

Minutes of the Board Meeting

Date / Time: 10th March 2021, 11.00am

Venue: Virtual meeting via Zoom

Present: Chair: Val Moore. Directors: Jonathan Wells, Saqib Rehman, Nadia Emmony, Paul Jobling, Margaret Robinson, Susan Mahmoud, Ellie Addison, Philippa Brice and Chelsia Lake
Guarantor: Victor Lucas and CEO: Sandie Smith

Minute taker: Carole Russell

Introduction and apologies

1. The Chair welcomed everyone to our Board Meeting held in public via zoom.
2. Apologies received from Nik Patten and Clive Morton.

Declarations of interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. The minutes of meeting on 13th January 2021 were approved.

Action log

5. All actions completed.

Chair's report

6. VM introduced her report which sets out the public activities and external meetings carried out by the Chair since the last Board meeting.
7. She thanked the Directors and team members for the continued success of the Healthwatch Forums, and for maintaining links with organisations and working groups through the online meetings. VM noted that JW has been particularly active with the All-Age Mental Health Delivery Board and summarising service user experience.
8. JW commented that it is difficult to get the pace of change that we would like to see to reduce gaps in mental health care and treatment across all the age groups. Even before Covid 19 there were significant issues for people being able to access the care and treatment that they need. In the last year these services have become skeleton services with very little face to face contact, so it is difficult to build therapeutic relationships in this way. Now the CCG have a very good structure for prioritising the service user and carer voice, with several organisations being involved in helping people to speak up.
9. MR responded that one of her interests is in end-of-life care, she is hopeful that all the hard work of the past few years seems to be coming together and there is now a lot of help to cover 24/7 so no-one is left alone and in need. SS mentioned the

ReSPECT letter, which Healthwatch sent recently - we are awaiting a response from the CCG. VM is keen to encourage this work and both she and MR have contributed to a training programme with NWAFT for ReSPECT conversations.

10. VM highlighted appendix 1 and the NWAFT Board meeting. The Trust had an unannounced visit by the CQC to the Emergency Department which went very well, with good feedback. Whilst encouraging it doesn't affect their overall ratings at the moment until full inspection.
11. VM also attended the Healthwatch England Committee meeting and wished to share that they are seeking to secure Healthwatch membership of Integrated Care Partnership Boards as part of the white paper for health and social care.
12. There was also an item on local Healthwatch support from Healthwatch England. They found their offers for financial support for pieces of work were welcomed. The feedback is that local Healthwatch want to see these opportunities early so that they can be planned for. Healthwatch England have really valued the support they have received from local Healthwatch and they have a plan for how to engage earlier to continue this way of working.
13. Healthwatch England priorities: Dental access, GP access, rapid work on vaccination access and looking at the experience of online consultations and a focus on inequalities. Our local priorities are well aligned with them.
14. SS commented that we have seen a real difference since Imelda Redmond took over as Executive Director and there is now a partnership approach to working with the network and good collaboration. There is also more partnership working among local Healthwatch with some group projects combining and opportunities to learn from each other and share experience.
15. JW is pleased to have seen over time that the Healthwatch England approach is now geared to working collaboratively with a mutually supportive arrangement.

Action: SS and VM to update Board on ReSPECT at next meeting

The Board noted the Chair's report.

Chief Executive's report

16. SS introduced the activities of Healthwatch in the last two months. This report includes the draft work programme for Board approval.
17. SS highlighted the progress at a local and national level by being involved in the Integrated Care System (ICS) as this evolves. Our Healthwatch has secured representation at all levels in the new governance and is well placed to promote ideas for learning and listening to patients and the public voice to feed into this programme. On a National level we have linked to this through the recent Healthwatch England consultation on the White Paper and via webinars to feedback for NHSE/Improvement.
18. SS is looking to change her report format in the future, so dashboards can be supplemented by a narrative of people's experiences around concerns and escalations so the aim is to provide the stories as well as having the evidence and data.
19. SS referred to Information and Signposting, with dentistry still most heard about. We log all feedback and contribute intelligence to fortnightly meetings with NHSE/I. Some

of the issues we present are resolved by this liaison meeting. We have also requested a wording change to their website which implies that if people contact Healthwatch we can get them a dentist.

