



**Minutes of Healthwatch Cornwall Board meeting  
Tuesday 20<sup>th</sup> October 2020, 10am  
Via Teams**

**Present:**

Directors: Jon McLeavy (JM) (Chair), Amanda Stratford (AS), Roger Sinden (RS) (left meeting at 12.10 due to technical issues), Christine Hunter (CH), Deborah Came (DC), Margaret Abban (MA)

Apologies: John Evers

In Attendance: Anne Oliver (AO); Michelle Hooker, Debra Cooney (part)

**PART 1: In public agenda**

**1. Welcome and Introductions**

1.1 JM welcomed everyone to the meeting. All were reminded that this meeting is being recorded so the audio can be uploaded to the website.

1.2 There were no items for Part 2 of the agenda.

**2. Apologies: John Evers (JE)**

**3. Questions and comments from the public**

3.1 AS advised that although no formal questions had been received, she wanted to highlight the activity from the public through our normal channels of communications and feedback around the access to dentistry, which is the biggest subject that we are contacted about. She highlighted DisAbility Cornwall's concerns over access to dentists for those with a disability.

3.2 AS advised that our concerns are being raised at the Health & Adult Social Care Overview & Scrutiny Board and through the CQC. RS questioned that the CQC do not commission dentistry, AS advised that they do have the right to inspect dental practices; and that we are in regular contact with NHSEI who are commissioners of dental services.

3.3 DC noted that her dentist advised that the NHS rollover funding has been withdrawn and there is a likelihood that they will lose a dentist. HC has approached this practice who said they are in ongoing discussion with the NHS regarding future funding for the additional dentist they have employed and that nothing has yet been finally agreed or confirmed. Therefore they are continuing to treat all patients and will continue to do so until the outcome of the negotiations are confirmed, at which point some discussions may need to be made

about the future provision of NHS dental care, and had not wanted this shared with the general public until that point.

- 3.4 AS said it is a shame about the mixed messages, it is understandable that they may feel they are subject to criticism, but they should be open to honest conversations and there should be no hiding that this is happening.
- 3.5 MA asked if this is local to Cornwall - AS said NHS funding for dentistry is a complex problem nationally but access to dentistry is especially bad in Cornwall due to the low numbers of practicing dentists,
- 3.6 CH commented that there should be national campaigns on the lines of cancer patients missing appointments - it is likely NHS England are aware of this but don't want to open the floodgates.
- 3.7 AS said that the Covid-19 survey conducted by HC is the biggest gathering of information over the last few months, and that we sit on the Quality Surveillance Group (which has wide representation from across the System) and that dentistry is one of our top 3 concerns that we are raising with them.
- 3.8 JM said that dentistry is also high on the Health & Adult Social Care Overview & Scrutiny Committee, but the difficulty is that it is NHS commissioned rather than locally so they have a lot of say but no control. MA asked if there was dental representation on this committee, JM said it is mainly made up of elected members and very senior representation from health and adult social care, but the Committee does bring in outside people as and when necessary.
- 3.9 JM thanked AS for reminding the Board to consider concerns coming through HC channels, and HC should work to bring the two messages together when there are mixed messages.

4. **Conflicts of Interest:** None declared.

5. **Advising of any other business:** None declared that would not be covered under the standard agenda.

6. **Minutes of the last meeting: 22 July 2020:** Minutes were agreed and ratified as a true record.

7. **Actions / matters arising**

7.1 AO advised she has not yet contacted NCI around DC's problems with her access to HC VPN. DC/AO to monitor.

7.2 AO has circulated a template for Directors to complete following attending meetings. JM said that it would be useful if Directors could add links within the form when completing it, to papers relevant to the specific meeting.

