

Minutes of Healthwatch Cornwall Board meeting
Thursday 20 September 2022, 2pm
Truro Library

Present:

Directors: Anna Pascoe (AP) – Chair; Christine Hunter (CH), John Evers (JE), Julia Wildfire-Roberts (JWR), Tracey Camps (TC)

In Attendance: Mario Dunn (MD), Anne Oliver (AO), Deryth Stevens (DS), Jody Wilson (JW) – part

PART 1: In public agenda

1. Welcome and Introductions

1.1 AP welcomed all to the meeting and introduced Deryth Stevens (DS) who has applied to join the Board. Other attendees introduced themselves and DS explained she had been a GP until last summer, now retired. She had previously been a GP representative on the Governing Body of Kernow CCG, prior to a career in medicine in Warwickshire.

2. Apologies

2.2 Roger Sinden was unable to attend the meeting and sent his apologies.

3. Questions and comments from the public

3.1 No formal questions or comments have been received.

4. Conflicts of Interest

4.1 AP noted that her business is a Living Wage Foundation member, which she believes will not be prejudicial interest when discussing agenda item 10.

5. Minutes of the last meeting: 21st July 2022

5.1 Minutes were agreed and ratified as a true record after being proposed by AP, seconded by JE and approved by all.

6. Actions / matters arising

- 6.1 AP noted minute 9.3.5 which recommended producing “A Day in the Life” as a recruitment incentive. MD said that as we now have a new Comms Officer in post this will be actioned.
- 6.2 Register of Interests will need updating with DS’s details.
- 6.3 MD explained the background to Sir Robert Francis’s (outgoing Chair of Healthwatch England) letter to all Local Authorities. This was following the Health & Care Act 2022 requiring Integrated Care Systems to be set up and the letter reminded LAs of their responsibilities to local Healthwatch. It is likely to be more applicable when we start conversations to renew our Contract.
- 6.4 All Directors have had 1:1 catch-ups with AP and she thanked Directors for their time.
- 6.5 Directors clarified that as it has been some time since there was a presentation on Volunteer involvement and there have been Director changes since then, they would like to have an updated presentation from the Volunteer Development Officer at the next Board Meeting.
- 6.6 TC proposed, JW-R seconded all approved the ratification of the Conflicts of Interest Policy and the Information Sharing Protocol, which had been approved following amendment by e-mail after the July Board meeting.
- 6.7 AP explained the process around discussions held with DS who had previously approached HC offering to support its work.
- 6.7.1 DS has recent experience of working with Kernow CCG and can appreciate the barriers/problems facing the primary care sector. She asked for comments from other Directors.
- 6.7.2 TC said it was important to have experience especially of the management side of the health system.

6.7.3 JE said that it is part of HC's role to represent staff as well as patients and that the NHS is a partnership between staff and patients. Staff are free to talk to local Healthwatch but often seem reluctant to do so. If having GPs representing HC at Board level can improve this, it is all to the good.

6.7.4 AP proposed, JE seconded and all were unanimous in appointing DS as Director.

7 Board Governance

7.7 AP presented a paper at the meeting outlining a summary and recommendations following her one to ones with the Directors.

7.8 AP summarised the general feeling of Directors wanting to support the staff team; to live our values, and to provide a strong and positive working environment.

7.9 JE said that he encouraged this to be much more routine than in the past.

7.10 TC said that she was on a steep learning curve and both her attendance at ODAG and at the team meeting had been enjoyable and invaluable.

7.11 CH said that it made up for the 18 months of Covid and not being in the office.

7.12 AP proposed, JW-R seconded and all approved the recommendations in the report be accepted.

7.13 AP reminded Directors that this report runs in conjunction with the Schedule for Board Development previously circulated at the July Board meeting and re-presented at this meeting. This may need to be revised.

7.14 TC suggested Healthwatch Week (on line conference running 15-17 November) as an opportunity for Directors to be involved. MD said that HC team members are using the meeting room at the office during the conference to bring people together. He will circulate the

agenda for the conference to Directors. AP noted this is also Living Wage Week.