20. The Communications team are still increasing hits to the websites and the social media interest. Our Engagement activity remains online with a range of meetings and forums covering a whole variety of topics. The feedback and experiences that we are hearing about continues to increase with more feedback than ever before.
21. The work programme attached to the CEO report shows a member of the management team responsible for each section and their own workplans have the detail for delivery. The work programme has been developed with ideas from the team and Board. SS is also working with the Communications manager to develop a years' planning around campaigns and projects. We expect to restart our Enter and View programme when we are able, and we have been contacted by colleagues in adult social care who want to work with us. Although a long workplan SS is confident that it is achievable, that it will make a difference and build on the work done this year.
22. MR congratulated the team who, in spite of facing the unknown, have shown no lack of motivation throughout the period and this deserves to be noted.
23. JW asked about dentistry as it has featured for a couple of years now. Do we have a sense of whether this is getting worse or better? Do we still have fresh ideas about how we address the concerns? SS responded that although it was worse in the north of our area before the pandemic, it is just as bad all over the County now. We have fortnightly meetings along with all the other Healthwatch with the commissioners and with the local dental committee who have plans in place for looking at the workforce roles and ideas for addressing the problems. Healthwatch England have also published a report regarding access to dentists to influence the department of health and social care about how the NHS dentistry contract is arranged. But there is a workforce shortage in dentistry across the whole of East Anglia. Our team is also considering dental information.
24. SM asked if there are restrictions on what dentists can do at the moment as we are still in lockdown phases. SS responded that they have been given instruction about the level of PPE required for different procedures and very strict operating arrangements and they have not been given instruction to start routine check-ups. SS asked that if anyone hears of anything unusual from any dentist please let us know to feed this back to NHSE. SM commented that provided they wear the correct PPE private dentists seem to be able to do whatever they like and there has not been any restriction on private dentistry other than right at the very start of the pandemic when they closed for a few weeks. SS responded that this is the difference between one having an NHS contract and the other not. So as long as private dentists are meeting their professional standards and health and safety standards they are not limited. SM responded that that this is disappointing the NHS dental contract has not been sorted during this past year to enable dentists to carry on providing they meet the professional standards. SS agreed.
25. VM confirmed that our dentistry priority will be escalated now the situation is worse and more widespread.
26. VM asked about the Community Engagement section of the work programme 'Expand attendance of Health and Care Forums and Partnership Board meetings and promote an integrated health and care approach'. VM is aware that there is a mixture of members of the public who come from local networks or local professionals or participating representatives from trusts and providers, so the numbers we record probably don't tell the true story of the nature of public engagement for the

Partnership Boards and Forums. What is our ambition for the future growth in non-professional attendance and at what pace?

27. SS responded from a strategic perspective we need to look more at health inequalities and hard to reach groups and excluded communities. Our attendance at the health and care forums is good but there is more that we could do to reach corners of the community that are not normally involved. We need a method of gaining feedback particularly now that we are going to be having a mixed approach with online and face to face forums giving more options for people to be involved. The engagement team are making the attendance at the forums their priority, we have good contacts in Peterborough with local community groups. Some people just attending the forums occasionally, so we are aiming to assist these to be more present. At the moment our Fenland Forum is the one that is best attended, possibly not the most diverse mix but all very interested and who do contribute their experiences. Once we go back to face-to-face meetings we still want these forums to thrive as they are a good place to hear what is going on in the health and care system, and to contribute their feedback.
28. The Engagement Manager commented that with Partnership Boards there is ongoing work to recruit more independent members in line with targets. VM said although we refer to people as representatives or members with the inference that they come every time which is valued, do we sometimes want to open the doors to people off the street and general public even as one-off contributors. VM commented that she can see there are plans to develop, and we feel that they have been successful over the last 2 years. SS added that in developing them we are using different methods such as workshops if we have a specific topic or different area of the community. In the past year we have learnt how to do online meetings and get feedback, so we need to keep using these tools and developing them as well.
29. PB wondered if you picked on one of the elements and promoted that i.e. at the last Cambridge forum there was an interesting update from the City Council on what they have been doing to help deal with the covid crisis. Promoting the topic may have attracted a different group.
30. VM thanked SS and everyone who contributed to the report and the work.

