

Minutes of the Board Meeting

- Date / time:** 26th April 2023, 5.00pm
- Venue:** Via Zoom
- Present:** Chair: Stewart Francis (SF),
Non-Executive Directors: Chelsia Lake (CL), Chris Palmer (CP), Johnny Hebron (JH) Laura Beer (LB) Saqib Rehman (SR) Frances Dewhurst (FD) and Ann Green (AG).
CEO: Julian Stanley (JS)
Minute taker: Carole Rose
- Apologies:** Ellie Addison (EA)

Introduction and apologies

1. SF welcomed all Directors, management team and members of the public to the meeting.
2. There was one apology for this meeting.

Declarations of interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. The minutes of meeting on 14th December 2022 were reviewed and the Board agreed that the minutes were a true and accurate record.

Action log

5. JS updated the Board that he will be putting a process in place that includes consultation with the NEDs, managers and staff to review the priorities, this will ensure that the strategic plan is re-focused or improved by involving all levels. A comms strategy for market awareness will also be included and JS will report back to the Board when this has been finalised.
6. SF added that the stakeholder awareness survey mentioned in the previous minutes as point 12 has taken place but it does not differentiate between the public and organisational awareness of us so does not add value to our knowledge. Healthwatch Lincs have been asked if the data can be

separated into these two areas but this will mean dealing with very small numbers which is why JS will be reviewing this strategy.

7. JS updated that the Engagement and Comms teams will be working together to focus and structure specific actions for the East Cambs area.
8. JS invited Heather to update the Board re the survey of volunteers which is aligned to the re-investing in volunteers accreditation work. HL advised that in regards to volunteer recruitment there are currently six applications in progress providing a mix of age and ethnicity to the team.
9. The finance paper has been reissued and the Board have seen this and it has been approved, it outlines the new budget for the coming year and our current position.
10. The final action is to look at the new auditors report when complete to review the presentation of our project accounts.
11. SF asked if the result of the investors in volunteers survey report would be available by the next Board Development meeting in June as he would like as much information as possible for the NEDs at that time. HL responded that she will work to that deadline if that would be helpful.
12. SF asked if the expected grant payments had been made to us yet. CR updated that they had not but as the 30 day period was not yet up we had not chased it at this time. The local authority had given us purchase orders in advance so that payments would not be delayed this year.
13. SF updated that since FD and AG have joined as NEDs, he has spoken to all board members to realign responsibilities. The changes mean that FD will be taking over the Chair of the Cambridge Forum, she will also be joining the GPG as will AG, and EA will be coming off the GPG. This reshuffle will ensure our representation of the Cambridge Forum remains intact and will strengthen the GPG. SF thanked NEDs for agreeing to take on these roles.

Chair's report

14. SF introduced his report which he takes as read and he drew attention to item five. Since PB resigned as deputy chair SF has decided to have two deputy Chairs, one in the south and one in the north of the area. SF is happy to update the Board that SR and FD will be taking on the role, he values their wisdom and knows that they will support the Chairs position.
15. FD requested that the spelling of her name be corrected. No further points or questions were raised in relation to the Chairs report.

The Board endorsed the appointment of two deputy Chairs and noted the Chair's report.

Work Programme 2023/24

16. JS advised that the work programme is inherited from SS so much of it is unchanged but he does plan some tweaks and changes before the next meeting. JS will be reviewing it with staff in their 1-2-1 meetings and in management team meetings to track progress. JS hopes that the Board can use the workplan to monitor our progress, measure success or see where we need to make changes.
17. SF raised a point regarding community engagement, there had been discussions about enhanced involvement with PPGs in the Forums which is not mentioned in the programme. JS advised that the extended management team had met and have agreed five key priority areas: GPs, Dentistry, Cardiology, Ophthalmology, and young peoples mental health. These areas will be our focus in terms of engagement with the public, our communications and in our meetings.
18. Regarding communications SF noted that there is no mention of building public recognition and brand awareness which the Board has concerns about. JS acknowledged that this is an aspect of the workplan which does need updating.
19. FD commented that the GP engagement does appear in the strategic priorities but she feels that the wording could be stronger to include initiating contact and promoting PPGs but she is also conscious that we need to be realistic about what we are able to do. JS responded that we do need to think about our tone of voice and how to communicate things that the system may not expect or want to hear from us as an independent voice.
20. AG commented that although this is a good framework she is concerned that with the development of the ICS we need a clear view of what is happening. AG asked if JS will be using the figures in the workplan to develop KPIs to ensure that we are not working in a vacuum but our work integrates with others. JS agreed that we need KPIs so there is a clear indication of when we have successes but also to give staff something to work towards.
21. JS advised that we intend to share information and knowledge within the organisation, some things have changed so we need to share what is working well and areas that could be improved. JS will be reshaping the appraisal process to incorporate the workplan and use appraisals as an aid to delivery.

