

Minutes of the Board Meeting

Date / Time: 26th January 2022, 4.00pm

Venue: Via Zoom

Present: Stewart Francis (Chair), Jonathan Wells, Paul Jobling, Saqib Rehman, Philippa Brice, Nadia Emmony, Ellie Addison, Chelsia Lake, Chris Palmer, Johnny Hebron, Laura Beer, Sandie Smith (CEO) and Clive Morton (Guarantor)

Minute taker: Carole Rose

Introduction and apologies

1. SF welcomed all Directors, management team and members of the public to the meeting.
2. There were no apologies for this meeting.

Declarations of interest

3. There were none declared relating to the agenda.

Appointment of Directors and Deputy Chair

4. The Chair brought forward this item on the agenda which deals with the recommendation of four new Directors and the resignation of the Vice-Chair. All existing Directors endorsed the recommendation of the new Directors which were accepted, SF welcomed them to the Board.
5. PJ is resigning from the Board which leaves a position as Deputy Chair. PB had been recommended to be appointed, the Board endorsed the appointment of PB to this position.
6. SF congratulated all new appointments and is looking forward to working with all newcomers in the future. All current and new Directors then introduced themselves to the meeting.
7. SF reminded the Board that this is PJs last meeting and he thanked PJ for his valuable contributions to the Board and wished him the best of luck in the future. SF also advised that this was the last meeting that JMcN will be attending as she is leaving Healthwatch. SS thanked JMcN who is one of the original members of staff from when it was first set up, for all her hard work

and diligence over the years. Her work has made a big difference and helped many people who have been in difficult circumstances over this time.

8. SF said how he believes there is now a balanced board in terms of geography, gender and age but it doesn't end here as there are vacancies around the things that we do so he will be involving new directors in specific areas of business.

Minutes of the previous meeting

9. The minutes of meeting on 10th November 2021 were approved.
10. SF referred to item 21 which was about responses to the care home survey, he felt that it had had a low response and wondered if this had now improved. SS updated the board that there have now been 43 responses, we have checked with other Healthwatch who have done similar work to benchmark and this is comparable. SS said that although we are not expecting larger numbers we do have some good quality data and stories in these responses. There is information about some very positive care which is good and also some expressions of concern about staffing levels and responses. Understandably, in this past 2 years, the restrictions on visiting has been highlighted. SS advised that we will be producing a briefing about the findings of this survey in the near future.

Action log

11. All actions from last meeting are completed or in hand. SS advised that we are delighted that the CCG now has funding to set up a patient help desk which is making a big difference already.
12. JW highlighted the two actions that had been on hold since the start of the pandemic and asked that these be looked at again. Specifically the action in relation to dentistry as JW is aware that money had been set aside for dentistry so this may be a good time for us to bring this back to the CCG.
13. SS updated the board that we attend the scrutiny meetings and have highlighted this concern, she offered to bring an update to next meeting as this continues to be the highest number of enquiries we deal with and we raise it at all strategic meetings to keep at the forefront to be dealt with.
14. SF updated the Board that the money JW referred to equates to £5.7m for Peterborough and Cambridgeshire. The money is earmarked for acute cases which we have been highlighting but this does not tackle the strategic problem regarding NHS dentistry, so although the money is very welcome we do need to make the point that this does not solve the long

term issue of the shortage of dentists – we have lost 10% of dentists in this area in the last year.

Action: SS to update Board re plans for dentistry.

Experiences report

15. SF introduced the special education needs and disabilities feedback which is covered in the experiences report and asked SS if there had been any updates.
16. SS has been in contact with the CCG and local authorities as well as the three organisations whose stories have contributed to our report. The CCG have agreed to meet the families to ensure they are looking at peoples needs and to address the concerns and have a wider dialogue. The local authorities already have a good dialogue with the parent carer forums, but this may need to be taken wider to encompass all organisations involved in this area of work.
17. SS stated that this report is mainly for information and awareness. SF invited any questions from the board. JW commented on the importance of the report and commented that the main themes of access, good communication and barriers in services are very familiar, so he asked if we had improved our leverage through the CCG Harm Review Group. SS responded that the group was set up specifically by the CCG to review the harms that may have been caused by the delays caused by Covid and SS sits on this group. She feels confident that now the concern has been raised that the CCG and local authorities will expand on this work and the parent carer forums will be taking this forward.
18. SF highlighted item 20 in the report 'what would make things better' and commented that some of these things should be simple to achieve and are not expensive. SS added that one of her concerns is the single point of entry but there are currently multiple points of contact which in itself is confusing, streamlining these could benefit all without being expensive.
19. JW commented that UNiTED are well recognised as being an effective point of entry for children and young people with mental health difficulties particularly and when trying to influence it is good to highlight and promote something we have found that works well so we could quote this example.
20. Member of staff HL commented that these findings are from the carers who have good links but could we get experiences from the people themselves who are receiving the services. SS responded that the engagement