8 Operational update

- 8.1 MD presented the CEO Report which had been circulated prior to the meeting. This sets out the broad thrust of the work we are undertaking and has been compiled with the help of members of the management team and wider team where applicable.
- 8.2 MD highlighted some of the key challenges facing the NHS and social care at this time. He mentioned the requirement that local ICBs set up “War Rooms” (MD prefers the term Winter Rooms) to support logistics and demands over the winter. There are currently 300 beds being taken up throughout hospitals in Cornwall where patients are well enough to leave but unable to get the appropriate social care package.
- 8.3 JE asked if resources would be moved to the care sector? MD said that current legislation does now allow the NHS to fund social care activity, although it is supposed to be an integrated system and a solution for this needs to be found.
- 8.4 DS felt it was short-sighted and that joined up care should be straightforward. UHP’s (Derriford) waiting times are better than RCHT (Treliske) although the South West Ambulance Service covers both. There should be greater integration between the acute Trusts.
- 8.5 AP noted that there had been a discussion at the most recent Health & Social Care Overview Scrutiny Committee around pay for Council care workers and that unions are being balloted on the revised pay award. There is a proposal that a minimum take home pay of £13-£15 per hour be the new model for care.

- 8.6 There are 4 pathways (0-3) at discharge varying from home without support, through domiciliary packages to care homes. AP questioned who quality assures discharge ratings.
- 8.7 It was noted that the Ageing Well project is being affected by the demands on community care, CH also mentioned how it is impacting dementia patients and JW said that ambulance waiting times are also an issue HC are hearing from about. There have been a couple of cases in Cornwall recently that received national media attention.
- 8.8 JW said that the LA have asked HC to hold short notice engagement sessions to get their Strategy signed off, especially through the Partnership Boards. This then involves suggestions of holding further meetings to discuss. We have the contacts through the PBs which are working effectively (linking up core and PB engagement) and one member of the PB team is prepared to work extra hours if this can be found within the budget. It has been disappointing that previous discussions over the PB contract have been problematic as the contact person keeps changing, but we now have a new Commissioning Officer who attends meetings and understands the issues.
- 8.9 HC have been asked to contribute to a Learning Peer Review – also at short notice and not forward-planned. JE said this could be a good pathway and work well with the right support from the LA. JW said meetings are better attended with experts by profession and experience, but this entails more work for the PB team.
- 8.10 AP said the Board want to support all volunteers and will have a greater understanding after the planned presentation (previously discussed) at the next Board meeting.
- 8.11 JW-R noted that the Recovery College run mental wellbeing courses with a proven record and these are available for professionals as well as service users.

- 8.12 TC suggested that it would be useful to have a session focusing on issues staff are experiencing which could also help with team bonding.
- 8.13 JW-R agreed that it's about knowing one's own boundaries, because we care it makes it much harder when there is only so much advice and signposting we can give.
- 8.14 DS noted that she had seen Morwenna Gee's presentation of the Kernow Parenting Journey at the One Vision Board and had found it inspiring.

9 Finance Report

- 9.1 The finance report had been circulated prior to the meeting. The detail of the report has been discussed at the finance sub-committee meeting (consisting of AP, MD and AO plus TC will attend in future). All are welcome to see papers for future meetings, dates to be published.
- 9.2 AP and AO are holding a follow up meeting to improve the presentation of the report – so Directors can visually see our month to month performance.
- 9.3 Directors have asked for clarity around the reserves policy.
- 9.4 AP thanked AO for managing the finances.
- 9.5 JE sought clarification of the current core contract end date – this is May 2024.
- 9.6 Pay Banding paper had been circulated prior to the meeting, which reflects the current LA "Green Book". AP noted that the Living Wage has been uplifted since the paper was prepared. The lowest point on the 1st grade has now increased and HC has implemented this.
- 9.7 MD advised staff have been consulted and once the banding proposal has been approved by the Board, he will share the banding figures with staff with relevant updates to the current Green Book.

- 9.8 Objectives will be set in April 2023 for the last year of the contract. Most staff will move to the mid point, with new staff at the lower end. One member of staff will move to the high point due to length of service. The actual figures and costings will be reported to the finance sub committee prior to being approved at the April Board meeting.
- 9.9 The proposed LA pay award being balloted by unions is a flat rate increase across the board – TC noted that this is not popular with staff at higher grades due to the differential reduction. HC banding points will be unaffected by this potential increase.
- 9.10 AP proposed, JW-R seconded and it was unanimously approved that the pay banding be brought in, subject to the amendment to take into account the uplift in the Living Wage and to remain pegged to the CC Green Book rates.