- 7.3 AO has not yet prepared a memory stick with relevant documents. Agreed that it would be preferable for Directors to have access to specific folders (eg Board Reports and the Prioritisation & Planning summary) on the server so they are always getting up to date information - this would improve the effectiveness of Directors. AO to liaise with NCI, in the meantime she will circulate completed reports from Directors of meetings attended to all Directors with the Board papers for future meetings.
- 7.4 AS has circulated the revised version of the 3<sup>rd</sup> Sector Alliance Agreement (Plain English Version). The Board agreed they are happy for AS to sign this off on their behalf with minor changes under Purpose - to clarify that is Healthwatch Cornwall and Healthwatch Isles of Scilly and to delete “not a voluntary organisation”.
- 7.5 Conflicts of Interest policy approved via e-mail following meeting in July was ratified by the Board. Agreed to circulate new forms for Directors to complete.
- 8. Finance Report**
- 8.1 Income - AS advised that income is on track for core contracts. We are due to receive 20K each for the Safeguarding Project and for MVP, with an additional 20K for MVP later in the financial year. We are unlikely to get the commissioned income forecast for ASK Cornwall due to the slowdown in impetus since Tracy Hitchens left and the technical issues we are facing. We are due to receive 8K in commissioned work for the co-production work we have done and we are in discussions around some commissioned work around mental health. The further fundraising is dependent on gaining charity status.
- 8.2 Expenditure underspend - there are proposals to use some of this as follows:  
MVP - to commission an evaluation project  
Training - AS would still like to progress Insights training for the team  
Operational costs - AS would like to use some of this underspend to upgrade our IT, especially for the engagement team  
Other underspends are around staff costs due to Tracy Hitchens and Jo Smith leaving and Natalie Swann still on maternity leave; and office running costs as we are not in the office on a permanent basis.
- 8.3 JM commented that overall we are in a good position. Questions around the costs incurred in the recruitment of a new CEO will be taken forward to the finance sub-committee, especially how this will impact on next year’s budget, and a meeting is due soon. We need to plan to take into account finance restrictions, Covid and post-Covid operations.
- 9. Risk Register**

- 9.1 AS presented the Risk Register and highlighted the changes, additions and those that could be removed.
- 9.2 People's Experience - mitigation added as we are chairing a stakeholder panel of lay representatives for the recruitment of a new CEO for the ICS.
- 9.3 Research & Analysis - mitigation to reduced capacity due to absence of Research Manager added as the management team are considering ways to manage this especially around line management which is affecting others in the team.
- 9.4 Organisational effectiveness - risk added around infection within the team, mitigated by regularly reviewing and updating guidance for staff and our Covid risk assessment. AS said that in line with government guidance in late September staff were instructed to work from home unless it was essential for them to be in the office. AS said she had included mental health as a need to be in the office for up to 2 days a week but in this case staff are mainly working on their own in the office.
- 9.5 Organisational effectiveness - risk added around ASK Cornwall with a loss of focus due to the resignation of Tracy Hitchens. Stephen Jobling has done an excellent job with a social media campaign that has been successful in driving people to the site, but we have a lack of actual recruitment to the platform and we are suffering technical challenges which are being discussed with Made Open. ASK Cornwall has also suffered from not being able to launch it as planned at our Annual Conference. AS is keen for responsibility for ASK Cornwall not to sit with one individual but to be spread across the whole team for better engagement.
- 9.6 Organisational effectiveness - the risk around the Business Continuity Plan has been removed from the register as this is now in place and approved by the Board.
- 9.7 People Readiness - New risk added around failure to appoint new CEO, mitigated by the recruitment campaign already started and AS's willingness to be flexible about her end date.
- 9.8 DC expressed concerns over the ASK Cornwall situation - she was unsure what the platform was for, she could see that if we are unsure, there are difficulties in explaining it to others. She suggested the Board need time to discuss and agree the direction of travel. AS said she would welcome this. The initial purpose was to create a digital platform for the community to set the Health & Social Care agenda in a safe place, in which the System would also engage. There had been plans for a 2<sup>nd</sup> tier with a Virtual Citizen's Panel that the System would use for consultation. It has

been described as “clunky” by one partner, but AS feels it is unfair to compare it with social media sites such as Facebook and Twitter as levels of investment are completely different. The bid to the Duchy Health Charity is for funding for promotion but this has not yet been submitted and will be held until direction of travel is agreed.

