

Minutes of the Board Meeting

Date / time: 25th October 2023, 5.00pm

Venue: Via Zoom

Present: Chair: Stewart Francis (SF),
Non-Executive Directors: Chelsia Lake (CL), Chris Palmer (CP),
(LB), Frances Dewhurst (FD), Ann Green (AG). Laura Beer (LB)
Jonathan Jelley (JJ) and Johnny Hebron (JH)
CEO: Julian Stanley (JS)

Apologies: Ellie Addison (EA), Saqib Rehman (SR)

Introduction and apologies

1. SF welcomed all Directors and the staff team to the meeting. There were no members of the public present at this meeting.
2. There were two apologies.

Resignations and appointments

3. Ellie Addison, has resigned from the Board. SF noted EA has been a brilliant NED and her contributions will be greatly missed. She has agreed to continue to Chair the East Cambs Health and Care Forum on behalf of Healthwatch. Saqib Rehman has stepped down from his role as Chair of the General Purposes Group (GPG). Saqib will now concentrate on work within Peterborough where he will be of great help to Healthwatch. SF will consult NEDs regarding the vacancy as Chair of the GPG.
4. SF was pleased to welcome Jonathan Jelley as a new Non-Executive Director. His appointment was unanimously agreed.

Action: SF to consult NEDS re vacancy as Chair of GPG

Declarations of interest

5. There were no declarations other than JJ advising that he is Chair of Peterborough City Council for Voluntary Service and a trustee of the Cambridgeshire Community Foundation, although not on the grant giving side of the foundation.

Minutes of the previous meeting

6. The minutes of meeting on 19th July 2023 (attached) were reviewed and SF raised a couple of changes to be made.
7. In point 8 the minutes state that JS will be taking the risk register to the Board Development Session. JS explained that it had been decided to move this to the January meeting.

Action: CR to update previous minutes and print for SF ready to sign.

Action log

8. SF introduced the action log to update the actions from the previous meetings.
9. JS said that he is looking at suitable metrics to help the board assess & measure the impact of what we do and how we engage the public in our work.
10. Face2Face HR began working with HW in September and are reviewing our policies. They will be attending a staff meeting on November 7th to be introduced to the team.
11. The action regarding brand awareness is to be discussed at the Board Development Session about how this should be measured and the process to be used as we are heavily invested in trying to increase brand awareness.
12. JS advised that the plan going forward is to look to engage with people not only in East Cambs but across the area in a more structured way with events, partnership boards, forums etc. SF noted that the number of engagements in East Cambs is behind other areas, which is why the Board has specifically raised this as a concern.
13. JS stated that we will be creating a combined website which will have more drop-down features by area as opposed to being generic so that we can add events and issues that are happening in those areas.
14. Jo McHattie (JM) commented that in relation to the East Cambs area our community researchers are well represented and have introduced us to new contacts. The last few projects we have recruited for has seen good response from this area. The work with the Independent Living Scheme, which is a new concept halfway between a care home and domestic care introduced in East Cambs involved more people than we needed for this so the concentrated efforts in a particular area do work well for us.
15. JH asked for clarity on how the team plans to work with the engagement team to promote Healthwatch in East and South Cambs areas. PG responded that firstly it would be an information gathering process with regular contact with the team to identify the challenges and what methods of communications have proven most effective in the past and to work out what other media channels might be most appropriate in future.
16. A new recruitment campaign is about to commence to increase the number of our volunteers.
 - a. The Investors in Volunteers reaccreditation process has been put on hold until the spring of 2024 while we focus on volunteer recruitment.
 - b. JS confirmed that our NED recruitment campaign is being revamped geographically. We are considering producing a video featuring current NED's, to let people know what is involved and to encourage others to apply.
 - c. SF commented that Healthwatch England are reporting that recruitment of volunteers at this time is proving difficult and they encourage local Healthwatch's

to make the application process simple, to remove barriers, to think about target areas and to be direct.

- d. FD suggested promoting HW on screens in local hospitals in the waiting areas. This idea will be followed up with the new CEO of Hinchingsbrooke and Peterborough hospitals.

Action: JS to raise possibility of promoting HW on screens in local hospitals in the waiting areas.