manager is now leading on young peoples health and is drafting a survey to be taken out to schools and colleges.

The Board noted the report

Chair's report

21. SF introduced his report which is a summary of the meetings that he has attended in the last two months. SF advised that since the report was sent he has attended two further meetings: one with Councillor Susan Van de Ven, chair of Health and Wellbeing Board, they discussed GP access and concerns about border issues.
22. SF also attended the local outbreak engagement board which deals with Covid and the delivery of vaccines. He advised that there are still very high rates of infection in Peterborough which are well above the national average with rates of vaccination being lower, so this still causes concern. There have been sharp increases in primary school age children recently. More people testing positive are using primary care rather than hospitals as this variant is not as virulent.
23. The largest sector of the population who have not attended for vaccinations is the 25–34 year olds at 33% but in some deprived areas this figure is 40% for people not receiving the vaccine. Funds have been provided for community workers and 'knocking on doors' and there is no issue with capacity or availability of the vaccines. Staff shortages in hospitals and schools due to Covid is still an issue across the area, this is not expected to improve in the near future.
24. SF is pleased to report that Healthwatch was thanked for the intervention made on behalf of the housebound and those with learning difficulties and 80% of these groups have now been fully vaccinated. He is pleased to see that things we have raised have been acted upon.

The Board noted the Chair's report.

Chief Executive's report

25. SF introduced the CEO report and asked is there is anything in particular SS wished to highlight from the past two months.
26. SS advised that she has included all the regular headings and hopes all the information is clear. She highlighted point 3 about the patient helpdesk and GP websites and the impact that our work has had. With all the changes and cancellations of services through the past 2 years people are confused,

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we have been highlighting this throughout and have been pleased to find that the GPs have been reporting the same thing so now the CCG have set up a patient helpdesk which is very busy already with over 200 calls per day being received. We are promoting this service ourselves and SS asked that all attendees let people know as the helpdesk is already proving very effective in giving people answers and finding referrals for them. SS thanked the CCG for putting this in place and making a real difference.

27. SS also updated that the CCG has some money to improve the GP websites, we are part of the steering group for this. The group is looking at assisting the surgeries with the worst website information to improve and we will be contributing to this piece of work.
28. SS commented on point 4 about equalities and explained that Core20plus5 is the NHS approach to tackling health inequalities. It means that the 20% represents the deprived communities and the plus 5 is the particular focus on 5 key areas: maternity, mental health, cancer, Cardio vascular disease and respiratory. We already have directors who lead on two of these areas, PB for maternity and JW for mental health.
29. The engagement team are keen to restart face to face engagement and we are encouraging staff to return to the offices a few days a week to build confidence. Despite the challenges of the past year the engagement team has had contact with over 2,750 people face to face so far this year.
30. SS referred to the summary of concerns and escalations and in relation to point 9 about people calling 111 who do not have English as their first language, we have had good progress with Herts Urgent Care (HUC) who deliver the service and they are now looking at a national system to address the difficulties that these people experience. So our local work could make a real difference.
31. Our Comms team is very busy and the report includes data that we are now using more to identify and target communication to the groups that we are not hearing from and the team is working out how we can do that.
32. SS commented that the Partnership Board meetings are still online but are moving towards having a mix of face to face and online. The learning disability partnership board has re-established its health sub group which will be refreshed as there is a new lead in the CCG who is very motivated in learning disability and she has been involved in the Learning Disability Deaths Reviews (LeDeR) which has been looking at mortality and the improvements that can be made, one of which is to increase the health checks for people with learning disabilities as this group has been disproportionately impacted by Covid.