- 9.9 Agreed for the Board to have a workshop over the next few weeks, and they would welcome input from key staff and Made Open. DC commented there is an overlapping discussion around deliberative engagement.
- 9.10 RS asked that the guidance and instruction around working from home and / or office be kept under constant review and recorded within the Risk Register, with an audit trail of instructions to staff and timely publishing of our current status. Agreed AS to ensure all instructions are issued formally to staff, recorded on the Risk Register and that Directors are copied into updates, this links to the next item which if approved would require Directors to have this information to enable them to review effectively.
- 10. ODAG report for tax relief for staff working from home**
- 10.1 RS summarised the paper circulated with the agenda that set out staff entitlement to claim a tax free payment for working from home, either individually or, at the discretion of the Board, by the employer, when instructed to work from home.
- 10.2 The instruction to work from home had been explicit from mid March to the end of June. On 30<sup>th</sup> June the office was re-opened and this remained the case although staff could choose to remain working from home, until 30<sup>th</sup> September when the government guidance changed. On that date staff were instructed to work from home unless there were exceptional circumstances.
- 10.3 The proposal in the report is for Directors to agree a retrospective tax free payment of £6 per week per employee, the calculated cost of which is within our payroll budget, for the 3 month period April to June. RS pointed out that this is not just about affordability, it is philosophical as well.
- 10.4 The payment for the three month initial period from 01/04/20 to 30/06/20 was approved. Moving forward we would need to understand what we are committing to, it was recognised that we might be setting a precedent that it is difficult to maintain.
- 10.5 MA proposed we review at next Board meeting, looking back over the last 3 months period.
- 10.6 AS to send all copies of communications that have been issued to staff and draft a notice to staff for the Board to approve before it is issued.



**11. Policies for approval**

- 11.1 Comments, Compliments and Complaints Policy - AO advised that this has been updated to reflect changes in the organisation since the last policy and she is awaiting comments from the management team. She asked that the Board approve this by e-mail once the revision was complete, this was agreed.
- 11.2 Volunteer Expenses Policy - AO advised this policy was revised last year by relevant staff, and has been in use without problems, but had never been formally ratified by the Board.
- 11.3 AS acknowledged that the policy does not cover focus groups where service users (by invitation) may turn up on the day. This has not occurred in the past and we don't pay an attendance allowance for volunteers attending events, but we would pay for travel expenses in such a situation. This will be added to any future policy. We have moved away from petty cash payments and now pay by BACs or if necessary a cheque, so there is a clear audit trail.
- 11.4 The policy was ratified by the Board.

**13.0 Directors' reports from public meetings attended** (item taken out of order as awaiting representatives for the Presentation from staff)

- 13.1 RS advised that the Forum for the Day Care Providers had been cancelled. AS acknowledged the fragility of the domiciliary care market. She asked that RS draft a statement on the current status so she could highlight this to the relevant bodies. CH commented she was horrified that service users don't have a voice. DC suggested that this be an opportunity for the stakeholder panel to test potential CEO candidates' understanding of the status of the domiciliary care market during the ICS recruitment process.
- 13.2 Directors reported no other meetings with public issues to bring back to the Board.

**12. Presentation: Engagement update**

- 13.1 JM welcomed Debra Cooney and Michelle Hooker to the meeting who presented an overview of Engagement within HC and its development plans.
- 13.2 Debra began by looking at what's working well, and what needed to change in view of the Covid changes. Face to face meetings that have had a Have your Say (HYS) focus are no longer taking place, and to re-start

them would need a lot of safety measures. Networking opportunities have changed to virtual meetings, and the interagency groups that used to meet separately (east & west) have now been combined into one meeting across the county.

