

**BSL interpreters:** Sue Crowson and Paula Fye

### Introduction and Apologies

1. The Chair welcomed everyone to the Board Meeting held in public.
2. Apologies received from: Frances Dewhurst, Nicky Hampshaw, Susan Mahmoud and Victor Lucas.

### Declarations of Interest

3. There were none declared according to the agenda.

### Accessible Information as Standard Report

4. This report presented by SS and JMN gives an overview of the Healthwatch project Accessible Information as Standard and complements the launch being held in Peterborough on 21<sup>st</sup> November.

Prior to merger, Healthwatch Peterborough and Healthwatch Cambridgeshire carried out similar projects to look at how the NHS Accessible Information Standard was being implemented by health providers in our area. An overview report has been produced, this describes both projects, what people told us and a collective view on what should happen now.

Both projects collected feedback from people with communication and information needs and found that they were not always having their needs met. The overview report gives many examples of what people told us.

Based on this evidence we describe what needs to change, and what organisations providing, or commissioning care, can do to improve the implementation of the Standard. This includes providing better information for patients, more training for staff, effective local procedures and the availability of alternative formats.

The overview report is available in a range of accessible formats. The two background reports describing the local work are available on both websites.

5. Directors thanked SS and her team for this work, underlining its importance in that needs were clearly not being met.
6. A member of the public asked how people can be expected to consent to treatment if they do not fully understand what has been told them? SS replied that Healthwatch will be asking this of providers and commissioners in their follow up work to the report.
7. The Chair asked for the numbers of people affected by the Information Standard. JM responded that they are approximately:
  - Moderate - Severe hearing loss                      9,500 people
  - Deaf/Blind    4,500 people
  - Hearing loss (Cambridgeshire)                      100,000 people
  - Hearing loss (Peterborough)                      31,000 people
  - Moderate - severe hearing loss                      3,500 people
8. The Chair suggested that the providers' action plans need to be seen. SS confirmed that CUH had already forwarded theirs.
9. GJ added that the Information Standard was a low priority at GP surgeries. If the NHS are looking at a more digital system how will the Information Standard tie in with this? SS replied that the CCG commission primary care and are emailing GP practices to make them aware of the Standard.

**ACTION:** SS send the report to the Chair of the STP Digital Group.

10. The Board noted the Report.

**Minutes of previous meeting**

11. Noted and approved.

**Action Log**

12. SS referred to the following points:
  - Tongue Tie: SS is personally taking over this matter and a more formal letter is being drafted to the CCG.
  - Feedback Centre: This is ongoing, and the Board are aware of the situation

Matters arising: The minutes of Board meetings are in simplified format.

**Chair's Report**

13. This report describes the public activities carried out by the Chair since the last Board meeting. This period has concluded the annual round of Chair to

Chair meetings with our main local providers, where the Sustainability and Transformation Partnership (STP) was a focus for discussion.

14. The report updates on the Healthwatch Cambridgeshire and Peterborough merger activities, the Chair welcomed the final staff structure with most posts now filled, and the new Peterborough Community Forum.
15. The Chair was also pleased to announce Gordon Smith as Vice-Chair, a role described in the Healthwatch Cambridgeshire and Peterborough governance policy document. His first task is to establish a group of directors and senior staff to develop the thinking on how we work as an organisation, and give a focus to strategic projects.
16. The Chair told the meeting that merger activity was still ongoing and she congratulated staff on their new positions within the new staff structure. Other new posts were being advertised shortly.
17. GS, now Vice Chair, has formed a General Purposes Sub-Group made up of the CEO, NP, MR, MH and himself. This Group will support the CEO especially with the development and oversight of Healthwatch Cambridgeshire and Peterborough finances, HR and strategic development.
18. Terms of Reference for the GP Sub-Group were agreed.
19. SWB asked how progress on the STP is being reported to the public. The Chair told the meeting that the CCG 'One Year On' Report is due to be published, although the exact timetable is unclear.

**ACTION:** SS to formally request when the Report will be produced.

20. The Board agreed that the STP should be open and transparent and that the public should be allowed to feel comfortable in admitting that they do not understand.

**Chief Executive's Report inc. Work Programme 2017/18: Half year progress**

21. SS provided a six-monthly update on the Healthwatch Cambridgeshire and Peterborough Work Programme and set out progress against these strategic priorities:

- Primary Care
- Mental health
- Self-care
- Urgent and Emergency Care
- The Sustainability and Transformation Plan (STP) for Cambridgeshire and Peterborough

Healthwatch is building good relationships and networks with many primary care providers and Patient Participation Groups (PPGs). This has been helped by our PPG Development Toolkit. We continue to gather a growing amount of feedback regarding primary care services and use our intelligence to assist with decision-making at a range of strategic groups.

