

## Minutes of the Board Meeting

**Date / Time:** 9 November 2016 19:00-21:25

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

**Present:** Val Moore - Chair  
Non-Executive Directors (NEDs): Mike Hewins (MH), Graham Jagger (GJ), Ruth McCallum (RM), Sue Westwood-Bate (SWB)

Sandie Smith, CEO (SS)  
Trisha Napier, Minute Taker (TN)

### 1 Apologies

Apologies were received from Guarantor Victor Lucas.

### 2 Declarations of Interest

2.1 There were no declarations of interest.

### 3 Minutes of Previous Meeting 14 September 2016

Approved as a true record.

### 4 Action Log

4.1 10.5 is covered in the CEO Report  
7.4 is covered in the CEO Report  
7.6 Toolkits for the PPG are being compiled

There were no further outstanding actions.

### 5 Appointment of Non-Executive Directors

5.1 The Chair recommended the appointment of Frances Dewhurst and Jonathan Wells as Non-Executive Directors for the term of three years, following an open and transparent recruitment process.

The Board voted unanimously in favour of this and both FD and JW joined the Board at the table.

### 6 Dr Liz Robin, Director of Public Health

6.1 Dr Robin explained that her team includes Public Health Consultants and commissioners of services including sexual health and contraception.

Dr Robin's presentation provided details of where to obtain on-line information and data for public health outcomes including the readiness of children to start school, smoking related deaths, deprivation, and the Joint Strategic Needs Assessment (JSNA).

Cambridgeshire and Peterborough Public Health Services must find a cash saving of £2.2m during the financial year 2016/17.

## 6.2 Questions from the Board:

- JW asked Dr Robin if the pressure on treatment services and staying well brought higher expectations in public health.

Dr Robin said the title 'Public Health' was not a useful term to describe the work of her team as it is everybody's business. Their work is looking at preventative health, trying to reduce problems and help/encourage the public to improve their health and to stay well. The NHS also needs to own these expectations and work with patients to make lifestyle changes.

- FD asked about the local Joint Strategic Needs Assessment (JSNA) and how Dr Robin's team chose which topic to focus on.

Dr Robin said the Health and Wellbeing Board decide on topics and prioritise. There are resource pressures which will change the capacity to deliver JSNAs in future.

- SS asked Dr Robin to pass her thanks to members of her team. Healthwatch Cambridgeshire had been involved in the JSNAs and the knowledge of Dr Robin's team was invaluable in helping others understand the needs and the evidence base for action.

- GJ asked about healthy lives and young children and how Public Health would improve Sure Start centres and health visitor services?

Dr Robin explained that the primary driver is the Outcomes Framework for children aged 0 - 19. Peterborough City Council is leading on the joint project with the Clinical Commissioning Group (CCG), Cambridgeshire County Council Public Health team are advising. This joint venture will look at the financial situation as well as identifying any duplication of services. Dr Robin said services would target families in most need of support.

- MH asked about deprived communities, often the least aware of health services as well as the hardest group to engage with.

Dr Robin said that this was very much part of public health services remit and they are currently working with Care Network in Fenland to engage with communities.

- VM asked about plans to combine roles in community engagement as part of the County Council's transformation and if the Public Health

team were involved?

Dr Robin confirmed they are, but that they would commission engagement work to other organisations in those areas of need.

- VM asked about communications informing the public about necessary savings in Public Health commissioned services, and whether dialogue with providers and the public had taken place?

Dr Robin said that Public Health had a good relationship with the hospitals, Cambridgeshire Community Services (CCS) and other providers. For example, Community Impact Assessments on changes to services were co-written with CCS.

Dr Robin told the meeting that Public Health have a duty to consult the public when services are changed, although this is sometimes only with the users of those services rather than a full public consultation.

- SS asked how decisions about consultations are taken?

Dr Robin agreed that Healthwatch could helpfully contribute to this decision making process where we saw a broader need.