The Board approved the 2021/22 work programme and noted the Chief Executive's report.

31. VM invited members of the public to contribute to anything they have heard so far. SWB asked a question of MR; as part of the end of life care package that is being put together, has there been some thought about how you communicate what is now available 24/7 to local people? There are the clinicians that local people are in contact with but there still seems to be a gap for those people who are not necessarily in close contact with their clinicians. MR responded that on a system wide scale she is not sure that there is an understanding of the essential need for communication. It should not just be an add-on but should be absolutely part of everything. MR will be investigating this and will update SWB with this information.

Business Development Report

32. Jo McHattie introduced her report which includes the Terms of Reference for the newly formed Business Development Programme Group who have had their first meeting and will feed into the Board on a regular basis.

33. JMH commented that the background for funding and business development has been challenging with less funding and grants being available and less paid opportunities for engagement research and evaluation work.
34. The funding that has been available has been prioritised for emergency covid support. One opportunity is the Gypsy, Roma and Traveler (GRT) lottery funding - a paused 3 year project where we have redistributed a portion of this money to support 20 families and individuals who are frequent health and social care users to bridge the digital divide. They have been provided with tablets and 6 months of internet connectivity plus online support. The feedback on what a difference this has made has been very positive. The main part of this GRT project is to provide cultural awareness training for front line staff, and a network of community volunteers to gather experiences from the community and helping them to find health and social care services. This is to be reviewed at the end of April to get started towards the end of summer or early autumn. JMH has now joined a newly formed traveler communities health inequalities group to be able to keep this project to the forefront. The group has agreed to prioritise support for the cultural awareness training.
35. MORI/IPSOS work on health inequalities. We arranged for 5 people from the GRT community to be a part of the project, plus people from ethnic diversity groups and people from high deprivation areas.
36. We have been working with Applied Research Collaboration, particularly in Peterborough and Fenland to gather insight on people's views on sharing health care data across different services. From the success of this JMH has been invited to attend a meeting looking at community resilience and strengthening community action.
37. At very short notice recently we worked with HWE looking at A&E performance measures to facilitate two diverse online focus groups as part of the local consultation. We had more public applicants than places so we offered the option to feedback via email or online survey as well. We have also worked with HWE on a project, led by CTJ to assist in designing online engagement models.
38. More recently JW assisted the team with the Independent Index pilot project looking at integrated care and improving the integrated care pathway for very specific individuals. The two groups that we were asked to focus on were South Asian people with Diabetes and young people transitioning from Children and Young people's mental health service to Adult Mental Health Services. Team members Janine and Emma have taken one profile each and worked hard with the local voluntary sector, with everyone involved in that care to form a really good project. The first task was looking at what would this person expect, i.e. what's available online, what does the local system tell us, what care and integrated care should they expect. The second part was to gather what are people telling us, so we joined up with partner organisations and ran focus groups and one-to-ones either online or by telephone so that nobody was excluded. The final report is being signed off. As this was a pilot, we were also asked for our input on the methodology.
39. VM confirmed that the Business Development Programme Group will form a sub-committee of our Board along with the General Purposes Group and so reports can be presented to our Board on a regular basis. All Board members can show an interest in particular projects supporting the appropriate governance in place. All have seen a draft of the terms of reference which will be approved after the Group meets.
40. VM commented that it is a job well done. We are meeting our ambition to draw in more income streams and not depart from our core values in the additional work that we do, and to manage projects well and start to account for them publicly.

41. VM reminded we still need a board champion for the GRT project. JW commented that over the last year it has been increasingly clear that we need this formal group to make sure we are working efficiently around all the different strands of work. So in terms of governance this was very much needed, and he is happy that the terms of reference provide some real clarity such as when different people need to be involved in decisions. It is a very good framework.
42. NE asked about the A&E project and if there would be any communication or report as this would be interesting. SS responded that we have submitted a report to NHSE/I on the findings and the comms team may publish something in the future adapting the format so the feedback can be summarized in a more digestible way. The report has also been submitted to the local urgent and emergency care collaborative, working to streamline urgent care.
43. VM thanked JMH and the team for the work on the projects and the report.

