

## **Minutes of the Board Meeting**

**Date / Time:** 23<sup>rd</sup> March 2022, 4.00pm

**Venue:** Via Zoom

**Present:** Stewart Francis (Chair), Jonathan Wells, Saqib Rehman, Philippa Brice, Nadia Emmony, Chelsia Lake, Chris Palmer, Johnny Hebron, Laura Beer, Sandie Smith (CEO) and Clive Morton (Guarantor)  
Ellie Addison attended from point 18 onwards

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.

### **Minutes of the previous meeting**

4. The minutes of meeting on 26<sup>th</sup> January 2022 were reviewed. JW noted that a correction was needed to point 32 and asked that LeDeR be put in full in the minutes.
5. SF referred to item 34 which deals with the patient helpline which we welcomed, we were aware that it was funded until the end of March. The CCG had indicated that the service would continue as long as it was needed.
6. SS updated that the CCG will not be continuing the service past March. Instead the CCG will assist Trusts with system improvements. SS has voiced the concerns of Healthwatch regarding this decision and we will be continuing to collect feedback and numbers of people contacting us in the future. We will also be asking the Trusts what they will be doing to ensure that people have good information. The patient helpline number will

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remain in service for a month with a message directing people to the Trust rather than the GP practice.

7. PB asked where at each hospital would callers be directed to as there is currently no process. Stopping the service so abruptly when it is clearly in demand is particularly disappointing especially as there is no immediate plan in place.
8. SF confirmed that the patient helpline has received hundreds of calls a day and a percentage of these have been successful in finding people or appointments that had been 'lost' in the system so it wasn't just about providing additional information.
9. NE agreed that this is disappointing as people are not aware of who they should call, or how long to wait before chasing an appointment, there is very little advice on what to do so people who shout the loudest get seen and others who do not chase appointments are left waiting.
10. SS advised that we supported the CCG in making sure that the communications are clear, SS has emailed the accountable officer for the CCG expressing our disappointment and our information officer is now collecting data on the feedback. The impact on inequalities is of most concern. SS mentioned a Trust in north of England who have completed an audit of waiting lists to help them understand what demographic sectors were suffering the greatest impacts. SS advised that NWAFT are doing this and the equalities team at the CCG are going to be looking at the data as well.
11. SF summed up the concerns and suggested a letter be sent detailing our specific concerns from the Board.

**Action:** SS to draft a letter detailing concerns re patient helpline cessation.

**Action:** CR to correct point 32 and re-enter minutes on the websites.

### **Action log**

12. All actions from last meeting are completed or in hand. SF asked if there were any comments or points to raise. None arising.

### **Experiences report**

13. SF introduced the update on NHS dentistry and asked if SS had anything to add to it.
14. SS has put together the history, the areas of concern and the actions so far taken as this is the single biggest concern that people have contacted us about and has been regularly reported to this Board and Healthwatch England.

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15. SS flagged that as the system converts to Integrated Care System (ICS), they will be taking over the commissioning responsibilities for NHS dentistry and we have offered our insight. Currently we are limited to assisting people needing urgent care. Healthwatch England are pressing the case for change to government.
16. SF expressed disappointment that the £5.7m allocated for East of England has not been taken up. SS confirmed that we have no evidence that any dental practice in Peterborough or Cambridgeshire have taken up this offer which was to cover the costs of dental practices staying open during evenings and weekends. CCS who run the dental access centres for emergency care advised that the timescales given did not allow for them to recruit the staff needed for an out of hours service.
17. CP expressed concern that this problem affecting all people has been ongoing for a number of years but is now to be passed to ICS. He asked what is to happen in the transition period before July and is the ICS able to give us an idea of the plan to address the dentistry issues. JW commented that it is good news that the commissioning responsibility is moving from national to local level but it is the amount of time that it will take to make any improvements that is of concern.
18. EA expressed concern about the long term effects of the lack of routine dental access especially for children where early intervention is key to preventing more serious problems later on. EA also highlighted disparity of waiting times for dental treatment from 2 weeks to 3 months in different practices.
19. JH sought clarity on the take-up of additional funds. SS advised that we had been told that 10% of practices in the area had expressed an interest but we have not had confirmation that this had resulted in the funds being awarded.
20. SS is meeting with the CCG Director of Primary Care to discuss a plan for dentistry. SF assured the Board that he attends several ICS meetings and does raise dentistry issues at all levels but he is aware that this is a process of appointing providers across all sectors and will not mean an instant change in July when the ICS take over.
21. CM raised the point that there has been press coverage over the past few months which raises interest but he has seen nothing which updates the public regarding the systemic problem in dentistry.
22. SF summarized the situation and stated the things to be done must include; to amplify the concerns, request a plan for recovery from ICS, to keep dentistry high on the agendas as a priority.