- SS asked whether feedback from voluntary organisations is taken into account when the effectiveness and impact of service change is assessed?

Dr Robin said that Public Health does talk to the voluntary sector but this suggestion was a good idea.

- SWB asked about services for tongue-tied infants to support breast feeding. As Dr Robin was not fully aware of this, VM suggested a meeting to discuss.

**Action:** SS to arrange a meeting with Public Health to discuss tongue-tie.

### 6.3 Public questions:

- Volunteer Nick Roberts commented that ‘Loneliness’ benches work very well. Encouraging children to cycle was very good work too.
- A local resident observed that Healthwatch Cambridgeshire was outstanding in its work. Her interests were in vulnerable people of all ages and asked what Healthwatch Cambridgeshire could do whilst working with Public Health and other organisations to reduce the safeguarding risks by asking voluntary groups and communities to work together. Could that be captured and outcomes tracked?

VM acknowledged the comments and confirmed that vulnerable groups of people are a priority for Healthwatch Cambridgeshire.

Dr Robin said that everyone needs to work together. Public Health looks at vulnerable populations rather than individuals.

VM informed the meeting that the National Audit Office had reported that safeguarding policy initiatives had not made a lot of difference since introduction. Healthwatch Cambridgeshire is respected as a leader locally and for linking with others so we will continue to do all we can in the future for vulnerable people.

- 6.4 VM thanked Dr Robin for her informative presentation and summarised it would help Healthwatch Cambridgeshire to monitor and support the local public health work appropriately.

## 7 Chair's Report

- 7.1 The Chair presented her report, first referring to:

- Her increasing concerns regarding public and patient involvement in the planning stages of the Sustainability and Transformation Programme (STP) following a survey of participants. Opportunities have been lost to involve the public in setting priorities. VM will report back to future meetings with findings.
- The new 111 and urgent care service is operating locally.
- Healthwatch Cambridgeshire hosted a public meeting this week regarding the merger of Hinchingsbrooke and Peterborough & Stamford Hospitals.

- 7.2 Questions from the Board:

- GJ asked about the lack of transparency with the STP and whether the CCG will be held accountable for its success?

VM replied saying it was the start of a four-year development programme and that there was time between now and implementation to look at public involvement again.

- SWB asked if an on-line comment would be prepared in readiness for questions from the media?

**Action:** VM/SS to prepare on-line statement in response to publication of the Sustainability and Transformation Plan.

The report was noted by the Board.

## 8. CEO Report

- 8.1 SS presented the report which updates the Board on activities during the past six months. Highlights mentioned:

8: Mental Health: Healthwatch Cambridgeshire is working closely with the Service User Network (SUN) regarding decision making about changes in care packages and discharge from services without

support being put in place. New services are being commissioned and there is a need to see how these are working for people.

9. Children and Young People: Funding has been secured for the Youth Engagement Worker post for further year. Plans are underway to target schools in the Wisbech area.

11. Discharge from hospital: Healthwatch Cambridgeshire is working with a group of volunteers to develop a Discharge Charter. The Charter will help people understand how the system works, what they can expect and who to contact for more information.

13. During September Healthwatch Cambridgeshire staff and volunteers spoke to 645 people.

15. SS asked the Board to note an error in the figures - that it should read 30 hours of face to face time with the public.

VM noted that Non-Executive Directors' time is significant and was in addition to these figures.

## 8.2 Questions from the Board:

- JW referred to the work regarding mental health and asked if he could offer his support on the strategic working group.

**Action:** SS to involve JW in the Mental Health services project.

- SWB asked who was leading on the discharge from hospital charter? SS responded that Angie Ridley would produce a version in plain English but stressed this is not a commissioned piece of work.
- SWB asked if the Trusts will adopt a discharge charter? SS said that the CCG confirm this should be the aspiration.

**Action:** SS to update Board on progress January 2017.

- VM asked SS about the decline in volunteer numbers. SS explained that volunteer recruitment is being planned but stressed our small group of volunteers is very active.