- 13.2 Digital opportunities also means digital exclusion for some - the team are endeavouring to ensure we have traditional methods of contact too.
- 13.3 The team are looking to new ways of exchanging intelligence and insight, and are building reciprocal links with the voluntary sector. Also they are continuing to support PCNs, especially the PPGs, community makers and social prescribers.
- 13.4 Michelle focused on communication - the acknowledgement that the higher uptake of digital information will stay and we have to embrace it. We want to be able to not just attend, but facilitate virtual events and this means we need to upskill and gain confidence. We are looking at training in these platforms for the outreach team; and to be more pro-active in working with Stephen Jobling around comms.
- 13.5 Volunteers have a role here too, eg blogs, “day in the life of”, across social media platforms. The team are also linking with young people and the farming community in addition to their PCN work. The team want to be active on Facebook Live with a focus on specific projects and there are opportunities to be linked with the Chaos Live TV initiative.
- 13.6 It is important to keep volunteers engaged as they are so well connected within their communities and can cover a wider area including more remote areas that we cannot reach otherwise. The team as a whole (not just Outreach) are considering how volunteers can be involved - for example “micro” volunteering.
- 13.7 The key is to think differently and at scale to elicit more feedback from other groups, especially focusing on diversity and understanding communities. Debra is looking to do more analysis of demographics.
- 13.8 JM thanked Debra and Michelle for the presentation and the insight into their productive work and asked for comments from Directors.
- 13.9 CH commented that there are many sectors in the community who find it difficult to use digital platforms - the elderly, deaf, blind etc. We do intend to make sure posters continue to be displayed.
- 13.10 DC said that presentations can lack nuance - black and white, positive and negative and we need to think how to ask questions and read responses in a different way.
- 13.11 AS said we intend to work with specialist organisations such as DisAbility Cornwall, Cornwall Hearing Loss, etc to get the message out appropriately.

- 13.12 Debra continues to liaise with comms to ensure links are already on our site and she intends to do some mapping to establish contacts with specialist organisations. She intends to get a place on the Equality & Diversity network and use their expertise. AS advised the VCSE across Cornwall has already been mapped by VSF.
- 13.13 JM asked if there is any other support the Board can offer. The main need is for faster processing electronic equipment; and a recognition that the whole team need to take ownership of these issues - not just the outreach team.
- 13.14 Directors could help by being involved in blogging. Videos we produce can be messages, or doing something different rather than just speaking to camera which can be uncomfortable for some. There is a fine line between seriousness and thinking outside the box. DC commented there is also a fine line between being a neutral critical friend and pushing a particular route in social media. We need to use open questions and be evidence based. JM emphasized that Directors are available if the outreach team feel there are roles to be played in this period of change.
- 15. Operational update**
- 15.1 AS advised she received regular Covid updates from the Council, Cornwall currently has the 3<sup>rd</sup> lowest rate of Covid in the single tier category.
- 15.2 The Covid survey is now in phase 2 and a short form summary and full report are now available on our website. We have identified 3 key themes - mental health & well-being; unpaid carers and their resilience; and communication - with local being really highly valued over national, but confusion around services that are available. There is a recognition that the survey captures a particular time (June - July 2020) and that some issues have now begun to be addressed - we are looking to see whether during phase 2 we can go back to some respondents and quantify needs that have / have not been met.
- 15.3 The report and case studies that came out of the research into co-production during Covid with Co:create has been published on our website and circulated to Directors. This involved interviews across partners in the System and workshops and has produced 15 principles to be used as a basis for co-production and is being taken to the new Model of Care group as well as discussions on lay representation on the system boards. .
- 15.4 We are involved in the recruitment for a CEO for the new ICS and are chairing the stakeholder panel for lay representation. The Transformation Director for the ICS is Caroline Andrews and the ICS integration proposals have been formally submitted to NHSE&I where they have been positively received. HC is supporting this proposal.