The Board noted the report

**Chair's report**

23. SF introduced his report which is a summary of the meetings that he has attended in the last two months. He confirmed that it has been proposed that Healthwatch Cambridgeshire and Peterborough will be offered a non-voting seat on the Integrated Care Board. Our CEO will have a seat with other system directors at the Executive Group so Healthwatch is being recognised at this early stage and will be embedded into their thinking as it progresses. The development of the ICS will be on the agenda for the board development meeting in April.
24. From the set up of ICS there are several separate pieces of work, one is 'population and health management', another is 'most capable provider' process and the development of the Accountable Business Units.
25. PB has attended several meetings about the ICS Population Health and Place Development Programme. She explained that NHS England and Improvement have provided funding to run this ICS support programme, which both the north and south alliances in our area have received. There are four modules; i) ambition, vision and leadership ii) governance, functions and finance iii) population health management and integrated transformation and iv) digital, data and analytics.
26. PB said that there is enthusiasm and drive to make it work. One item of note to come from the process is the acknowledgement that the current system is 'pathway driven' and is oriented towards driving people towards acute care. Shifting this round will require cultural and behavioural change to move to community and individual based care.
27. CM commented that this programme seems to cover a lot that was on the combined authority report. He asked that this report be sent to PB as it may help in areas where the interests crossover.
28. SS said that the Most Capable Provider process is about who looks after the funding. The ICS has agreed that the funding will be commissioned at place so the money is to be divided from the CCG and put into North and South place/ICP.
29. SF commented that although this may be confusing the good news is that we have been invited to join meetings where we can be kept updated and have influence.
30. JW gave an example from the mental health Accountable Business Unit to explain the process. Some areas will take time to transfer processes and people from CCG to the successful provider.

31. SF highlighted the complexity of the change. At this stage it is important that we remain embedded in the process in order to get community voices heard.

**Action:** SS to send the Combined Authority report to PB.

The Board noted the Chair's report.

### **Chief Executive's report**

32. SF introduced the CEO report. SS advised that she has included all the regular headings and hopes all the information is clear. She thanked all the managers for their contributions to the report and is pleased to update the Board that we now have a new Information and Research Manager. SS took the report as read and asked for any questions.
33. CP referred to point 37 about asylum seekers and commented that the Ukraine arrivals come under a different process whereby individual households can register to offer a home or room for them. Although 150k households are known to have registered it is unclear how many are in our area, he asked what our response might be to support them.
34. SF confirmed that he is aware there are a lot of applications especially in Peterborough and the Local Authority has these details. SS advised that we have good contacts at Peterborough City Council and we have discussed at management team some steps that we might take. We have already asked that the people working with Ukrainian refugees provide welcome packs with information in Ukrainian and Russian to include Healthwatch details. From our learning with the asylum seekers one of the key routes was making sure that people knew how to register with a GP and we now have cards to hand out for them to register more easily. We will remain in contact with the Peterborough Hub in case of additional needs.
35. PB confirmed that the maternity system is actively preparing to ensure that they have increased literature in Ukrainian readily available. The NHS is also making sure it is widely known that the Ukrainians are entitled to free healthcare across all services.
36. SF added that the Healthwatch England report on the NHS Accessible Information Standard does not make good reading and there is much work to be done.
37. CM thanked SS for attending the Inter-Faith support group in Peterborough as he has had some good reactions from them.

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38. JH asked about the social media engagement and why it is below the same period last year, this may be because of less need now but he is interested in the statistics of use between Facebook and Twitter.
39. CL raised the concerns and escalations section of people finding it difficult to employ carers and asked what we could do about this. SS responded that we will be undertaking a larger project around the availability of care at home later this year as this has been a concern for some time.
40. SF referred to the table of partnership board independent members which remains below 50% and asked how we are tackling this. SS advised that GL has been interviewing people for the boards and she is hopeful that this membership will improve. CTJ advised that although we have had applications some boards are more difficult to recruit to than others and this could remain an ongoing effort due to high turnover.
41. SS raised a point about Core20+5 which is NHS England's new health inequalities programme. She is hopeful there will be funding to work with our most disadvantaged communities through this route. For context, SS noted that 96% of our 20% most deprived people are in the north of our area.
42. SF recommended that the Board meetings continue to be held online at the moment but that all Board development sessions will be in person. He confirmed that during the pandemic we have discovered that people are finding it easier to join the Board meeting held in public whilst they have been online rather than being restricted by the geography of our area and the time of 4pm suits the majority of our directors. All directors agreed with this recommendation.
43. SF asked if there were any questions about the work programme as the Board is required to endorse this. There were no questions and the Board endorsed the teams work programme for the next 12 months.

**Action:** AR to respond to JH ref social media usage.

**Action:** CR to schedule online Board meetings for 4pm.

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

### **Business Development report**

44. SF introduced the report presented by JM and the report is taken as read.
45. JM highlighted the learning we have had regarding online and in person engagement and is now providing funding quotes for both formats so the commissioners can make the choice.

