

Minutes of the Board Meeting

Date / Time: 14 January 2015, 19:00-21:00

Venue: March Town Hall, Market Place, MARCH, PE15 9JF

Present: Ruth Rogers - Chair
Mike Andrews, Karen Begg, Mike Hewins, Ruth McCallum, David Neal, Sue Westwood-Bate
Guarantor, Victor Lucas

CEO Sandie Smith
Angela Grief, (minutes)
Julie McNeill
Kate Hales

1 Introduction and Apologies

Chair Ruth Rogers opened the meeting and welcomed all present. Apologies were received from Graham Jagger.

2 Declarations of Interest

2.1 Ruth Rogers declared her interest as Chief Executive Officer at Red2Green.

Ruth McCallum declared her interest as Chief Officer at Care Network Cambridgeshire which is also a partner organisation of the Health & Wellbeing Network (item 7).

David Neal declared his interest as a medical student currently placed at Addenbrookes CUH.

3 Minutes of Previous Meeting 12 November 2014

3.1 Approved as a true copy with all actions complete.

4 Matters Arising

4.1 None

5 CCG System Transformation

5.1 Ruth Rogers shared a paper provided by the CCG outlining the work undertaken to bring all health and care commissioners together to redesign

healthcare services. Collaboration was initiated when the CCG was identified as a challenged economy. The paper recommends that the CCG and providers submit an expression of interest to become part of a national pilot programme.

5.2 In response to a question from SWB asking if social care is involved, RR confirmed the involvement of the County Council Director of Children Families and Adults, however, the programme is weighted toward health. There is discussion about the voluntary sector.

5.3 The paper was noted and the direction endorsed by the Board.

6 Hinchingsbrooke Hospital

6.1 RR acknowledged the CQC inspection had rated Hinchingsbrooke Hospital as “Inadequate” and is subsequently placed in special measures. Earlier that day, Circle had announced their intention to withdraw from the Hinchingsbrooke contract. The handover will take six months and the Trust Development Authority (TDA) will have oversight of the process, together with other partners.

6.2 HWC is working with the Trust in a number of ways to ensure patient experience informs the Improvement Plan. HWC is also a member of the Oversight Group, chaired by the TDA, which has oversight of the process.

7 Better Health Network Membership

7.1 SS introduced a briefing paper about Better Health Network, now known as the Health & Wellbeing Network. It is a consortia set up as a local authority and is piloting a “one stop shop” approach for the voluntary sector to facilitate their interactions with commissioners. Benefits of consortium membership and associated expectations were discussed.

7.2 DN asked what Associate Membership actually involved?

As yet, the membership responsibilities are not totally formulated.

7.3 **Action:**

It was agreed to seek further information on associate membership and bring the proposal for membership back to a future board meeting.

8 Policies for approval:

8.1 Enter & View

8.1.1 Kate Hales introduced the Enter & View Policy highlighting HWC statutory powers. The Board’s approval was requested to progress the recruitment of volunteers to ensure the programme is launched April 2015.

8.1.2 **Decision:** The policy was endorsed by the Board subject to minor word amendments.

8.2 **Data Protection**

8.2.1 **Decision:** The policy was endorsed by the Board.

8.3 **Sickness and Absence**

8.3.1 MH requested the wording related to SSP is in line with new government guidelines.

8.3.2 RM commended the policy as good practice as it does not link to competency or disciplinary procedures.

8.3.3 **Decision:** Review the amended policy at the next Board meeting.

9 **Revised Memorandum and Articles of Association**

9.1 SS highlighted changes to paragraphs 10.1, 10.2, and 23.3, amended as a result of the Board's decision in November 2014.

9.2 The Board discussed the benefits and disadvantages of being a large or small membership Community Interest Company (CIC) based on advice received from our CVS.

9.3 It was noted that Mike Andrews and Mike Hewins current term of office would conclude at the end of March 2016.

9.4 **Decision:** It was agreed to change the company's Memorandum and Articles of Association as appropriate for a CIC.

10 **CEO Report**

10.1 The county council (CCC) has advised a 5% reduction in funding for FY 2015-16 and although no commitment can be given, they have indicated that they will endeavour not to repeat the reduction.

10.2 **Key Achievements**

10.2.1 A Grant Agreement for 2014-16 is in final draft. CCC have confirmed that the Cambridgeshire Healthwatch function will not be subject to tender at this time.