Mental Health services remain a priority for Healthwatch this year because significant challenges remain around access to care and treatment for adults, and the effectiveness of such support once accessed. There are major continuing pressures on services for Children and Young People caused by increased demand, leading to problems with access to all levels of support.

We work closely with other mental health organisations and services; promoting public and patient engagement opportunities and best practice and gathering feedback. Our young people's engagement reports were well received very positive. Some of this work will continue despite having lost dedicated funding.

Social care remains a priority for Healthwatch this year because of the continued demand pressures especially around older people's care at a time of continued reductions in funding. Social care is a broad term and it can be challenging to decide where to focus our efforts from one year to the next. Social care feedback has tended to be around care homes and quality of care packages. We have used this intelligence to feedback to the many groups we attend. The need for further integration with health is clear.

Self-care is a new priority for us and further work will be developed in this area. It is important that plain language was used allowing a full understanding of the programme, as we have seen from the work on Accessible Information Standard.

We are concerned about the pressure on the urgent and emergency care services and are using our feedback systems to help inform service redesign and make sure that these work for patients.

The relationship with the STP Delivery Unit is positive and our advice about engagement has been recommended to all work streams lead officers. We continue to encourage more meaningful public and patient input across all areas of work.

22. SS reported that the Work Programme is on track to deliver in all areas.

23. MR informed the Board that both she and SM were to be Directors with an interest in the Self-Care priority, adding that a definition as to what exactly 'Self-Care' is needed to make it clear to everyone.

24. SWB asked if any early comments had been received since the Out of Hours service move to Addenbrookes, and accessing pharmaceutical products? JM

replied saying that Healthwatch had only received one comment regarding signage. Addenbrookes have confirmed that more signage will be put up and that the Out of Hours centre will be made more prominent of their map.

25. MH reported that from a meeting he had attended GP coverage wasn't considered adequate.

26. VM added that she had recently met with Trusts' Chairs and had offered the help of Healthwatch trained volunteers in conducting governor and non-executive director led 'walk-about' around their sites.

27. The Board noted the report.

### **Safeguarding Adults Policy**

28. SS explained this Healthwatch policy has been revised in light of the Care Act 2014. This legislation changes the focus of safeguarding from 'vulnerable adults' to 'adults with care and support needs'.

29. Contacts and sources of further information have been updated to reflect the area covered by the new Healthwatch and the closer working of the two Local Authorities.

30. The Board approved the report.

### **Safeguarding Children Policy**

31. This Healthwatch policy has been reviewed and revised with new contacts and sources of further information to reflect the area covered by the new Healthwatch and the closer working of the two Local Authorities.

32. The Board approved the report.

### **Volunteer Involvement Policy**

33. This Healthwatch policy has been reviewed. Minor wording clarification and amendments have been made to reflect local organisational changes and the new geographical area of operation:

- Guidance regarding safe working has been added (Section 10).
- As part of their induction all volunteers are given a Volunteer Handbook which contains more detailed and practical information.
- During volunteer recruitment campaigns volunteer role descriptions and an application form are available on our websites.

34. The Board approved the report.

### **Finance Report**

35. Income has been received from Cambridgeshire County Council for the full year and Peterborough City Council for the first half of the core grant. The second core grant payment from Peterborough City Council is the only outstanding sum.
36. The expenditure is on track as budgeted. Unforeseen staffing, IT and office costs arising from the merger have been previously reported.
37. There is an increase in the salaries expenditure arising from the Staff Review, these have been approved by the Board. The expenditure for the year is projected to be within budget including this increased cost.
38. The Board noted the report.

### **Public Questions**

There was a question regarding accessibility of buildings. SS explained the Healthwatch role is to listen and collect experiences about health and social care, including wheelchair services. Healthwatch then feeds this back to the providers and/or commissioners. However, Cambridgeshire Alliance for Independent Living had a wheelchair forum which might be of interest. Heather Davison could provide details after this meeting.

The Chair closed the meeting at 8.23pm.

### **Date/venue of next Meeting:**

17<sup>th</sup> January 2018, 2pm

March Library, Wordsworth Room, City Road, MARCH, PE15 9LT