

Minutes of the Board Meeting

Date / Time: 10th November 2021, 11.00am

Venue: Via Zoom

Present: Stewart Francis (Chair), Jonathan Wells, Paul Jobling, Philippa Brice, Nadia Emmony and Chelsia Lake, Sandie Smith (CEO)

Minute taker: Carole Rose

Introduction and apologies

1. This was Stewart Francis' first meeting as Chair. Stewart said he is delighted to be appointed and he will be doing his best to represent all users of the NHS and social care in the area and support the team and Board. He welcomed all Directors, management team and members of the public to this meeting.
2. Apologies received from Clive Morton, Ellie Addison and Saqib Rehman.

Declarations of interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. The minutes of meeting on 15th September 2021 were approved.

Action log

5. All actions from last meeting are completed or in hand. In relation to the action 'To clarify online consultation question in relation to secondary care', SS updated the Board that she has received confirmation that Trusts are maintaining online consultations mainly for follow-ups. Face to face appointments are increasing but they tend to be for initial consultations. SS has been reassured to see that there is a balance and there was an acknowledgement that some consultants are more comfortable with online consultations than others. Trusts are undertaking training with medical staff to increase online skills and knowledge.

Review of GP websites report

6. SF introduced Janine Newby-Robson (JNR), Healthwatch project manager, and thanked her for the paper. He asked if there was anything in addition to the report and subsequent review that she would like to add or highlight. JNR informed the Board that there has been a positive outcome regarding one of the reports recommendations; the CCG have applied for funding to design a standard format for the GP websites. SS confirmed that the CCG are using our report as evidence.
7. SF commented that the report highlights a real 'mixed bag' of findings and it appears in some cases as though the website updating has simply been forgotten or other things such as how to make a complaint are very difficult to find. The report represents valuable learning and is very helpful, he remarked that surely a

template would make their updating easier. JNR responded that GP surgeries differ in having the expertise necessary to manage their websites or they rely on the organisation that provides the website to do the updates for them, they are then restricted by the timescales of the provider and the cost involved.

8. SS commented that although it would be great to have a standard template it would also need to be simple to update and there may be a shortage of skills or time available within the surgeries for this. Getting the template will not be the end of the job and SS has requested they be included in the steering group for the roll-out to ensure the accessibility of information and ease of use for GPs and members of the public.
9. JW commented that the piece of work was specifically about the websites and how well primary care communicates and how well it understands the value of good communication with patients. He has noticed that sometimes even the signage within surgery waiting rooms is out of date or not evaluated so the whole area of GP communication is a challenge, the effort on this piece of work is great. JW stated his concern about how much difference we can make when GPs seek to maintain independence.
10. PB agrees that a template and a guide for practices setting up a new website is a good idea along with an easy to use content management system so that it is easy to update without specialist knowledge but for existing websites it should not take long for the provider to do this but it may also be useful to have a guide re what to update and how often it should be done.
11. CL commented that it is worth noting that some GPs have Apps which tend to be favoured by younger people. SF agreed as he has seen a report stating that up to 70% of people will use mobile phones in preference to other devices, he commented that it is important that these points are taken through with the CCG.
12. NE commented that she had spoken to her surgery about their website but had been advised by them that they prefer to use Facebook instead as it is free and easier for them but this is not necessarily known to all patients there.
13. SS thanked everyone for their comments and said that we will be feeding all this through to the steering group as we are hopeful that the funding bid will be successful.
14. SF clarified a point at the end of the report regarding who we will share and discuss the report findings with, he asked if we are sending this report to all GP practices. SS responded that going through the local medical committee is the most effective way of sharing published reports she also commented that we need to get website quality on the CQC agenda for primary care inspections.

Action: SS to compile the points raised and make sure they are picked up with CCG

Chair's report

15. SF introduced his report which is a summary of the meetings that he has attended in the month preceding the start of his role as Chair and the month since then. These meetings have been helpful introductions and are about building relationships across the system. He intends to continue to work hard in building his knowledge of the system. His focus at the moment is on the development of the Integrated Care System (ICS) and how our Healthwatch will interact with that.

The Board noted the Chair's report.