10. Risk Register

- 10.1 The updated Risk Register had been circulated prior to the meeting.
- 10.2 JE suggested we include the risk that someone else would be awarded the Contract after May 2024. AP said that the wording should be revised nearer the time. The LA is currently running a deficit and we need to demonstrate impact.
- 10.3 TC suggested that the risk around returning to the office should be amended to amber and worded to include measures that can be taken to improve the office environment following comments at the staff meeting, eg unheated and scruffy offices and not wanting to come to the office and then be on their own. Agreed for TC, AP, MD and AO to work on action plan and amend this item on the register.
- 10.4 Agreed to add risk in January for staff on fixed term contracts ending May 2024.

- 10.5 AP said that all need to be aware the work we do which demonstrates Impact so it can be raised at external meetings at the appropriate time
- 16. ICB presentation (moved up the agenda)**
- 16.1 JW presented an update on developments within the Integrated Care System (ICS) and our relationship with the new body.
- 16.2 The ICS comprises the Integrated Care Board (ICB) which is made up of NHS professionals and people outside of the NHS and replaces Kernow Clinical Commissioning Group, and the Integrated Care Partnership (ICP) which is a joint committee of an even wider group of stakeholders.
- 16.3 Below the ICB there are groups at what is termed “place” level – 3 Integrated Care Authorities (ICAs) made up of smaller groups of Primary Care Networks (PCNs) which are groups of GP practices who have their own individual Patient Participation Groups (PPGs)
- 16.4 Additionally there are statutory groups and teams led by a responsible officer who oversee the 6 key priorities for the ICB.
- 16.5 JW shared a graphic showing the overall make-up of the ICS which is included in the presentation circulated with the minutes.
- 16.6 MD has a seat on the ICB and JW sits on the Citizen & Engagement sub-committee, CH sits on the Primary Care sub-committee.
- 16.7 Additionally MD sits on the Transforming Care for Cornwall (TC4C) group, and the West ICA; JW sits on the Central ICA. Natalie Swann represents HC at the dental, ophthalmology and pharmacy statutory group.
- 16.8 The 6 priority groups link quite strongly to our Work Plan, especially around Mental Health, LD & Autism, and Dementia. They offer potential new areas of work.

- 16.9 DS commented she sits on the North & East ICA which is under-developed and going through a steep learning curve. JW said that some pilot projects are being spread through ICAs who have masses of data to understand but no extra funding. Also priorities may not be the same in different areas at place level. It is not clear how local need is identified.
- 16.10 Healthwatch England has issued national guidance and shared examples of where local Healthwatch are at the moment. It's important to remember our role is to challenge as well as take part in engagement. JW and MD are attending monthly ICS briefings by Healthwatch England.
- 16.11 JW highlighted the Working in Partnership with People & Communities national report, which includes a quote from the NHS Cornwall & IoS ICB Chair that shows strong commitment to patient involvement.
- 16.12 The Citizen & Engagement sub-committee has issued a draft strategy on engagement, although this is likely to change once the new Comms/Engagement Director is in post. The sub-committee also has a role overseeing quality. It currently consists of 8 people and there is an additional sub meeting that includes Devon providers (given that a third of people in Cornwall access Devon services).
- 16.13 There is so much data existing in the system and the challenge is to collate insights.
- 16.14 AP thanked JW for an informative presentation which she had found extremely beneficial after having been inundated with so much information. The presentation will be forwarded to all Directors.
- 16.15 Development sessions need to be set up between staff and Directors as the ICB develops.

- 16.16 At this point JE left the meeting. AP thanked JE for his sterling work and support during his lengthy period of being on the Board. JE will be no longer attending formal meetings, but will remain a Director until formal stand-down at a date to be announced.

11 Representation List

- 11.1 Previously circulated to Directors. AP requested this be amended so that the priority groups/meetings could be more easily identified and frequency of meetings understood.
- 11.2 CH commented that the Primary Care group she attends is very heavy on governance and wondered if DS would be a better representative. DS said she was happy to attend one or two of the groups.
- 11.3 MD/AO to amend and bring back to a future Board meeting.

