

## Minutes of the Board Meeting

**Date / Time:** 11<sup>th</sup> March 2020, 7.00pm

**Venue:** The Free Church, Market Hill, St Ives, PE27 5AL

**Present:** Chair: Val Moore. Directors: Susan Mahmood, Sue Westwood Bate, Jonathan Wells, Saqib Rehman, Paul Jobling, Margaret Robinson, Graham Jagger, Nick Patten and Frances Dewhurst. Guarantor: Victor Lucas and CEO: Sandie Smith

**Apologies:** Nadia Emmony, Graham Jagger and Clive Morton

Minute taker: Carole Russell

### Introduction and apologies

1. The Chair welcomed everyone to the Board Meeting held in public.
2. Apologies received from Director: Nadia Emmony

### Declarations of interest

3. There were none declared relating to the agenda.

### Minutes of the previous meeting

4. The minutes of meeting on 15<sup>th</sup> January 2020 were agreed with no changes.

### Action log

5. All actions were completed.

### Health and Wellbeing Strategy for Cambridgeshire and Peterborough

6. The order of the agenda was adapted to enable Kate Parker, who was deputising for Dr Liz Robin, to present this paper earlier in the meeting.
7. Health and Wellbeing Boards are required to have a three-year strategy that sets out how local health and care organisations will work together to improve the health and wellbeing of local people. The strategy sets out these priorities:
  - Places that support health and wellbeing
  - Helping children achieve the best start in life
  - Staying healthy throughout life
  - Good quality health and social care.
8. KP presented the draft strategy and gave detail around particular areas to explain the emphasis on place-based Boards, they are looking at joined up local services approach to achieve the strategy aims alongside public involvement. KP stated that the achievement of the strategy would be assisted by the Think Communities approach.
9. VM is the Healthwatch representative on the joint Health and Wellbeing Board. Responsibility for oversight of the strategy sits with the whole of the Health and Wellbeing Board. KP acknowledged that there is a need for these Board members to be accountable for the local objectives.

10. JW commented that although the strategy is well written it is just the first step. He asked KP to clarify how they intend focussing on the 'doing' and measurement? KP responded that they are attending lots of partnership and community groups as well as libraries to get the strategy out locally and be ready to approve it in June with metrics.
11. FD commented that it would be helpful to have a graphic of how the partners feed into the plan and are involved in the delivery of its aims. KP advised that this is available in a lot more detail including the graphics on the full strategy, but they have had feedback that it is too big and overwhelming, so the shorter version has been brought today.
12. SWB asked who they see the local community leadership coming from? KP advised that it is based on a Think Communities approach and if they need focus on a particular area then they will identify the leadership as they acknowledge that each area is different. In addition Health and Wellbeing Board members will also feed in from the communities Members represent.
13. NP commented that some communities have poorer health, but they do not engage so there is a need to proactively work with them. SS agreed that there is a need to work out the gaps and who can fill them. KP responded that their biggest concern is the timing given the Coronavirus but responses will have postcode identification to enable follow-up.
14. PJ focussed on the housing element of the strategy which appears in conflict with aspects of government strategy currently. Although this is not directly in HW remit as it is part of the strategy there is a need to consider it.
15. SM commented that the majority of the strategy is dependent on public involvement so how could they convince the public to change? KP responded with an example of putting healthy messages out there and offering free weightwatchers.

The Board thanked KP for the well written strategy and for her attendance.

**Action:** SS with VM to submit a response based on this discussion.

### **Chair's report**

16. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
17. VM updated the Board re the local safeguarding partnership arrangements and the five areas where she and SS have voiced particular concerns.
18. FD raised concern re item 12, integrated commissioning, and asked what investment there had been? VM clarified that the CCG and local authorities are not expecting to add more money but are to use current funds to achieve better results and coordinated services. SS added that the community audiology services are an example where we know that if the local authorities and the CCG had put their money together it could have purchased a more efficient service.
19. SWB emphasised that public representation into safeguarding arrangements is critical and supported VM in raising these concerns.