Chief Executive's report

16. SF introduced the CEO report and asked is there is anything in particular SS wished to highlight from the past two months. SS said how delighted we are to have been nominated for an award at the Healthwatch conference for our 'Leaving Hospital during Covid' report. The local authorities have introduced a number of changes as a result of this report and have commissioned trials for new approaches.
17. SS commented about Healthwatch week and hopes that Directors have managed to book sessions on it. For the first time they are opening up sessions to our commissioners so three people from our local system are attending sessions as well which is good news.
18. In relation to communications SS advised that although these figures have been consistently rising over the past year or two that we cannot expect that this trend will continue to rise as we return to more face to face engagement. We are using our demographic data to understand who we are hearing from so that we can target those communities.
19. SS is pleased to see that we are making an impact change and there is much influencing to report. We have projects that are ongoing including the GP winter funds which the CCG asked us to do with a very fast turnaround. SS thanked Julie McNeill for compiling the briefing of our intelligence so quickly and also thanked JW, NE and SF for attending the round table discussion with GPs, the CCG found this very helpful and are sharing the document internally and to inform the NHS England bid.
20. JW commented that he is pleased to see that we are doing some work around peoples experience of residential care which is really important, he hopes that we get as much out of this work as we can. SS responded that although we were hoping to be able to do Enter and Views by taking the survey approach we can reach a wider group. She advised that once we have completed the care home work we will be moving on to domiciliary care which is a group we rarely hear from, so the next six months we will be focused on social care. JW commented that the message will be very important as it relies on the care home managers and staff to encourage people to share. SS acknowledged that this is a potential problem and she will be meeting with commissioners to seek their help in addition to all the packages of flyers that have been sent to care homes in the area.
21. SF asked what response we have had so far in relation to the general advertisement for feedback regarding experiences of care homes. Kari responded that we have had 30 responses so far and we are not anticipating a large volume. The comms team has sent stories out to community newsletters and local press to spread the word and have received powerful stories from people highlighting concerns about visiting restrictions among other things. There are further news-stories going out soon so we hope to receive more feedback over the coming months.
22. SF asked if we have received a response from the ambulance survey regarding the travel information and roads changes being updated. SS has been advised that the data is updated three times a year currently which given the amount of growth in the area she is not surprised that sometimes finding new addresses is proving difficult so CTJ will be raising a question at the regional Healthwatch and Ambulance Trust engagement meeting about how that could be updated more frequently, SS has contact with a senior service improvement manager at EEAST, the ambulance provider, so she will raise the issue with him as well. The question originally came from one of our councillors so SS will keep her informed.
23. NE commented that she is aware there is a problem recruiting GPs and dentists to deprived areas in particular so where a patient lives affects the treatment they

receive, she wondered if Healthwatch are able to do anything about this. SS responded that all Healthwatch have tackling inequalities as a high priority. Locally the ICS have this as one of the key things on their agenda, they are aware of the difference in activity and funding between the north and south of our area so there are already discussions to make this fairer and to reflect the needs in those communities. That's where we are involved to make sure we have the experiences to demonstrate what this really means to people to be able to support the decisions regarding the levelling up of funding with our evidence and feedback.

24. SF commented that from attendance at the ICS meetings he is aware that this problem is of the highest priority, he sees three elements of the priority: focus, action and impact. At the moment we are still at the focus part of the situation, on a national scale the deprivation affects about 20% of people who live in these specific areas and sometimes these areas have groups that have been classed as hard to reach. The question that Healthwatch has to ask itself is 'how can we help the system to identify and reach those communities', at the moment there is a lot of listening but not yet the action that is needed but SF sees Healthwatch as being a big help to the ICS in this area.
25. JW added that in our reporting we could break down what we hear by area to make the reporting as powerful as it can be although he suspects that we hear more from people in the south of the area than the north. How we influence decisions is about being creative and dynamic. SF commented that Healthwatch has power in how it uses relationships with the system and how we can help as an independent organisation in these hard to reach communities but also to share this data with the national Healthwatch. SS responded that we use a Healthwatch system called CRM to record all the data and this automatically shares with them so we do inform national policy, our relationship with Healthwatch England is very good and we contribute to their projects as well. SS informed the Board we undertake more work in deprived areas and receive more feedback from the north than the south. She added that we use equalities and geographical data to ensure that we target the areas less heard.

