

Minutes of the Board Meeting

Date / Time: 18 November 2015, 19:00-21:00

Venue: The Maple Centre, 6 Oak Drive, Huntingdon PE29 7HN

Present: Val Moore - Chair
Non-Executive Directors (NEDs) Mike Andrews (MA),
Karen Begg (KB), Ruth McCallum (RM) and Sue Westwood-Bate
(SWB)

Sandie Smith, CEO (SS)
Trisha Napier, Minute Taker
Julie McNeill, Information Manager
Heather Davison

1 Introduction and Apologies

Chair Val Moore opened the meeting and welcomed all present. Apologies were received from NEDs Mike Hewins and Graham Jagger, and Guarantors Victor Lucas, Ann Campbell and Mike Thorne.

2 Declarations of Interest

2.1 None

3 Minutes of Previous Meeting 9th September 2015

3.1 Approved and signed as an accurate record.

4 Action Log

4.1 The Chair introduced the new Action Log.

One action is on-going - progressing First Steps to Health, target date March 2016; all others are completed.

5 Chair's Report

5.1 Val Moore introduced the Chair's Report that will be a standing agenda item. Feedback was invited.

The Chair spoke briefly about some of the points in her report including:

- **Culture:**
The Chair has spoken with staff, volunteers and NEDs who all clearly want to make a difference.

The volunteer's enthusiasm and knowledge is highly valued. It is important that they are recognised as being a vital part of Healthwatch Cambridgeshire (HWC).

Team members inform and contribute to the development of new team processes to support increasing demands.

- **Strength of relationships:**
The CEO leads by example to ensure excellent working relationships and the staff team replicates this within their networks.
- **Impacts and ambition:**
HWC's influence on changing podiatry policy is a key achievement. Capturing change for patients will help to illustrate the positives for inclusive and accessible foot care services.
- **Network and reputation:**
A regional TV interview and subsequent media interviews regarding the challenges faced by Cambridge University Hospitals Foundation Trust (CUH) provided the opportunity to speak independently about people's experience of care and the Healthwatch role.
- **Challenges for the health and social care system in Cambridgeshire:**
Cambridgeshire County Council propose budget cuts to public health, children and adult care services.

Engagement with staff and the public to identify and deliver effective and efficient changes to NHS services. SS is working with the Clinical Commissioning Group (CCG) to inform the Transformation Programme.

The Health & Wellbeing Board is developing its role to support joint working and integration with the CCG.

- 5.3 SWB thanked the Chair for her report and explained her role as HWC representative at the Public Health Reference Group meetings, commenting that it is not only public health professionals who are being pushed to make significant reductions.
- 5.4 SWB asked whether Cambridgeshire County Council (CCC) would consider impact assessments rather than just cut budgets.

The Chair informed the Board that Equality Impact Assessments are established in a granular way and may need looking at more broadly as they were not cross referenced.

- 5.5 SS added that CCC is promoting independence and self-reliance with the support of family and carers. Consequently those people without a support network are hugely disadvantaged.

Action:

SS to formulate a response to CCC expressing concern around the budget reductions and request a meeting between Chair and CCC CEO.

5.6 MA congratulated the Chair on her report and expressed an interest in playing a more influential role.

6 CEO Report

6.1 Highlights & Impacts

- The final report of the “My Own Mind” project received good press and ideas for developing the model is being taken forward. Funding for the Youth Engagement Worker concludes at the end of March 2016; funding applications are in hand to secure the post.
- The CCG have approved a new policy to provide Podiatry care for people with long-term conditions and deemed as medium risk patients.
- HWC is part of the NHS England Working Group to review access to health screening.
- HWC has received a number of calls regarding Mental Health Crisis Services and is working with Mind in Cambridgeshire to collate experiences. We will work closely with SUN on the consultation for a new proposed service.
- HWC have offered support to the two Acute Trusts in Special Measures, are liaising with the Trust Development Agency and Monitor, and are fully involved in both Improvement Plans.
- HWC played a key role in organising and promoting good practise at the Hear Me! Cambs Voice partnership event at Ely in October. All Cambs Voice organisations played a part and will build on the interest shared at the event.
- SS represents Healthwatch Cambridgeshire on the committee to oversee the co-commissioning of Primary Care by the CCG and NHS England. The committee meets in public and provides a transparent arena for airing points.

Key Performance Indicators

6.2 In response to a question about the Crisis Care Concordat, SS explained it is an agreement between public services and agencies that people presenting with mental health difficulties will be supported by the service they first turn to and will not be passed to another service.

