

## Minutes of the Annual General Meeting

**Date / Time:** 22nd July 2020 14:00-15:30

**Venue:** Online meeting via Zoom

**Present:** Chair: Val Moore. Directors: Sue Westwood-Bate, Graham Jagger, Saqib Rehman, Susan Mahmood, Paul Jobling and Nadia Emmony.  
CEO: Sandie Smith.  
Guarantors: Victor Lucas.  
Minute taker: Carole Russell,

**Staff in attendance:** Caroline Tyrell-Jones, Graham Lewis, Heather Lord, Janine Newby-Robson, Rebwar Hussain, Emma Amez, Angie Ridley, Sharon Gunn, Miranda Knell and Kari Payne.

### Introduction and Apologies

1. The Chair welcomed everyone to the Annual General Meeting and explained our format on zoom before inviting the directors to introduce themselves. **Apologies** were noted from Director Nik Patten and guarantor Clive Morton.

### Minutes of the AGM on 15<sup>th</sup> July 2019

2. The Board approved the Minutes as an accurate record with an additional note to be added from guarantor Victor Lucas.

### Retirement of Directors and appointment of Vice-Chair

3. Sue Westwood Bate and Graham Jagger both retired from the Board after their second terms of three years. Frances Dewhirst resigned from the Board to take up another role. The Chair thanked all of them for their valued contributions and presented each virtually with leaving gifts. We hope they will all stay in contact with us at Healthwatch.
4. Paul Jobling was nominated for the role of Vice Chair as Margaret Robinson will be stepping down from this aspect of her role. Paul accepted the position as Vice Chair and thanked the Board for their support.

### Register of Interests

5. All updates were included in the papers which the Chair has reviewed and is satisfied that these are suitable declared and appropriately managed to avoid conflict with decisions and responsibilities undertaken in the course of performing duties for Healthwatch Cambridgeshire and Peterborough. This register is on our website for public knowledge.

### **Approval of Accounts and Appointment of Auditor**

6. The Financial Statements for the period 1 April 2019 to 31 March 2020 were prepared by Prentis & Co LLP.
7. SS explained the paper displaying income and expenditure and gives a surplus in this reporting period. SS reported that the opinion from the auditor is that the accounts are true and fair, properly prepared and in accordance with the Companies Act 2006.
8. The Board approved the Statements and authorised the Chair to sign them as a true record.
9. SS advised that as per good practice guidelines we will be looking for a new auditor for 2020/21.

### **Healthwatch Annual Report**

10. SS thanked Angie Ridley and the team for the Annual Report of Healthwatch Cambridgeshire and Peterborough during 2019/20 which we are required to publish by 30<sup>th</sup> June each year.
11. A copy of the Annual report titled 'Guided by You' is available on our websites and a PowerPoint was shown at the meeting to highlight some areas of interest and achievement.
12. Our report includes our highlights and the difference we have made in 2019-20 which this report focuses on. Our engagement team have been very busy and have spoken to over 4,800 people at events across the county and logged over 1,000 pieces of feedback. SS thanked our staff and volunteers who are essential for this work to continue.
13. We speak directly to those who make the decisions and have held 24 public Health and Care Forums, quarterly wheelchair users forums and have supported users involvement in 5 Adult Social Care partnership boards to collect feedback from these.
14. SS updated the Board that we have helped North West Anglia Trust to set up a new BAME patient group and this group is having impact in helping them shape policy and services for the diverse communities.

15. We supported the NHS long term plan and spoke to over 800 people as part of the 'What would you do?' campaign to give people a say, our report was used by the NHS and local government users to help them plan future services. This report also contributed to the Healthwatch England 'There and Back' report which assisted the review of non-emergency patient transport.
16. During this period, we put together a new format for working with local panels called the Community Value Panel which helped our local NHS make decisions about how to reduce their overspend. We plan to have more of this type of engagement in the future.
17. SS reported that we are proud to have been involved in a National project to track patients experiences at Hinchingsbrooke A&E to influence the new standards that reflect what is important to patients.
18. We published a report in January '19 about the difficulties in people accessing dental services in Peterborough area. The dental access time has now been increased.
19. Our information service has helped over 240 people this year in guiding them to services that can assist them and gathering their experiences to influence those that make decisions.
20. SS concluded her report by thanking all the staff and volunteers who have worked to make this all possible.
21. JW responded that it is good to be reminded of the work that has been done in the year before Covid and that the findings of this work is still relevant even though we are currently dominated by the pandemic, he urged us not to forget the importance of this work.
22. MR commented that in the last 3 years she has seen enormous changes in the way we work and how we interact so effectively with the local services, she is proud to be involved.
23. FD commented that she has seen through her involvement in other groups that Healthwatch and particularly the report from our work at A&E is referred to and has made a difference already.
24. SS responded that we have refined how we work using the quality framework to gain evidence base and we keep an escalation log and impact report to be able to track and respond to issues as they escalate.
25. PJ complimented the team on the Easy Read version which is very well put together by the Comms Team and is a pleasure to read.

26. SWB asked how we will be distributing the report and making sure they get into the public domain. SS responded that in the current climate we are not able to take it around to engagement events as these are all on hold. The comms team is promoting these on social media, partner newsletters and other lines as well although this is a challenge.
27. The Board congratulated the team and noted the achievements of Healthwatch Cambridgeshire and Peterborough during 2019/20.