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

Work Plan 21/22 - six month progress report

26. SF introduced the half year progress report which is presented in seven elements and asked if there was anything to add to the information. SS confirmed that the report is as read and nothing to highlight apart from the fact that we are on track to deliver all work as planned. SF asked the Board if there were any questions on each of the elements in turn, no questions raised. SF reported that the Board did meet recently to discuss governance which he found very helpful, he confirmed that there is further work to be done on meeting schedules and there will be notes from the meeting circulated shortly.

The Board noted the progress report.

Engagement Annual Report

27. SF introduced the engagement report and asked is there is anything in particular CTJ wished to highlight. CTJ updated the Board that the team have made a number a new contacts and the numbers are increasing for face to face events. The team has found that there has been a good appetite from people wanting to be out and about again and they are keen to pass on their experiences of a range of issues.

Although they are not expecting the numbers of reports to continue to increase they are very pleased with the progress particularly in the 2nd half of the past year. A lot has also been learned about online engagement and we are keen to keep these contacts as well.

28. CTJ advised that they are including volunteers more with their engagement now and have benefitted from the opportunity to get to know them better, although some remain quite nervous in this pandemic recovery period. Plans for the year ahead include the creation of new roles for the volunteers to be involved in now that we know more about their skills and interests. The team is also looking to extend the work that they do with younger people and are looking for some new opportunities to involve them.
29. The mainstay of engagement work during lockdowns has been the Health and Care forums, they continue to be important and will be developed more in the future as these have proved to be a good way to bring members of the public together with health care professionals.
30. SF asked if CTJ feels that they are making progress with getting younger people more involved. CTJ responded that they have identified opportunities that they are pursuing including some work with a small number of schools, groups and organisations but they need to make sure to keep the work proportionate.
31. PB asked about the plans to map the engagement and stakeholder relations and asked what they are hoping to gain from this. CTJ responded that from the Health and Care forum work they are aware that there are some areas that they are not reaching as well as others and they wish to improve on that although lots of the community groups are very small so don't have the capacity to always attend the meetings.
32. SS offered to circulate with the Board a short overview which shows how we are analysing where we are hearing from people and who we are hearing from which could answer the question about who we are targeting.

Action: SS to circulate overview of data

The Board noted the engagement report with thanks.

General Purposes Group (GPG) report

33. SF introduced this report as he had attended the last meeting. SR would normally present this as Chair of the GPG but in his absence SS presented the report. SF took the report as read and asked if there were any questions on the first six months finance report.
34. JW was at the GPG meeting and wished to add that the group is happy with the financial position, they have noticed areas of underspend which was expected through the lockdown periods and they acknowledge that there may be further underspend through the coming months but this could be an opportunity for doing some other necessary things. We wish to make best use of the funding while also recognising that we need to make sure that we have sufficient reserves. SF commented that the areas of underspend, particularly under communications budget where this has been deliberate to take account of the branding changes which are due from Healthwatch England.
35. SS agreed that we need to see that we are making best use of the funding and we will be reviewing the budget shortly so that we have an accurate picture of where we might be at the end of this financial year.

36. The GPG had reviewed two policies and recommend these to the Board for approval:
 - a) Managing Organisational Change Policy and procedure
 - b) Code of Conduct
37. As there were no questions relating to the first policy this was agreed by the Board.
38. SF advised the Board that the code of conduct is a new policy and includes and expands on the values, previously included in the governance policy. There were no questions so this was agreed by the Board to be adopted.

The Board noted the Report.

Any other business

39. No public questions submitted.
40. SF updated the Board that the timings and frequency of future meetings will change to quarterly. The schedule is being reviewed and the Board will be kept advised. The public Board meetings will be held online for the foreseeable future for geographical and pandemic recovery reasons, this also gives a greater opportunity for the public and press to attend, the next meeting is likely to be in January.
41. SF commented on the noticeably smaller group of Directors and advised that a recruitment process for more directors is now underway and we hope to complete this before Christmas. We now only have one Guarantor following the resignation of Victor Lucas. SF has consulted with commissioners and, with the permission of the Board, we will recruit a new Guarantor in 2022.
42. SF confirmed that we are involved in the evolving ICS. SF has met with other Chairs at the Healthwatch conference to discuss how Healthwatch will be engaging with them as our input is so important in building these relationships and having real discussions about how best Healthwatch can help the system and yet remain in an independent position. There is a lot of work to do but SF is reassured that we working in the right areas.
43. SF thanked all Directors, staff, management and members of the public for their contributions and attendance.

Meeting closed at 12.15