12 ODAG report

- 12.1 TC presented this paper at the meeting. She noted that the staff survey average scores do not show people rating at the ends of the scales.
- 12.1 The staff survey results have been shared with the staff team for an Action Plan to be developed and brought back to Board via ODAG.
- 12.2 TC felt that the team meeting held earlier in the week had been a really good start with an open and constructive conversation.
- 12.3 AO explained that the delay from sending out the survey (June) to getting the report (October) was partly down to a couple of members of staff not completing the survey – we had hoped for 100% return but the completion of the survey is not compulsory.
- 12.4 The Volunteer survey has now been distributed to all volunteers including core, KMVP and Partnership Board volunteers.
- 12.5 The report was noted by the Board.

13 HR/Volunteer headline report

13.1 AO presented the slides which had previously been circulated.

13.2 It was noted that sickness has been much reduced compared with previous year's figures.

14 Quarterly Feedback update

14.1 MD presented the report which had previously been circulated.

14.2 He noted that GP issues has taken over from access to NHS Dentistry as the no. 1 issue.

14.3 AP noted the ease of layout and complimented the HC research team as they have developed the update format themselves although it is now being shared with the wider Healthwatch network.

15 Policies for review

15.1 Recruitment, Retention & Selection Policy

15.1.1 The updated version of this policy was circulated with the Board papers, with revisions suggested from Directors and Staff included. TC proposed and CH seconded approval, this was agreed by all Directors.

15.2 Inclusion Statement

15.2.1 This is a new document and was circulated with the Board papers. It was discussed by staff and a team meeting and their main thoughts were how we implement the statements made. It was agreed to defer to the next meeting so a discussion can be had around "how we are going to get there".

15.2.2 JW-R commented that this was an important topic that needed a good amount of time for a full and meaningful discussion

15.3 Environmental Policy

15.3.1 This policy is due for renewal and was circulated with the Board papers. Agreed to defer to the next meeting.

- 15.3.2 AP stated that she wanted to ensure we carefully considered the wording of the policy and made sure that we were undertaking anything we pledged in the policy.

17 Any other business

- 17.1 The HC Christmas lunch is being held on 9th December. MD will send the invite to all Directors.

18 Date, time, location of next meeting

- 18.1 Dates for 2023 meetings are still to be set. AO to consult with Directors for best regular day so they can be booked and dates and venues confirmed for the year.

Acronyms:

CCG – Clinical Commissioning Group
CEO – Chief Executive Officer
GP – General Practitioner
HC – Healthwatch Cornwall
HR – Human Resources
ICA – Integrated Care Area
ICB – Integrated Care Board
ICP – Integrated Care Partnership
ICS – Integrated Care System
IoS – Isles of Scilly
KMVP – Kernow Maternity Voices Project
KPJ – Kernow Parenting Journey
LA – Local Authority
LD – Learning Disability
NI – National Insurance
ODAG – Organisation Development Advisory Group
PB – Partnership Boards
PPG – Patient Participation Group
PCN – Primary Care Network
RCHT – Royal Cornwall Hospitals Trust
TC4C – Transforming Care for Cornwall
UHP – University Hospitals Plymouth

ACTION LOG:

ACTION	RESPONSIBLE	STATUS
Minutes published to website within 4 weeks of meeting.	AO	
Update to staff following Board meeting – copy to Directors	MD	Completed
Publish to website “A Day in the Life” as a recruitment incentive	AO	
Induction for DS and update of Register of Interests	AO	
Include presentation from Volunteer Development Officer at January Board meeting	MD	
Circulate Healthwatch Week agenda to Directors	MD	
Amend Risk Register as per Board recommendations	MD	
Include ICB presentation with draft minutes	AO	
Amend Representation List as per Board guidance	MD/AO	
Revise Inclusion Statement to reflect current and target operations	MD	
Revise Environmental Policy to reflect current and target operations	MD	
Establish dates/venue for 2023 Board meetings and circulate to Directors	AO	
Prepare dates for 2023 ODAG and finance sub-committee meetings and circulate to Directors	AO	