6.3 MA asked why men’s health wasn’t included in Health Screening.

JM explained that there was a low uptake of bowel screening for men and

women, but there was a higher take-up for breast screening for women.

7 CRM Information Sharing Agreement

7.1 SS explained that the Healthwatch England (HWE) Customer Relationship Manager (CRM) has been in existence for 2 ½ years and has been trialled by other Healthwatch organisations. The system collates contacts and activities. HWC will sign a sharing agreement with HWE, allowing them to extract data. SS assured the Board that HWC policies for data protection and information sharing have been reviewed, and IT support, spyware etc. were adequate.

7.2 In response to questions from the Board, SS explained that the system has been tweaked to accommodate HWC needs. If for any reason HWC decides to discontinue using the CRM, alternative systems would provide a similar role. Back-up is completed centrally and there is provision to have parts of the system customised, but this may incur costs.

Decision: The Board agreed that trialling the CRM should be progressed.

7.3 SS invited Board members to visit the office to see the system once it is running. Suggested date, January 2016.

Decision: The Board approved signing the Information Sharing Agreement.

8 Enter & View Report

8.1 SS informed the Board that HWC had recruited and trained 20 Authorised Representatives for Enter & View visits between April and September 2015. 13 visits were made and the majority of care homes gave positive feedback. Several homes took immediate action on the points raised and longer-term actions are being progressed.

8.2 Future visits would be intelligence led, identified in partnership with the CQC and CCC Contracts Team, and other providers of care services. There will be a minimum of one visit per quarter, completing the whole process before starting another.

8.3 KB said a clear and coherent policy is in place for visits. The volunteers are very supportive of this project and HWC do not want to lose them or they, in turn, lose interest. It should be remembered that Enter & View is a snapshot, not an inspection, and we need to bear that in mind if our partners want specifics.

8.4 The Chair asked if the benefits and risks had been considered and if they approved in principle?

SS asked for feedback from the Board on the consultation.

Action: SS to draft and progress consultation based on the agreed

approach.

- 8.5 The current policy looks fit for purpose but in light of this new approach is likely to need review in the new year.

Action:

- SS to report back to the volunteers as to decisions taken at this meeting,
- SS to review the Enter & View Policy once the new approach is fully developed,
- To include “Benefits and Risks” in the new policy.

9 Information & Signposting Service Report

JM introduced the report for the period April to September.

9.1 Key issues:

- The increasing complexity of some callers’ needs require warm handovers to other organisations.
- Partnership work is ongoing to ensure that we effectively gather intelligence from other sources to ensure that our picture of issues across the county is as complete as possible.
- Dealing appropriately with callers who have talked about committing suicide has increased pressure on the team.
- Difficulties in accessing crisis care, especially for those who are no longer in mental health services.

The Chair thanked JM for her commitment and for undertaking Mental First Aid training.

10 Finance Report

- 10.1 SS informed the Board that the budget is on track. Efforts are made to ensure all purchases are competitively priced and of good value.

11 Governance Processes Policy

- 11.1 SS introduced the new policy setting out governance processes that have been approved by the Healthwatch Cambridgeshire Board and Commissioners to ensure best practice, effectiveness, efficiency and transparency. This policy pulls together a number of past decisions.

- 11.2 The Healthwatch Cambridgeshire Board of Directors has agreed a Vice-Chair should be appointed. In addition to supporting the Chair, the Vice-Chair will Chair the General Purposes Sub-Committee, established to consider and advise on issues around HR, finance and risk. The sub-

committee will also contribute toward the development of the Strategic Plan, Risk Register and Annual Report.

Decision: The Board approved the policy and establishment of the Sub-committee.

Actions:

- Schedule a meeting of a working group as soon as possible to draft the Terms of Reference for a Sub-Committee and seek interest from NEDs to be members of the sub-committee.
- Nominations for the role of Vice Chair should be sent to SS by 2nd December.
- The Chair will review nominations and decide if a vote will be required.

12 Reserves Policy

- 12.1 As agreed at the last Board meeting, GJ has reviewed the Reserves Policy and advises that a minimum of three months operating costs is maintained in reserve. The Reserve Policy is a stand-alone policy to be reviewed annually. Reserves are currently set at £70,755 for 2016/17.

Decision: The policy was agreed by the Board.

Date/venue of next Meeting:

20 January 2016, 7pm

The Meadows Community Centre, Family Wing, 1 St Catherine's Road, CAMBRIDGE, CB4 3XJ.