22. Member of staff, Heather, reported that the volunteers are supporting the engagement team and will be researching PPGs, we are aware that some no longer exist, so this research will give us a better picture. SF added that he advised a recent ICS meeting that we will be getting PPGs more involved and this was well received and they will send us a list of contacts. JS confirmed that we will be inviting them to our forums as a mechanism of engagement.
23. CP suggested looking at the Lincs HW website to see what they are publishing as they have set out a clear programme with KPIs so may assist us with how we can do this. JS confirmed that our Comms team is looking at what other HW are doing and how they promote their work to assist us in our learning.
24. Member of public, Paul, voiced concerns that people think the demise of the PPGs is because of Covid but they have been in decline before that and has been exacerbated by the PCNs creation. He is concerned that the inactivity of PPGs will lead to practices neglecting their obligations so he would like HW to take a stronger line. SF assured Paul that he has been forthright in voicing these concerns with ICS,
25. SF is aware that some PPGs doing a great job but others are not. He agrees they need help and although we cannot do this by ourselves we can keep pushing practices for PPGs to develop at a neighbourhood level with a mechanism to be able to talk to power. SF commented that we need to figure out what help HW can be in order to achieve this aim.
26. CTJ added that there is an increased interest in PPG representatives attending the Forums and they are understanding the value of our escalation process. She is aware of one PPG who have asked for our help in reinvigorating interest in their PPG but she feels that we should be clearer in how we approach this. We have a PPG toolkit which is not up to date but it is a good starting point.
27. Member of public, Paul, agrees that the Healthwatch focus is on encouraging these groups but he voiced concern that the relationship between the surgery and the group that it serves is not always good.
28. AG chairs her local PPG and commented that they are struggling to gain interest after the pandemic so she is pleased to hear that Healthwatch is to get involved, she made the point that we should not just respond as tokenism by sitting on a panel but that we should be involved.
29. SF updated that he and SS (retired CEO) have sent the Healthwatch Referrals report to the Chair and the CEO of ICB, the report included some

damning items and we have received a two page response giving detail of what they are doing to tackle the issues in relation to referrals.

30. JS commented that the tone of voice we use is very important as the perception could be that we are gently passing information back and forth but we can use our voice more effectively and powerfully to challenge the system to lead to improvement. The PPGs are a real way of us taking information back to the system so he suggests the way we communicate and gain information from them may need to be reviewed.
31. SF added that at the last Health and Wellbeing Integrated Care Partnership Board (ICPB) meeting their first item was Healthwatch presenting its latest report and this was well received. We also work in collaboration with other Healthwatch and there was a full contribution to the Parliamentary Commission so there is evidence at all levels that Healthwatch work is not just being seen as a tick box exercise.

The Board approved the Work Programme on the understanding that it is part of an ongoing process.

Chief Executive's report

32. JS introduced the CEO report which he took as read. He commented that some interesting activities have taken place and that it sets out some of the priorities. The report includes information about social media which is already having an impact. In terms of Engagement, Information and Volunteering, progress is being made.
33. The Partnership Boards are up and running although JS is aware that in some areas these need to be reinvigorated because it has been difficult to get people back to the regular meetings. The format may have to be reviewed and online meetings considered to enable more people to participate. He is meeting with staff to determine how to get more people to attend these, and the Forums, to participate and engage with us across the area.
34. JS is looking at what reports we might publish later this year, such as the one already mentioned in point 31. Most projects are progressing as planned although the Health Champions are paused at the moment awaiting further commissioned work this year, we are keeping these volunteers engaged with us by doing a project re muscular skeletal issues.
35. SF referred to Page 14 and the Micro -Enterprises (CCC) contract monitoring project and asked what this is. Member of Staff, Jo, responded that

Cambridgeshire County Council have been running a pilot in East Cambs area that is designed to support people in their own home close to the location of care workers. Small businesses have been set up and are attending the homes offering care. The project is to evaluate that service and will be commencing in June. We have just signed off the survey that will be going to service users, we have made the survey as accessible as possible and we are offering confidential support whereby we can take a phone call if people prefer to respond in that way. We will write a report from the feedback which the local authority can use to inform their decisions.