Communications Report

17. SF introduced the report from Katherine Rayment (KR) and Paul Gould (PG) which covers the period of September 22 through to August 23. PG and KR gave the board an overview and highlight areas of particular interest. PG provided some context as the Comms team is relatively new. Paul took up his post last November and Kat in March. Since then, they have dovetailed their expertise and practices to work in tandem and develop areas of focus.
18. KR explained that her key areas of focus are social media, digital content creation, design, and press relations. PG has the focus for copy writing, website development, reports, and promotional materials. There is a degree of cross-over and collaboration in the respective roles. Some time has been spent with the Healthwatch team to understand their priorities and the support that they need from communications. KR advised that the key priorities for the Comms team this year have been the development of fresh engagement content through a variety of channels, increasing social media activity and raising our brand awareness. For the remainder of this year the Comms team will prioritise the development of podcasts to share case studies, amplifying voices, and empowering people with knowledge. The team hopes that the podcasts will generate feedback, provide a platform for sharing information, create new content build communities and act as another channel for Healthwatch to promote what we do.
19. PG confirmed that we are looking to the potential amalgamation of the two websites and switching to WordPress instead of Drupal as a more flexible content management system and reduce duplication which currently makes it more difficult for people to locate our sites via Google searches. WordPress will offer a more streamlined site with easier navigation and more freedom of design. The team are reviewing their current strategy to target groups which are harder to reach and have removed older messages that are no longer relevant, particularly around Covid. KR advised that they are assisting in establishing a Young Healthwatch and are collaborating with the engagement team and volunteer manager to produce materials for a pilot project that will lead to the launch in 2024.
20. A recruitment campaign to engage more volunteers is underway to explore ways to build capacity as we are aware that several active volunteers have dropped since the pandemic. The comms team will support this through messaging to encourage

uptake. The engagement team are also developing a work programme to support the reinvigoration of the Forums and Partnership Boards promoting the meetings and increasing awareness. The communications team is building relationships with the press around raising awareness of our brand and this will be continue to be a priority into the coming year. They want to build strong relationships with journalists and media outlets to create compelling stories to reflect the experiences of people who we engage with.

21. CL congratulated the Comms team and said that the report speaks for itself in the achievements since they started. She asked about TikTok reach and asked for the stats on this. KR confirmed it should read 7,996.
22. FD echoed congratulations on the work done and asked what pressures there were. Also, in the report she commented that social media stats are available but the reach through other means is much more difficult to gauge so she felt we are slightly lacking information on this. It would be good to have the same quality of information to determine what 'good' is. She asked for a benchmark in all areas to compare year on year figures so that this data is not forgotten. Regarding people who are hard to reach there are still a number who do not use social media as their means of communication. SF reiterated that traditional media is still important for a lot of people we need to engage with.
23. PG commented that the reach achieved by some media outlets is something that they struggle with in terms of the stats not being available, but he takes the point about including some more information from google analytics so we can gauge visitors to our websites and reactions to various content.
24. AG commented that the Healthwatch materials and publicity is excellent, but she would appreciate six monthly updates on how things are going and what has been achieved.
25. JS commented that the podcasts which will be a mix of video and audio will only help us to showcase people who are willing to share their stories. There is also the possibility of looking at composite stories where we can change names to share stories in a different way.
26. JS is looking at the current staffing restructure to strengthen engagement. A review of the administrative support we require and of event management will also be undertaken.
27. JJ commented that he attended the recent summit and noticed the professionalism with which the event was put on but more importantly the power of the testimony of personal experiences. He asked the team if we are using these stories enough or are we planning to do so. PG responded that stories have so far been the most underutilised area of comms and part of the issue is that of anonymity and people being willing to offer the story as a case study, but they are making some progress, and the podcasts will be a vehicle to get the messages out before turning them into written articles to be further shared. SF commented that at least three system leaders had approached him after the summit and said how powerful the stories had been. One of them plans to suggest to their Board that all their meetings should

start with a personal experience story. PG added that as part of the review of the strategy they are looking to align it more to the Healthwatch England strategy in the way that it is structured and in terms of the content and focus areas. SF thanked PG and KR for the report and added that it is always helpful to enter Healthwatch in awards as we are doing such great work that it deserves to be recognised either locally or nationally.

28. SF asked what the process of the review is and will it form part of the 'way forward' plan. JS responded that he has been working with the Comms team and a new strategy has been drafted. This is on hold while the 'way forward' process is worked through with the rest of the team. The comms strategy needs to be aligned with the objectives and priorities of the organisation as a whole and will be brought back to the Board in January to be signed off.
29. SF asked if the term 'Youthwatch' is a working title or can we review this name. JS explained that there are two areas of work; the Youth ambassadors project is focussing on vaping which is what the young people have decided to focus on. Separately we will be developing our own Youth programme modelled partly on the Bedfordshire Healthwatch model. He feels it is important to engage with young people with particular areas of interest to them. The young people involved will be consulted about the name that is adopted. These vary around the country.

Action: Comms team to include previous years data for comparison.

Action: The revised Comms strategy to be brought back to the Board in January.

The Board noted the Communications Report.