10.2.2 HWC acted as the lead HW for the CQC Papworth Hospital inspection which took place in December 2014, co-ordinating a regional call for evidence. This was seen as a pilot by the CQC and we have received feedback that

the quality and quantity of evidence submitted was some of the best the CQC had seen.

HW England and the CQC will be using our approach for all regional and national provider inspections; adopting our evidence template and communications pieces for national use. A Case Study is being written by the CQC and our CEO has been asked to speak at the next CQC Conference.

- 10.2.3 HWC have been working with Pinpoint to co-ordinate action around the poor experiences of Children & Adolescents Mental Health Services (CAMH).

Pinpoint has collected over 100 pieces of feedback from parents. Working together we have taken the evidence to the provider, commissioner, the County Council and MPs.

After discussion with colleagues at HW England, it was considered that an escalation to them would be the next best step, as they are represented on the national Task Force for Children and Adolescent MH services. The parents who contributed are being kept informed and are delighted to have their experiences listened to.

HWC were able to submit a briefing on this issue, and wider mental health service concerns, to Julian Huppert MP who used the information in a debate about mental health services that he hosted in Parliament. Both Pinpoint and HWC were specifically mentioned.

10.3 **GP Survey**

- 10.3.1 The GP survey has been renamed First Steps to Health and is in the final stages of development. There is a Steering Group guiding the survey development, this includes a rep from Ely Patient Forum, the CQC Primary Care Team and a HWC Non-Executive Director. We are also seeking feedback from the local LMC, as well as keeping those Patient Participation Groups that expressed an interest, informed as to progress.

- 10.3.2 The survey will be distributed through all of our communication networks and we aim to work with partners to target the groups of people who do not traditionally respond to the annual GP Survey; including under 18s, women between 18 and 34 and older people. We plan to hold four focus groups to look at experiences of specific excluded groups more closely.

10.4 **Volunteering**

- 10.4.1 Eleven volunteers have been through our induction process. A further two are awaiting induction and more applications are in process. All volunteers have undertaken communications training. Further training is being

developed for incorporation in the Induction Package to include Equality and Diversity, Confidentiality, Data Protection and Safeguarding. A programme of training for Enter and View Authorised Representatives is in development.

10.5 Youth Engagement Work

- 10.5.1 A proposal has been submitted to the County Council for continued part-funding for the Youth Engagement Worker and the decision is expected by the end of January. The proposal sets out how HWC plan to take the role forward in the next two years through liaison with schools and colleges, developing a youth version of the Consultation Network and working in partnership to reach the most marginalised young people.

10.6 Consultation Network Review

- 10.6.1 The HWC Consultation Network was set up in July 2013 and since that time we have send out over 100 pieces of information. In December 2014 81 people were signed up to receive mailings electronically, and 8 people receive information by post. A short survey was designed to review effectiveness of the network. There were 20 responses electronically, and 3 by post. This represents a response rate of approx. 25% and 37% respectively. The majority of respondents are happy with the way the Consultation Network is working at present. However, there is some evidence to suggest that people would like more choice about what they receive. As a result of this survey, we will put consultations and opportunities on our website and send the links to all Consultation Network members. People can then self-select what they read about in more detail.

11 Finance Report

- 11.1 The report was noted by the Board.

12 Chair's Remuneration Report

- 12.1 At its meeting in November 2014, the Board agreed a procedure for appointing the Chair. At that time the level of remuneration was considered, but no decision was made.
- 12.2 SS presented the report detailing benchmarking with comparable roles.
- 12.3 The Board agreed to endorse the recommendation that the remuneration remains at £8,160 per annum.

13 Public Questions

The Chair introduced Victor Lucas (VL) as Guarantor.

VL commented that in contrast to HWC's Enter & View Policy which is very clear, the CCG System Transformation paper was not entirely transparent.

VL asked for clarification of the reduction in funding as reported in the CEO report.

RR responded that it is hoped that the budget would stabilise at the level for 2015-16.

VL expressed concern about the future of Hinchingsbrooke and asked if HWC would be involved in any new proposals and what will the consultation process be?

SS confirmed that HWC are invited to all discussions and agreed to raise this matter at the next Oversight Meeting.

- 14 The Chair acknowledged the resignation of NED David Neal and thanked him for his considerable contribution to the founding work of HWC and on behalf of the Board, wished him well for his future career in medicine.
- 15 The Chair closed the meeting with a summary of a patient story which highlighted a number of problems and that the local care system needs to listen to these experiences.

Date/venue of next Meeting:

11 March 2015, 7pm
Maple Centre, 6 Oak Drive, HUNTINGDON, PE29 7HN