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33. SS also brought point 34 to the Boards notice about the progress that the system has made in rolling out the ReSPECT programme about personalized care planning particularly for end of life. We lobbied hard for this to be rolled out to Hospitals, GPs and care homes so there is now a local education programme which has been commissioned by the CCG and this is making progress.
34. SF asked about the patient helpline and what its future looks like after the current crisis. SS responded that it is funded until the end of March from this years funding by NHS England but it has been well received and the CCG are committed to continuing the service past March and into the future as long as it is needed. This is something that we will keep pressing on our agenda.
35. CM referred to the CEO and Chairs reports and advised that he sits on the Inter-Faith support group in Peterborough and they have presentations from the deputy director of public health. He asked if someone from Healthwatch could attend the group meeting to advise them of the role of Healthwatch and how we link in with other organisations because they struggle with some communities in terms of the take-up of health care such as vaccines. He advised that many of the communities listen more to the messages from their original countries than the messages in the UK so there are differences. CM offered to set up an invitation for SS to attend one of these meetings. SS responded that she is keen to accept this offer and will attend with our local engagement officer, she also invited people from this group to attend the Peterborough forums. SF confirmed that the Outbreak group is aware of the difficulties of people from other countries only hearing news from that country.
36. PB sought clarification on point 28 about issues raised by Partnership boards and a statistic of a different referral to assessment time of 10 days in Cambridgeshire but 8 weeks in Peterborough and asked what service this is in relation to. SS advised that this is in relation to the social care assessments for older people, we raise these issues with the adult social care forum and we log them in our evidence base, SS offered to find out more to update the Board. NE added that she believes this disparity is not just for social care assessments but there are big differences in waiting times across most health sectors between north and south Cambridgeshire, NE gave an example of an MRI wait in South being 6-8 weeks and in the north the waiting time is 8-12 months for an MRI.
37. SS commented that the waiting times disparity and the inequalities across north and south are a key concern for the ICS so it is something that both SS

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and SF are raising at these meetings because it is about equity for all residents across the area. SS added that the data from the hospital lists confirms that some areas have far longer lists in the north than the south. She confirmed that all areas of inequity are raised as concerns. SF added that there were of disparity across our area including Fenland and he raises concerns at ICS meeting.

38. Member of public (MOP) RG referred to the increasing waiting lists, currently 6m, he commented that he had seen that a Yorkshire Trust did a review and found that the minority groups compared to white British have a 3 week difference on the waiting lists and how they receive treatment for P2 patients. The review suggests that this work is carried out in all Trusts, RG will be raising this with the next Trust board meeting. SS requested the link to this review as she would like to put this to the CCG as well, they are currently looking at delays by theme but could benefit by looking at community differences.
39. SR commented that the Adults Scrutiny committee in Peterborough has raised equalities as a priority in the coming year and he would also like to see the review as mentioned by RG and asked that this be shared. SS advised that she had recently shared research from Cambridge vaccine access group which has figures around hesitancy and ethnicity looking at underlying reasons. SF asked that this research be shared with new Directors and RG.
40. HL advised that Healthwatch has revised their surveys and forms to include demographics so that we can start on a local level to get a picture of the experiences alongside their profile.
41. LB asked if these forms were also available in other languages or links that we could provide for people in their native language. SS responded that we do have everything translated into 14 different languages and our engagement officer is linked in to most minority communities in Peterborough. On the website we also have a British Sign Language feedback mechanism, we constantly review and try to make it easy for people.
42. CL asked about the interest shown from 17 volunteers as per point 23 she asked about the demographics of that group. HI responded that we are now getting more interest from younger people although not younger than mid 20's and also people across a range of communities and non-binary groups.

Action: SS to update the Board regarding disparity of times to assessment as raised by the Older Persons Partnership Board.

Action: SS to forward to all Directors the review findings from Yorkshire.

Action: SS to share the research data from Cambridge vaccine access group with new Directors and RG.

The Board noted the Chief Executive's report with thanks.

