

Minutes of the 63rd full Healthwatch Warwickshire Board Meeting
Tuesday 10th January 2023
10.30am to 11.30am
MS Teams Conference Call

Present:

Liz Hancock (EH) – Chair
Robin Verso (RV) – Vice Chair
Mike Flaxman –FAG Chair
John Copping (JC)
Leonard Harvey (LH)
Jerry Roodhouse (JR)
Gita Patel (GP)

In attendance

Chris Bain (CB) – Chief Executive (CE), David Alexander (DA)
Authorised Representative, Robyn Dorling (RD) – minutes.

1) Welcome and Apologies:

Paul Tolley and Helen Adkins sent apologies
Welcome to David Alexander, Volunteer Observer

2) Declarations of conflict of interest

Liz Hancock, Chief Executive, Mary Ann Evans Hospice
Jerry Roodhouse, Councillor, Warwickshire County Council
Mike Flaxman, SWUFT Governor

3) Appointment of Chair

The Chair recommended Kate Morrison joins the Board as a Director. Kate has worked in the voluntary and community sector for thirty years, twenty five of which were at a senior management level. Kate is currently working part time for New Hope Counselling and was previously the Chief Executive of Warwickshire CAVA. This recommendation was seconded by MF, RV, GP.
Kate will be invited to join the informal Board meeting on 14th February.

EH to remain as Chair until the HWW contract ends on 31st Oct 2023.
The Board are keen to appoint the next Chair from the Directors of HWW.
August 2023 is the time the Board need to look for a new Chair for HWW.

No Questions from the Board.

4) Minutes from the previous meeting

The minutes of the Healthwatch Warwickshire (HWW) Board meeting on 8th November 2022 were agreed as an accurate record of proceedings and were electronically signed by the Chair.

5) Matters Arising

From the Action list:

1. CB to email a summary paper of the discussion between JC and CB about contingency in the event of the Closure of HWW CIC. Will then be minuted and closed at the next Board meeting. This was discussed at the last meeting and has recorded in the minutes.
This item is now closed.
2. To go out by end Oct 22 - 14th Oct version, CB to approve and then add logo and circulate, FB LinkedIn, trustees, and WCAVA.
This item is now closed.
3. Board Development Day Date 8th Nov. So short Board meeting then to Development - 10.30am to 2pm. Finance Report essential. Update on HWC, Director advert.
To be discussed Under item 6
4. Last slide of presentation to HWBB to be circulated.
This action is now complete.
5. Operations Committee:
 - a. Whistleblowing policy, 24th May 2022, EH made comments, circulate amended version to the next Operations Committee.
This item is ongoing and will be an agenda item at the next Operations Committee on February 14th 2023.
 - b. Terms of Reference to be changed to Operations Committee.
TORs finalised, to be sent to MF for inclusion in Scheme of Delegation update.
RV said the wording is not appropriate for an Operations Committee. The Committee should be responsible for the training plan, implementation and follow up. JC said that this was implemented in CJ's last week of working for HWW so was time pressured. JC agreed that this could be improved.
DA read out a note from SJ who attended the Operations Committee meetings as a Board Observer saying that as Board Observer, she did attend those meetings, it was then disbanded and is being reinstated. CJ covered a lot of the work that is being put back into this committee and reading through the paperwork noted that there was no mention of a volunteer representative being on this committee.

Actions:

- **EH asked RV and JC to develop an additional draft, including the comments made at the meeting, to be reviewed at the Operations Committee meeting on Feb 14th, 2023, to be approved and to then come to the next Board meeting.**
6. Understanding Coventry and Warwickshire ICS to be presented by CB at the 10th Jan Board meeting, (20 to 30 minutes).
See CE Report item 7.
 7. Recruiting additional Board Directors - the job description and person spec to be circulated to the Board. Chair asked for comments on the most recent version sent out (yesterday EH version).

This action is now complete.

8. Operations Committee dates to be revisited as GP cannot attend on a Tuesday after Board.

This action is closed.

EH asked the Board if there were any other matters arising from the previous November meeting that have not been addressed. There were none.

6) Chair's Report

Meetings EH has attended:

- Performance Review Meeting with commissioner, which was very positive.
- Successful outcome of Director Recruitment.
- Healthwatch Coventry – Application for funding to further develop a HW collaboration has been submitted to ICB. No response yet.

Action: Circulate the document to the Board.

The ICB have contacted CB and Ruth Light, CE HWC asked for a joint presentation on the statutory role of Healthwatch in the Integrated Care System and what feedback we are hearing in Coventry and Warwickshire. To be presented at the Integrated Care Partnership meeting in February 2023.