The Board approved the terms of reference and noted the report.

General Purposes Group (GPG) report including Finance

44. SS presented the report, confirming the financial position at the end of January.
45. As staff are still working from home and our outgoings are affected by the pandemic e.g. significant underspent on travel and room hire. We are now thinking about how to do business in a mixed engagement approach, involving carry forward of contingency to support this with necessary IT.
46. The draft budget is being presented for approval. SS has also included a contingency provision for a 2% salary increase
47. We have received inflation uplift from the local authority engagement project.
48. PB noticed that we are under for the staff salary costs at the end of January and asked if this was because of vacancies. SS confirmed.
49. JW asked about the reserves policy, that he would have expected to see this in the budget. SS responded that the reserves policy is the aspiration of the funds that the organisation needs to have in case of an emergency, the surplus that goes towards this is reported in the accounts every year but is not necessarily the same as our reserves. JW asked what our reserves will be. SS advised we keep between 3-4 months operating costs in hand. Because the core grant term comes to an end in a year's time we are keeping an upper limit of 4 months contingency -based on pre-pandemic operating costs. SR responded that he is happy to discuss the inclusion of this figure in the budget at the next GPG meeting.
50. VL was comparing the budget with the forecast from last year and he notices that we have explained that the core grant is a long-term programme but that the engagement amount has increased. He noted SS has explained they have given an inflation uplift. VL also notes that the payroll is showing a slight increase and he wonders if we have received guidance from the commissioners for Healthwatch for uplifts in line with NHS or from HWE regarding pay restraints? SS responded that the engagement contract is an addendum to the core grant, and the Councils have chosen to give us an inflationary uplift, but there is not inflation to the core grant. We've never had any guidance from HWE or our commissioners regarding staff pay. The

commissioner have been mindful to stress our independence and they are reassured of our robust governance and a pay review policy - a transparent process. The increased payroll for 2020/21 was the 2% increase that the Board approved. VL commented that with other public funded organisations that he is involved with they have been told to wait for advice from their national body before considering next years salary cap. SS thanked VL and will include this in the discussions at GPG meeting. VM clarified that this was a provision rather than a decision at this stage.

51. SS updated that the GPG had reviewed the risk register and updated the Volunteers risk to be reduced as much is being done investing in volunteers and successful project work. MR explained how the risks are assessed individually at each GPG meeting in the changing environment and marked accordingly after discussion and agreement by every group member. SR agreed.
52. VM commented that this demonstrated the positive effect of a sub-committee able to assure the Board while giving them an opportunity to raise any questions. The risk management policy has also been revised and is included in this meeting for noting.
53. SS commented on the policies that have been submitted for approval; the reserves policy is reviewed every year and submitted with the budget, the financial controls policy has been checked but no changes made. Both the Confidentiality and Data Protection policy have been reviewed with our Data Protection Officer (DPO) who is on a retained basis, she suggested some minor amendments to grammar and the age of child in one section. We also have an action plan to ensure that we are GDPR compliant and our DPO audits every year and scrutinises our processes giving us a good level of reassurance. We do not currently have a lead Director for GDPR so the GPG as a whole is where any concerns are taken to and the action plan developed.
54. VM asked about the training for each policy and asked if the training needs are proportionate to reflect the different roles in the organisation, including for the Directors and asked if some training needed to be annually. SS offered an interim position and explained that we did aspire to do an annual audit of the training needs before the pandemic. In the past year a new framework has been introduced by the Information Commissioners Office and our DPO is updating our compliance action plan so that it is in line with the new framework so we will be resetting the baseline and we will be audited against this.
55. VM commented that it is important that the Board ensured that the policies are fit for the organisation and that they take the appropriate and proportionate interest in the topic area as well as how they apply to us all.
56. VM thanked the GPG.

Action: GPG to discuss reporting of the Reserves

The Board approved the draft budget, noted the end of January position, noted the risk register and approved the five policies:

- Confidentiality policy
- Data Protection policy

- Financial Controls policy
- Reserves policy
- Risk Management policy

Any other business

57. No public questions submitted, and no other points raised at this time.

VM thanked everyone for their contributions and all attendees for joining us.
Meeting closed at 12:28