Information and signposting annual report

43. SF introduced the report which is presented by Julie and he commented that the timing is good as this annual report falls in time for Julie to be able to do this in her last week with Healthwatch. SF asked if there was anything she wished to add to the report.
44. JMcN drew attention to the table on page 3 of the report which indicated the top 10 organisations that we signpost to, she explained that HUC as 2nd in the list are the providers of the 111 service and we signpost people needing urgent dental care to them so the figure may be disproportionately high.
45. On point 17 JMcN advised the Board that we have had reports from the British Red Cross about patient registration issues as they are supporting refugees and asylum seekers. Out of this work has also come some issues about vaccinations because of mixed messages about eligibility particularly if they do not have an NHS number or are not registered with a GP practice as this can affect whether or not you can pre-book an appointment.
46. This past year has been very busy and is still increasing so the information and signposting team has been assisted by 2 other members of staff to signpost and to update CRM as well.
47. JMcN commented that as the ICS develops it will also take on responsibility for the NHS dental service which could be a big challenge for the system as this area is still the highest proportion of calls and concerns that we deal with. SS added that she has already been asked by the CEO designate for the ICS to be involved in the meetings and for contacts in the dentistry service.
48. JW commented that he will miss these reports and commented in the increase in signposting and confirmed that this has also been the case at SUN network regarding mental health as people are becoming more confused and concerned as the pandemic continues. In point 10 the report gives detail of the 2240 pieces of feedback logged in this year and wonders

how this compares with previous years. JMcN confirmed that is an increase on last year but we have also changed the way it is counted which is now more accurate and is per person. She believes that the increase is due us being better known and partly because of community word of mouth. JMcN also wished to thank the signposting officer, AA, who does most of the signposting and has a really good manner with people so this is very impactful.

49. SF thanked JMcN for the report and for everything that she has done in her time at Healthwatch as her work has made a real difference to thousands of people in Cambridgeshire and Peterborough.

The Board noted the Information and Signposting annual report with thanks.

General Purposes Group (GPG) report

50. SR introduced the report and mentioned the key part as being the budget which is where we think we should be at this stage of the year. The group also discussed plans for a pay review for all staff to be completed in the next year. The policies were also reviewed at the GPG meeting.
51. There were no questions about the report. SS advised that the budget for next year will be discussed at the next GPG meeting and there is one more risk added to the register. SF explained for new Directors that although a salary review is done every year it has been some time since a full scale review including bench-marking against similar organisations has been undertaken so that's why this is included here.
52. SF recommended to the Board to formally review and tender for auditors as this has not been done for some time. GPG were asked to take this forward and subsequently make recommendations to the AGM.
53. The GPG had reviewed two policies and recommend these to the Board for approval:
- a) Governance policy
 - b) Personal development and performance management policy
54. There were no questions relating to either policy so both were approved by the Board.
55. SS confirmed that risk number 15 has been added to the risk register. JW explained that we do discuss the resister in full at the GPG meeting and the new risk around staff wellbeing was not added because of any sudden worry or problem but because of recognised staffing challenges throughout the NHS and social care so know of the importance of looking

after each other. JW advised that in terms of mental health we have health champions and JW is the Director lead as well as other processes but in terms of balance the GPG felt this was important to add.

Action: GPG to oversee the Auditor tender process

The Board noted the Report and the financial position.

Any other business

56. SF updated the Board that a question had been submitted by a MOP to the Board prior to the meeting with a request to read it in full at this meeting which he did as below.

"Please can the Board state what representations they will be making to the Greater Cambridge Planning Service (of Cambridge City Council & South Cambridgeshire District Council) regarding the emerging local plan and accommodation for healthcare staff, in particular close to public transport stops and interchanges.

(<https://www.greatercambridgeplanning.org/emerging-plans-and-guidance/greater-cambridge-local-plan/>)

Please can the Board further state what representations they will be making to the Mayor of Cambridgeshire & Peterborough regarding his Local Transport and Connectivity Plan (<https://yourltcp.co.uk/>) in order to make it much easier for healthcare staff to get to work by a cheap, clean, and reliable public transport system / active travel network.

57. SS responded that the question has been looked into and we do not feel that it falls within the remit of Healthwatch although she understands that as a patient there may be a link between patient care and the ability of staff to get to work but does not see this as a priority for us at this time. SS will forward the submitted question to the relevant organisations and will contact the MOP to have a discussion.

Action: SS to contact MOP with response to question submitted to the Board.

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58. SF thanked all Directors, staff, management and members of the public for their contributions and attendance. He reminded everyone that the next meeting will be on the 23rd March and will be online.

Meeting closed at 1740 hrs

DRAFT