Board Development Session:

The Chair asked for feedback:

- RV thought it was very useful but that we do need to follow up on issues of Board members becoming more involved. RV has been appointed to SW PLACE.
- The staff team met yesterday to look at the evidence needed to gather to be ready to submit the tender. CB has been familiarising the staff with the process and looking at the evidence we will need to gather to demonstrate a track record, when entering competitive tendering, aligning all our work with the seven functions of HW. This will be the staff focus and priority over the next three to four months. The staff are meeting on Monday to develop a workplan. This will be shared with the Board.
- The Board can support by dedicating a session to look at Board requirements in terms of governance.
- MF will be very involved in the financial aspects of the tender. Additions to the contract performance funded from reserves may be useful to add to the tender. Will be keeping a close eye throughout the process particularly in terms of the health infrastructure across Warwickshire. CB will keep the Finance and Audit Group and the Operations Committee fully informed.
- CB will give a similar presentation, on the tender process, to the Volunteer Forum.

EH said that as we go forward with the tender it may become clearer where the gaps in support are so we can identify how the Board can support, so that this can be demonstrated in the tender.

Action: Circulate the Invitation to Tender presentation given to the staff yesterday.

7) CE's Report and Update on Emerging Strategic Issues

The CE's report was circulated to the Board prior to the meeting:

- SWUFT have issued a summary of current winter pressures and how they intend to respond. Respiratory diseases are impacting across the NHS. Average age of people admitted are over 81 years old with respiratory illnesses and they are staying in hospital for longer. Challenges are clear and if you add workforce crisis to this some of the pressure seem inevitable.
CB to ask for regular updates at Health Overview Scrutiny Committee so that we can keep the public informed. Quarterly performance reports will be used to brief HOSC, these will evidence what we are saying is happening across Warwickshire.
JR supports CB asking for HOSC to give regular updates.
ACTION: MF has agreement to circulate report from SWUFT
- Pharmacy has not historically been something we have looked at as feedback has been positive, but we are hearing of concerns with availability of prescriptions and Prescription on Demand system. We have also heard from the General Pharmaceutical Council (GPC) that people with more complex needs are being referred to Pharmacies because they cannot get GP appointments. General principles underpinned by a whole series of standards have been issued by the GPC and we will be looking at these to see if there is a project, we could do that would add value. We want to work with Pharmacies on behalf of patients.
GP thinks Pharmacies would value HW working with them.
- ICS update: The Hewitt Review, which is looking at integrated care systems. CB has challenged HW England by asking if they have given evidence and, if they have, what was it and why did they not tell us about it? HWE have gone directly to ICS Chairs without talking to local HW about it, which CB would like to discuss directly with them.
JR will be meeting Patricia Hewitt on 25th January this is facilitated by the County Council Network. JR asked CB if we have something we would like to submit.
Action: CB to submit to JR before meeting.
- Integrated Care Strategy. Process and priorities. Where does the patient voice fit in? Link to documents are in the CE report.
- GP services task groups has done a really good piece of work. Concern that lots of GPs that are soon to be qualified would rather work as Locums and not take on the responsibilities of running a practice.
- CB gave a presentation on the ICS using a structure diagram that reflects the current structure.

First Tier:

- Integrated Care System

Second Tier:

- ICB holds budget in service provision in all of the collaboratives and in all of the places, it is primarily an NHS body, the acute CE's sit here.
- ICP is a wider partnership of organisations the intent of which is to provide strategic direction to the ICB voluntary sector, district councils and a whole range of bodies. Meets twice a year and gives strategic advice to the ICB.
- HWC and HWW have places on both the ICB and ICP
- HWBB – in Coventry and Warwickshire and are separate organisations. is not a decision making body and does not have a budget.
- Integrated Health and Wellbeing Forum, brings Coventry and Warwickshire HWBB's into a single forum. Not yet clear how it now fits into this system. We have a place on this
- Quality Safety and Experience Committee – where they should be considering the patient experience of services, they deliver we have a place on this as do HWC, although they have not taken theirs up.
- Commissioning Planning and Population Health Committee, which looks at the wider determinants of health and we have a place on that.

Third Tier:

Care Collaboratives.

- Warwickshire Care Collaborative and Warwickshire Collaborative raised concerns which have led to the establishment of other collaboratives.
- Originally Mental Health Care Collaborative but now there is also a Learning Disability and Autism collaborative.
- GPs then set up their own Primary Care Collaborative.
- Provider Collaborative (mainly for acutes) then set up to sit alongside this

Fourth Tier:

- PLACES – three PLACES in Warwickshire and one in Coventry. South Warwickshire, Warwickshire North and Rugby and Coventry PLACE.
- HWW sit on all of the PLACE executives, this is where patient voice can begin to have an input. RV sits on SW, JR in Rugby and LH will sit on Warwickshire North. What is not yet clear to CB yet is the relationship between those PLACES and the structure above it.
- Seventeen Primary Care Networks

Challenge for HWW is responding to something this complex.