- 15.5 AS is working on a paper regarding how to achieve a consistent framework of lay representation, and how the CAP can be co-produced and developed.
- 15.6 The Maternity Voices Project (MVP) has been affected by sickness with both Georgie and the lay co- Chair currently off sick. AS is liaising with the commissioner on how to deliver the project in the interim.
- 15.7 Current key priorities are: the recruitment of HC CEO; plans for phase 2 of the survey; and capacity in research until Natalie Swann returns from maternity leave.
- 15.8 Dashboard - AS highlighted the sections rated amber.
- 15.9 Contract delivery - We need to establish a baseline for our profile within communities in Cornwall; and currently we have not had contact with our Contracts Manager. AS has a meeting 23<sup>rd</sup> October to discuss the LMS ante-natal education project.
- 15.10 People's experience - The Partnership Board action plan has been reviewed. We continue to sit on the Farming Health Hub and have become more active with them in terms of engaging the farming communities The MVP Facebook Live sessions were particularly successful and we welcome that midwives have now set up "Maternity Natters" - initially the team had been wary around discussing these issues but have now embraced it. Dentistry is still a big issue as previously discussed.
- 15.11 Research & Analysis - capacity issues and ASK Cornwall as previously discussed.
- 15.12 People Readiness - AO is now sitting on the System OD development group which is looking at the wider planning of people development across the system, and Jody Wilson is taking the Kings Fund Leadership Course.
- 15.13 DC asked if the work around My Life My Death would be re-visited once phase 2 of the Covid Survey work is complete. AS said that the EoL Strategy Board had last met in February and actions had been put on hold during the pandemic, but work has continued on the ground, especially around poor experiences. In September AS chaired a reset meeting involving both statutory and voluntary representation. This showed good practice in the west, with the introduction of Comfort Boxes - AS will share the case study around this with Directors. The Strategy Board will re-start week commencing 26<sup>th</sup> October, which AS will continue to chair until there is lay representative available for this function. Key priorities are advanced care planning tools; conversations around death & dying; and timely and appropriate responses.
- 15.14 CEO Recruitment - The Board has met to progress this and JM, AS and AO are to shortly meet to discuss timescales, advert and JD/PS following

individual input from Directors. AO will support around job packs, timescales and it is pretty much on track. JM will e-mail Directors and the team with more detail.

16. **Any other business:** None declared.

17. **Date, time, location of next meeting**

17.1 14 January 2022 venue to be confirmed 2pm to 4.30pm

17.2 AO to set following dates for 2021 - agreed Thursdays as most suitable day

17.3 The Board would like to have an event with the team before Christmas

**Acronyms:**

CEO - Chief Executive Office

CAP - Citizens' Advisory Panel

CQC - Care Quality Commission

E&D - Equality & Diversity

EoL - End of Life

JD/PS - Job Description & Person Specification

HC - Healthwatch Cornwall

ICS - Integrated Care System

LMS - Local Maternity Services

MVP - Maternity Voices Project

NHSE&I - National Health Service England and National Health Service Improvements

OD - Organisation & Development

PCN - Primary Care Network

PPG - Patient Participation Group

VCSE - Voluntary, Community & Social Enterprise

VSF - Voluntary Sector Forum

**ACTION LOG:**

<b>ACTION</b>	<b>RESPONSIBLE</b>
Draft minutes circulated within 4 weeks of meeting.	AO
Upload audio of meeting to website	AO
Liaise with DC and if necessary NCI to resolve DC's intermittent access problem	AO
Liaise with NCI to investigate Directors' access to specific folders on shared drive	AS/AO
Circulate Directors' reports to all Directors prior to next meeting	AO
Circulate signed 3 <sup>rd</sup> Sector Alliance Agreement once amendments complete and circulate to Board	AS

Circulate extract of E&D policy from Employee Handbook to Directors	AO
Circulate new Conflicts of Interests declarations to Directors	AO
Set up Doodle Poll for workshop around ASK Cornwall	AO
Update Risk Register with future instructions to staff regarding working from home / in office; copy Directors into any such instructions	AS
Notice to staff re payment of tax free allowance, following Board approval	AS
Circulate Comments, Compliments & Complaints Policy to board for approval by e-mail	AO
Share Case Study on comfort boxes to Directors	AS
Keep Directors and team informed of CEO Recruitment process	JM
Set Board Meeting dates for 2021 and circulate to team	AO
Arrange Christmas event for Directors and team	AS/AO

DRAFT