36. FD asked that we be careful of using acronyms as these can be very confusing. SF agreed that because these are public meetings the documents need to be checked for acronyms before being sent out.

The Board noted the CEO's report

Information and Signposting report

37. SF introduced the report which is presented to the Board every year. Member of staff, Anne, presented the report and took it as read. She explained that the main themes which are the predominant enquiries remain the same, Dental access and GP access. Long waits for access to specialists are the next concern but this may be due to the waiting lists in hospitals. There has been an indication from the ICB that GPs are providing more appointments now than before the pandemic but that is not the perception of the public.
38. There is an element of managing public expectation involved and the signposting service encourages people to try other options, such as pharmacy, calling 111 or seeing a nurse as there is a range of people in primary care so seeing a GP may not be necessary in all cases.
39. JS added that although he is still learning how the information service works he is keen to explore other ways of communicating options to people and encourage their engagement with us. Anne confirmed that since the Comms dept had been understaffed last year the number of enquiries had decreased but we hope that now this can be remedied particularly the social media coverage which will help.
40. SF added that although the numbers have decreased he noticed that contact via engagement events has doubled in the same timeframe which is very good news so the board recognized the work of the engagement

team in achieving this. SF commented that it is an interesting statistic that when we go out and see people in their own communities we do get feedback.

41. SF commented that in regards to GPs seeing more people than before Covid, the difficulty is managing the expectations of people who still think that when they ring their surgery they should get an appointment with the GP. But things have changed and people are being 'triaged' over the phone first. SF sees this as an issue with NHS communications to be tackled perhaps with the help of the PPGs so that people understand how the system will work for them. Anne agrees that a public health campaign is needed to address this issue, the ICB sent a publication out in December advising people of the range of services they can call but more is needed.
42. SF updated that he recently had a meeting with the lead GP of the ICS regarding 111 calls and urgent care and that he had said that in Peterborough they are trialing a system whereby before attending A&E the person will have a phone intervention with a GP via 111. The statistic for Peterborough hospital is that only 30% of those who attend A&E have rung 111 first, but if they had rung 111 they could have made an appointment with A&E to avoid waiting.
43. JS agreed there is a communications issue but also that this is combined with a supply and capacity issue and a danger of blaming the public for not being able to adapt. JS was on a call about virtual wards recently and he had asked how they know whether people like it or not and are they given an option. The East of England is leading on virtual wards but there is a concern in the meetings that it is a rationing system. JS is aware that the issues are very complex and we have to be careful to reflect the situation and concerns of the public.
44. Member of staff, Heather commented that regarding appointments with GPs the patients are restricted by time as well as by subject. This means that the patient is limited by the number of health concerns that they can raise during the appointment time, so people with complex issues have a very difficult time even after getting the appointment so she feels that this is something that needs to be addressed as well.

The Board noted the report with thanks.

General Purposes Group (GPG) report

45. SF introduced the report which was presented by SR. The report was taken as read with no further comments.
46. SF raised a concern with the wording of the report that in points five and six there is an implication that the General Purposes Group approves policies. But the mechanism is that the GPG reviews the policies before putting them to the Board who make the decision on approval. It is the wording here that needs to be clear. Also in point five SF confirms that the Reserves policy had already been approved in a previous meeting.
47. SF referred to the Risk Register which had been sent to the Board as a standing item on this agenda, however the GPG had not previously seen it so it will be brought to the next meeting if all agree.
48. FD confirmed that the GPG has seen the Business Continuity plan but that it had been felt to be important to see the risk register at the same time. FD would like to see blocks of types of policies to be reviewed by the GPG so there is continuity in these.

Action: The risk register is to be reviewed at next GPG and brought to the next Board meeting

Action: GPG to discuss the policy review schedule

The Board noted the report.

Any other business

49. SF confirmed that no questions had been submitted by the public in advance of the meeting.
50. JH raised a question in the chat as his microphone was not working. He commented on the social media engagement in the CEO's report and asked what are the target reaches for Facebook and Instagram. JS invited member of staff, Kat, to respond. She is working on this at the moment and needs to look at the ages and demographic of people who are engaging with us and is also looking at Tic Toc to reach younger people as well.
51. SF advised that JH represents the Board on these matters so he will talk to Kat outside this meeting.
Action: JH to discuss social media with Kat
52. SF thanked everyone for attending and reminded them that the next meeting will be on 19th July.

Meeting closed at 18:22 hrs.