Questions and Discussion:

- RV asked how the planning and commissioning is going to work. Previously CCG's did this. Under ICS intention was that PLACE would do this. Collaborative and Provider relationships unclear.
- CB answered that ICB is the one that holds the money they liaise with care collaboratives to try and establish which services require funding then care collaborative should collaborate with PLACE executives to make decisions about what funding should be used at that level. Then we have PCNs that also require funding.
- MF said that PLACES are supposed to have local population health plans. Anne Coyle is leaving (one of the Co Chair of SW PLACE) and Anne was running this.

- David Etherington (Co-Chair of NW PLACE) is also leaving.
- EH - Key staff and Clinicians attending multiple meetings of the same type puts pressure on them getting on with the day job.
 - MF - post covid financial regime starting on April 1st but we will not know the details until July. So services will be running for three months without knowing who is paying for them.
 - JR sits on the Rugby Care Collaborative. Danielle Oum, Chair ICB has told them they will be making decisions about where funding will go in PLACE. Is more NHS top heavy at the moment.
 - LH – GPs no longer provide acute services so people go to A&E. They run chronic health services.
 - CB will be asking HOSC - How does a system as complex as this briefs NHS 111 so that its advice is up to date and relevant to people?
 - JC – Pharmacies roles are going to change substantially so strategically it would be good for HW to be involved.
 - JC - Clearance of blocked beds into care homes, would accessing these people be a project for HW?
 - EH – Believes there is capacity in care homes and agreement with acutes to use homes to discharge patients as a step down before they go home. MF said that he thinks there are 2,000 to 3,000 capacity (places in care homes) compared to 13,000 to 14,000 beds occupied by people in hospital who are ready to leave. If turned over regularly could begin to address the backlog.

No further Questions

ACTION CB to circulate presentation.

8) Report from Operations Committee

Terms of Reference discussed under Matters Arising, Chair asked if any members wanted to highlight anything. Nothing to add.

9) Report from Chair of Finance and Audit Group

The Chairs' FAG report was circulated to the Board prior to the meeting.

Inflation Funding Document - the key issue for the Inflation Funding Document is an attempt to get the baseline for the contract funding raised so that when we get to tendering, we will be tendering against a sensible baseline figure.

No questions from the Board.

Financial Forecast: We are underspent compared to our projected original budget of overspending due largely to the time lag in getting staff in post and the general underspending on a lot of the non-pay budget because we have not had the staff in post to spend it. Working from home and virtual meetings are reducing a number of our requirements for non-pay budget. It was not that easy to put together a forecast for the year end but forecasting an underspend of about £5,000 at the end of March.

No questions from the Board.

The Chair thanked MF for his work on the inflation funding document.

No Questions.

10) Volunteer report

- DA Volunteer group are feeling more positive considering recent developments: a face to face volunteer forum, thank you gifts from staff. Looking ahead for the reintroduction of Enter and View. It has been missed by volunteers as for some this is why they joined, and they are very conscious that residents have had a difficult time and that we have not been able to give them the input and quality relationships they deserve. Volunteers had a meeting at Sydni Centre and looked at planning for appointments. This was a face to face meeting.
- Enter and View training and preparation is raising moral amongst volunteers.
- Supervision is in place and much appreciated.
- MF - Glen Burley has agreed our volunteers can go into acute settings to do Enter and View.

11) AOB

MF gave apologies for February 14th Board Meeting

12) Date of next meetings

Informal Board catch-up Tuesday 14th February 10:30am - 11:30am via MS Teams. Followed by the Operations Committee Meeting from 11.30am to 1.00pm.

Full Board meeting 10.30am to 12.30pm on Tuesday 14th March 2023, via MS Teams.

Summary of Actions: (see attached)

Board Director Attendance Record

Name	11 Jan 22	8 Mar 22	10 May 22	12 Jul 22	13 Sep 22	8 Nov 22	10 Jan 23
	P = Present / A = Apology / X = Absent						
Helen Adkins	P	P	P	A	A	P	A
John Copping	P	P	P	P	P	P	P
Mike Flaxman	P	P	P	A	A	P	P
Liz Hancock	P	P	P	P	P	P	P
Leonard Harvey	P	P	P	P	P	P	P
Gita Patel	P	P	P	A	P	P	P
Jerry Roodhouse	P	P	P	P	P	A	P
Paul Tolley	A	A	P	P	P	P	A
Robin Verso	P	P	P	P	P	P	P

Minutes Approved by: Elizabeth Hancock



Signed:

Date: 14th March 2023