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46. In reference to the Gypsy Roma and Traveller project, PB is now the lead director on this. The first phase has been the Cultural Awareness training which has had very good take-up. There were six courses in this phase, we were looking for 30 people to attend each course and all six were full within four days of the advert. With the support of the lottery we have increased this initial phase to 11 courses and all are fully subscribed. JM commented that although it is important to fill the courses it is also important to make sure that we are getting a full range of health and care professionals attending, the project manager has worked hard to make sure there is broad representation.
47. JM updated the Board about the South Place project. Healthwatch has recruited Health Champion volunteers and trained them to undertake engagement and research in their communities. The first part has been about urgent care and emergency services care, we have exceeded the target of 50 minimum detailed interviews to understand people's experiences. One of the Health Champions held a focus group with 15 college students so ensuring that younger voices are heard as well.
48. JM updated the board that we are now delivering two focus groups for the independent living scheme. The first focus group was completed earlier that day and she had already received good feedback from the commissioners.
49. SR asked what the feedback has been from the cultural awareness training so far. Jo advised that these training sessions are due to start in the week following the Board meeting and we have built in a robust evaluation.
50. NE asked about the Equalise Experts panel as mentioned in point 14. SS responded that it is a Cambridge University research project looking at tackling inequalities through GP services. It will develop practical guidelines. SS attends an expert panel and we have recruited five people to attend a deliberative workshop.
51. SS flagged the income analysis which has an ambition of reaching 25% of income via funded projects per annum. We have exceeded this ambition in most years, so we are confident that we can achieve the target to balance next year's budget.
52. SF highlighted point 15 and the best practice of appointing a lead director for key projects. This is to be discussed further at the next development session to encompass areas of specific interest for directors' involvement.

The Board noted the Business Development report with thanks.

**General Purposes Group (GPG) report**

53. SR introduced the report along with the year-end financial summary and 22/23 draft budget. Three policies were also reviewed at the GPG meeting.
54. SR added that the group had involved discussions at their last meeting, this included looking at how and why we do some things including assumptions on the budget and how it is laid out.
55. PB asked for clarity on the HR contingency and if this had been put aside pending the results of the salary review. SS responded that as well as the salary review we are also considering the annual salary increase which we have asked our HR advisor to consider. SS hopes that the contingency will be a good contribution towards any changes that may need to be made.
56. SR highlighted that we have a good process in place with budget reporting that any variables can be discussed as they occur. He stated that robust thinking has gone into the budget and planning for the next year.
57. LB enquired when we expect to have the results of the salary review, SS advised that she has asked for the report to be provided to us by the end of May so it can be taken to the General Purposes Group meeting at the beginning of June and then to the next Board meeting. SR added that when it is agreed any changes will be back-dated to the beginning of April.
58. SF highlighted the payroll line and asked if the contingency fund would cover salary review and any annual increase. SS confirmed that this was the plan as the main salary line is a projection based on current salaries and includes an additional part-time Information Officer role.
59. SF highlighted the projected £43k surplus, £30k of which is allocated to the outcome of the salary review, the balance of which will be added to our increased reserves level. PB asked how the reserves are held, CR advised that they are held in a savings account linked to our current account so that they remain readily accessible.
60. CP highlighted the reserves of £200k and commented that we need to be fluid on this amount and not be afraid to use some of it to up our game in these challenging times and think how we might put it to good use. PB commented that we have to hold sufficient in case we have to close everything down but we are at the upper end of this guidance.
61. SR agreed we should be prudent given the current economic situation. CM supported SR from a governance point of view and urged caution on spending.

62. CP commented that he is aware of several charities in the area with healthy reserves and if a particular project was suitable charities could get together and pool resources as he feels that it falls upon them to do the right thing by the people we are supporting.
63. The reserves policy was approved by the Board with a note that opportunities for investment are explored at the appropriate time.
64. SS confirmed that some minor amendments have been made to both the Safeguarding Adults and the Safeguarding Children policies. We have checked that there not have been any changes to safeguarding guidance. PB commented that where the policies refer to discriminatory abuse for specific reasons, these should be the protected characteristics.
65. The Board endorsed both policies with the caveat that all protected characteristics are included in the Safeguarding Adults Policy.
66. SF advised that the next policy to be reviewed by the Board will be the volunteering policy. SS confirmed this and commented that this policy and all aspects of volunteering is being reviewed and will be presented to GPG at their next meeting.

**Action:** SS to update the protected characteristics in the Safeguarding Adults Policy.

The Board agreed the 22/23 budget and noted the 21/22 financial position.

### **Any other business**

67. JW asked if Healthwatch has input into the ICS engagement strategy. SS confirmed we will have sight of this shortly. SS is working with Kit Connick, the ICS Director of Strategy, on an item to April's Board development session and has highlighted the ad hoc and different approaches for the north and south ICPs.
68. SF advised that there were no public questions submitted so he thanked all Directors, staff, and management for their contributions and attendance. He reminded everyone that the next time the Board meets will be at 5pm on 27<sup>th</sup> April at the Development session in Brampton and the next Board meeting will be on 29<sup>th</sup> June and will be held online.

Meeting closed at 1755 hrs