Chair's report

30. SF introduced his report (attached) and added that he is continuing to attend ICB Board meetings as well as the Health and Wellbeing Partnership meetings. The Health and Wellbeing Board meeting discussed the Joint Strategic Needs Assessment (JSNA) concentrating on children and young people. Priorities included poverty, housing and health, and employment and health. All attendees are aware of the issues behind good and poor health statistics. In Peterborough men have a lifespan that is 10 years lower than that in Cambridgeshire. This planning is ongoing in the background, and the hope is to reap the rewards of this work in the years to come.
31. Another subject discussed was the government plans regarding smoking reduction and that they will be consulting on this. We will check if we are part of the Healthwatch England response. Our Health and Wellbeing Partnership will be responding.
32. No further points or questions were raised in relation to the Chairs report.

Action: JS to check whether we make a separate response to the government's action.

The Board noted the Chair's report.

Chief Executive's report

33. JS introduced the CEO report (attached) which he took as read.
34. In relation to influencing, JS noted the Information team had worked closely with MIND about difficulties with the information on their website. As a result, it has been made more accessible and easier to understand.
35. A PPG summit in Huntingdon was held at a networking group with 15 representatives from PPGs attending. The aim was to encourage PPGs to share learning and to send representatives to our Health and Care forums and Partnership Boards to share intelligence and to launch our newly revised PPG toolkit. We are now seeing increased attendance by PPG members at our meetings.
36. JS advised our work with NHS trusts on infection control and prevention resulted in 44 pieces of feedback about the new procedures and that considering the patient voice was now included as standard in the development of new service provision throughout the Cambridge Community Services Trust.
37. The information team will undertake a mapping exercise, plotting the statistics used in our reports against the population for Cambridge and Peterborough so we can pinpoint more accurately who we are reaching, and target underrepresented communities more effectively.
38. An application for a cervical screening project aimed at women from ethnic minority communities has been submitted.
39. An explanation was provided of the traffic light system we use to monitor the progress of our projects was provided> Green (applicable to most of our current projects) signifies the work is on track, funding is secured, and the touchpoints are fine. We currently have one project in amber which is because the second tranche of funding agreed in principle, has to go through the funders' governance process next month to be signed off. Projects that are marked red mean we are unable to proceed with the work, or that the funding has been withdrawn.
40. JJ commented on the need to recruit more volunteers and reported that there is a joint initiative between Cambridgeshire Council of Voluntary Services, Hunts Forum, and Peterborough CVS in terms of sharing funding to help organisations to recruit volunteers.
41. CL commented on the volunteer section of the report and asked if the figure for our volunteers is just for the adult group, or does it include NEDs and young people. JS responded that he believes this figure is for the adult volunteers registered but keeping them engaged and active is a challenge which is why we want to increase the number and try to reduce the barriers for them to start general engagement.

We have different segments of volunteers, but we would like more people to enable them to work in pairs at public events once they have been trained to undertake this work by our engagement team.

42. SF reiterated that volunteers join us for a range of reasons and different training may be required. Someone assisting at an event will need less training than someone assisting with an Enter and View visit, which Healthwatch England have said should be more than Care Homes and some Healthwatch are visiting Community Diagnostic facilities among other things.
43. SF asked all NEDs if they have signed up to our newsletter and if not, please could they and are all NEDs receiving the Healthwatch England updates as well because they are very useful. If not, PG can assist with this.
44. SF reminded NEDs to respond with their feedback about the Summit in preparation for the internal review meeting which is being arranged.
45. No further points or questions were raised in relation to the CEOs report.

Action: PG to ensure all NEDs are signed up for the Healthwatch England newsletters and our own as well.

Action : CR to organise a meeting within the next week to share feedback and learning points from the summit.

The Board noted the report.

General Purposes Group (GPG) report

46. SF introduced the report which was Chaired by AG this time.
47. AG is delighted that we have appointed Face2Face HR now and she is encouraged that our HR support has been strengthened and professionalised.
48. SF commented that the main point to note is that we set a budget with a deficit of £42k which was agreed on the basis that at 6 months it would be revisited because there were several decisions pending at that time including whether there would be an uplift in the grants. The forecast now, following a pay award, various adjustments, and confirmation of funding uplifts from CCC and PCC for this financial year, is that we are now predicting a surplus of £5738, subject to meeting our current income target.
49. No further points or questions were raised in relation to this report.

The Board noted the report.

Any other business

50. SF confirmed that no questions had been submitted by the public in advance of the meeting.

51. SF thanked everyone for attending and reminded them that the next meeting will be on 24th January and a Board Development meeting will be held on the 15th of November, this is an important meeting for the NEDs to attend as it will include the revised paper by JS regarding the 'way forward' which is the pathway to divide a lot of the actions discussed at this meeting. There will then be a GPG meeting in early January preceding the Board meeting.

Meeting closed at 18:25 hrs.

DRAFT