## 8.3 SS highlighted the following points in the Work Programme:

- 3.2 An Enter & View visit report on Hinchbrook Hospital ED was being prepared. An Enter & View visit at Addenbrookes Hospital A&E will be carried out November/December 2016.
- 5.2 Healthwatch Cambridgeshire has spoken to the Coeliac Society regarding CCG policy on prescribing Gluten Free products and has referred the issue to Healthwatch England.
- 5.2 Non-categorisation of Gypsy, Romany and Travellers on the NHS Data Dictionary has been escalated to Healthwatch England.
- 5.4 The first regional conference in the country is scheduled to take place in Cambridgeshire March 2017. Healthwatch Cambridgeshire is in the group of Healthwatch arranging this.

- 8.4 GJ recognised that Healthwatch Cambridgeshire had carried out a significant amount of work and passed his thanks to SS and the team. VM asked the Board to note that she had recently received feedback from a trust chair praising Healthwatch Cambridgeshire communications.

## 9 Information & Signposting Report

- 9.1 Julie McNeill (JM) presented the report for April-September and highlighted the following:
- There had been a significant increase in contacts but that they did not fall within the Signposting Service.
  - People are still experiencing delays waiting for replies to complaints.
  - A visit is planned to Healthwatch Lincolnshire to view the feedback system, Datify.
  - PohWER, the provider for NHS Advocacy has changed to Total Voice Cambridgeshire and Peterborough, a generic advocacy service.

**Action:** JM/SS to report back to the Board on the Datify implementation plan in time for funding to be approved within year.

- 9.2 VM thanked Julie and told the meeting that she had seen first-hand how Julie works and the tremendous way she dealt with a particular contact.

MH told JM that the number of referrals she had made to such a wide range of organisations proved it was an important service. JW added that he would like, as part of his induction, to sit with JM to see how the service worked.

**Action:** JM to arrange a meeting with Jonathan Wells to discuss the Information and Signposting service.

## 10 Finance Report

- 10.1 SS presented the report which was in line with projected spend.

The report was noted by the Board.

## 11 Reviewed Policies

### 11.1 Governance Policy

MH asked that the title 'Appointment, remuneration and removal of Chair' be changed to 'Appointment and removal of Chair'.

**Action:** Amend title.

- 11.2 VM informed the meeting that Anne Campbell, one of Healthwatch Cambridgeshire's guarantors had resigned. Having spoken to our

commissioners they are happy for Healthwatch Cambridgeshire to continue with one Guarantor for now.

The Vice Chair appointment has not been confirmed. The Healthwatch Cambridgeshire shadow All Purposes Committee has been active.

The reviewed Governance Policy was approved.

### 11.3 Reserves Policy

The policy has been amended to maintain operating costs of three to four months.

The reviewed Reserves Policy was approved.

## 12 Public Question

(Further information sent to the questioner after the meeting).

*I understand that the government wants to transfer administration of Attendance Allowance to local government. Can you confirm this, and if it is true, what safeguards are there to prevent it becoming a 'postcode lottery'?*

This proposal was included in a much wider consultation about the government's plan to allow local authorities to keep 100% of business rates raised locally. At present, no results of the consultation have been published. However, the House of Commons Research Library produced a briefing on the issue in October which you might find interesting:

<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7729>

Disability Rights UK also published a helpful synopsis of the consultation proposals and their response. There is also a link to an interesting report at the foot of this page:

<http://www.disabilityrightsuk.org/news/2016/july/our-response-proposals-transfer-attendance-allowance-councils>

The consultation results should be published here when available:

<https://www.gov.uk/government/consultations/self-sufficient-local-government-100-business-rates-retention>

The Chair closed the meeting at 9.25pm and thanked everyone for attending.

**Date/venue of next Meeting:** 18 January 2017, 7pm  
The Meadows Community Centre, 1 St Catherine's Road, CAMBRIDGE,  
CB4 3XJ.