20. SS advised that there are two different arrangements: children's and adults. Two lay representatives on the Children's Board have now been stood down. The lay representatives for the Adults' Board are active but at a different type of meeting. CTJ and SS have met with the heads of safeguarding and are seeking their involvement in the Healthwatch Community Forums.

**Action:** VM to write to Russell Waite to urge continued action and seek an update

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

21. SS introduced her report which summarises Healthwatch Cambridgeshire and Peterborough activities for January and February 2020 and presents the Community Values Panel model to the Board for approval as a method of engagement.
22. SS thanked the two mental health champions for their ongoing support as part of our 'time to change' pledge. Their next activity is planned for the May team meeting.
23. One of Healthwatch impacts has been the improvement at Clare Lodge including our Project Manager as an active member of their stakeholder group and the advocacy hours have been increased so this is good progress.
24. The lack of NHS dentists remains a concern and is high on our priorities to continue to raise with NHS England and both Overview and Scrutiny Committees.
25. NP commented that the engagement events seem to be reducing. SS advised that we are currently down to one member of staff and are now recruiting to the vacancy.
26. SWB added her thanks to the Communications team for their efforts in getting the new website running.

The Board noted the report and approved the Community Values Panel model

### **Healthwatch Cambridgeshire and Peterborough: consultation findings and approval of strategy for 2020-25**

27. SS updated the Board on the process for writing the five-year strategy which included a SWOT and PESTLE analysis and stakeholder engagement. The draft strategy has been out for consultation since January and there have been 102 responses from the public plus 32 from professionals summarised in the paper sections 14-19.
28. As a result of this feedback some changes have been made to the strategy:
- Page 4 - added context
  - Page 7 - explained primary care
  - Page 10 - taken co-production out of the title but have kept it elsewhere
  - Page 15 - the draft Health and Wellbeing Strategy is added as a source of evidence
29. SS explained that the strategy has the five-year outcomes, the work plans to be produced for the May Board meeting will set out the annual outcomes.
30. VL commented that the summary of comments is very constructive and is a good reflection of the quality of the draft.
31. VM thanked SS and suggested the General Purposes Group review the strategy each year referring any need for change to the Board. The workplan will be reviewed every six months, including horizon scanning for potential exceptions.

The Board approved the Healthwatch Cambridgeshire and Peterborough Strategy for 2020-25.

**General Purposes Group report (including Finance)**

32. NP presented the report, confirming the financial position at the end of January 2020. There is concern about the high professional fees spend and this is to be further scrutinised with an explanation at each meeting.
33. There is no growth on the grant income next year. As this budget shows a projected increase in payroll by 2% the balance will be hard to achieve although we anticipate extra income streams of approximately £23,000.
34. PJ asked what the other income may be? SS advised this could be commissioned work such as surveys. In this current year the A&E survey brought in £5,000, and the Community Values panel £10,000 for example. For 2020-21 we will set our offers in a Business Development Strategy.
35. MR commented that there is a need to be careful that the new income strands match with our strategy. SS advised that this is already marked as a key consideration of taking on the business.
36. FD commented that the more small projects we have at any time the more difficult they are collectively to control. SS responded that capacity would be part of the consideration and we will learn which projects need to be subsidised and those that are profitable. The General Purposes Group have proposed a Programme Board arrangement to coordinate which may be part of the solution to managing budget and oversight.
37. NP moved on to policies and advised that the General Purposes Group had adopted a new policy review cycle. The three policies to be approved are related.

The Board approved the policies for Complaints, Equality and diversity, and Whistle blowing policy and procedure.

**Action:** The policy review list is to be sent to board members.

**Public questions**

38. No public questions were submitted.

**Any other business**

SR raised a query about the purposefulness of the Board meeting going around the County given very little attendance by members of the public and its environmental impact for members, cost implications of room hire and expense claims.

**Action:** VM to table a proposal at the next Board Development meeting

VM thanked all attendees. Meeting closed at 20:40