### **Guarantor Statement**

- 28.19. Our Guarantor VL made a verbal statement that the Guarantors, who are separately appointed by the County Council and Peterborough City Council, are content that the Commissioners' interests are well represented. He confirmed there has been no issue relating to the conduct of the Chair or Chief Executive that has required investigation, this is a formal responsibility of the guarantors.

### **Adult Social Care and the role of regulator during COVID-19,**

29. VM introduced Sam Henshaw, Adult Social Care Inspector from Care Quality Commission (CQC) as our guest speaker. SH explained that the CQC is independent and responsible for ensuring that health and social care service provide safe, effective, compassionate and high quality care. Through their regulatory role they encourage services to improve.
30. Through lockdown the routine inspections have been paused but the regulatory role has not changed. The CQC did complete some inspections due to significant risk during the time although these were rare and inspections are only a part of what they do.
31. During this time CQC has continued to collect and review data from usual services including health and social care professionals, local authorities, the public and care staff. They also increased the frequency of their newsletter to help signpost providers to the up to date Covid guidance.
32. CQC has developed an Emergency Support Framework and this is what has been followed during the pandemic. This looks at 4 key areas to determine if the service is managing or do they need additional support, the areas are: safe care and treatment, staffing arrangements, protection from abuse and protection of human rights, and the assurance processes (including quality monitoring, business risk management).
33. CQC has also published their third Insight document to highlight Covid 19 related pressures. The themes that have come out about the

challenges being faced include the pressures around the quick changes as well as the amount of guidance, particularly at the beginning of the pandemic, and being able to get supplies of the correct PPE.

34. Relatives and friends of people in care homes have been supportive around the changes in visiting but it has been very difficult to manage. There were feelings that the staff in these settings were not as appreciated as NHS staff so it was difficult for them to feel valued.
35. Going forward as the restrictions are lifting, the CQC will be doing focused or targeted inspections based on risk and concerns. They are looking more at how they can do things electronically to reduce the time on site.
36. One of the positives is that we have launched with Healthwatch a piece of work to encourage people to come forward with their experiences - from those who use the services and those who work there. We want to share good practice as there have been pockets of innovation and creativity which is important to hear about in these tough times.
37. JW thanked SH as this has been a difficult time and there has been a spotlight on the providers and their difficulties. He commented that SH has talked about hoping that the adult social care services will be more appreciated but JW wondered how hopeful SH is that the way the services are funded will change to enable them to work alongside the NHS more effectively. SH responded that they are the regulator so their focus is on the care although she is sure the conversations are happening, she cannot comment. As a regulator they will continue to talk about the concerns around social care which includes the funding.
38. SWB has experience within her family of adult care and wished to assure SH that the Thursday clapping was definitely for adult social care as well because so many people were affected by the changes and they appreciate the amount of care that has gone into keeping their elderly residents safe. The public perception is that these homes are part of the NHS and they do not realise that there is this difference due to funding. SH thanked SWB and hopes that this is something positive that comes from this pandemic is more understanding and the recognition that the carers deserve.
39. GJ commented that SH had mentioned the inspections recommencing all be it in a different way and he wonders if there is any way that the 'experts by experience' may be used more. SH responded that may be different ways in which they would look at using an expert by experience, although they are learning all the time but they would have to have a risk assessment and guidance in PPE so they are looking at ways that they may be able to go out.
40. FD commented that the relationship of CQC with the providers seems

to have changed slightly from being a regulator to being in a supportive role, FD wonders if they see this continuing and would this help you be more effective. SH responded that the CQC cannot shy away from the fact that they are a regulator and sometimes there have to be difficult conversations but what has come out of this framework from the feedback is that the support has been appreciated but it has been about Covid. SH hopes that the relationship will not change but CQC will still need to commence inspections and pushing for improvement where this is identified.

41. VM confirmed that as Healthwatch we see the need for the integrated care as perceived by the public. VM thanked SH for attending our AGM and speaking to us.

### **Covid-19 survey: Findings of our first briefing**

42. SS gave an update about the survey we have been running since May to gather people's experiences of their care during Covid as there was a lot of interest from the providers for this feedback. The first briefing from this survey was published on the 7<sup>th</sup> July and gives the main findings.
43. The first message was the overwhelming support for the NHS and care services. Aside from this the key concern was about what happens now regarding cancelled services and procedures and how any delays will affect them. There is a need for clear information to keep people updated and reassured that those with most need will be seen first.
44. There has also been a big affect on mental health and new structures have been put in place to try to support people. The survey has also highlighted that some communication from services has been very confusing.
45. One positive outcome which we received a lot of feedback about is the way that some services, particularly GPs, have adapted and are now offering online or telephone appointments with prescriptions being sent directly to the pharmacists. There is a lot of hope that this change will remain and not be lost as we return to normal as this will free time for those who really need the face to face appointments.
46. SS updated that the local press is now publishing the initial findings and we will be doing 2 more briefings and a final report at the end of September. We encourage people to complete the survey every time they use the health services as each occasion is important.
47. VM thanked SS and remarked that although the AGM would normally focus on the previous year the pandemic has wrought such changes that we could not miss the opportunity to bring the information right up to

date. VM also thanked the comms team who have worked with providers to get the questions just right and have launched the survey so successfully as it has been well received and the briefing is now having impact with the service providers so we look forward to the following briefings and report.

**Close of AGM**

48. Val Moore thanked everyone for attending our virtual meeting and closed the Annual General Meeting at 3.30pm.

DRAFT