

# Minutes of Q3 Board Meeting held on 22<sup>nd</sup> February 2023

#### Context

This meeting was hybrid with some people participating in person and others via Teams. Board members were asked to read all the papers and submit any questions on these in advance of the meeting.

As this is a public meeting, TEAMS is used as it does not need a license and can be accessed for free. The public were made aware of the meeting via our Events Page and social media posts. Invitations were also sent directly to stakeholders and commissioners.

Permission to record the meeting, for the purpose of notetaking was agreed verbally and the recording was started. After the production of these draft minutes the recording has been deleted.

#### Present

<u>Board Directors</u>: Steve Cooper (Chair), Jeremy Gardner (Vice Chair), Non-Executive Independent Directors: Helen Goodman, Sally Dartnell, Martin Phillips, Renee Fickling, Ali Khan. Mark Sharman, Kathryn Loughnan (Help & Care Member Director), Commissioner Seth Gottesman

<u>Apologies:</u> Non-Executive Independent Directors: Nigel Foulkes, Linda Cairney. Commissioner Niki Lewis; Alison Challenger WSCC Director of Public Health; Bob Lanzer Health and Wellbeing Board Chair; Director Adults and Health Alan Sinclair; Councillor Amanda Jupp; Commissioner Fiona Mackison.

<u>In attendance</u>: Katrina Broadhill, Ann Brosnan (Minutes)

Public Observer: n/a

#### 1. Welcome and declarations of interest

SC welcomed everyone to the meeting and noted apologies from Linda Cairney and Nigel Foulkes

No declarations of interest.

## 2. Approval of Previous Minutes

One amendment around Volunteers

Action: Ann to update.

Summary of previous actions:

- Action 04 Katrina Revisit impact and performance report's focus completed.
- Action 05 Mark Share Fuller report with board completed.
- Action 06 Katrina Share updated escalation log with board completed.
- Action 07 Ann set up finance sub-committee meetings completed.
- Action 08 Ann set up hybrid boards for 2023 completed.

## 2.1 Matters Arising - None

### 3. Impact and Performance

Katrina gave an overview of the new report, which focuses more on impact. She noted that HW West Sussex needs to ensure wider coverage of the work undertaken by the team.

There have been challenges around staff sickness and absence due to continuing viral infections among the team. Additionally, there has been a change in personnel for comms, the new colleague has picked up the work really well. A comms page has been added to the report and a comms plan in response to the survey, will go to Kathryn for approval.

There has been work around maternity and safeguarding.

The youth volunteer, Hannah, will take part in an HWE workshop around youth participation.

Published Bowel Cancer screening report and continuing to add learning.

Main concerns remain GP/Dentistry access.

Contact has been made with youth organisations and we have a presence at freshers' fayres, but there has been a noticeable dip in engagement at these events since Covid.

Sally has a contact for Scouts and should also have one for Guides.

Action: Sally to give contacts' details to Katrina

Would be good to further review the Impact Report in terms of how we explain our priorities and why we focus where we do.

**Action: Katrina** 

We get lots of responses to surveys about GP and dentistry access. Where we co-design surveys, such as with the NHS, these often take longer because of staff changes, and so momentum stagnates and the response is not as good.

Sally recently attended a digital health event and spoke to Antonia Brown about Virtual Wards. They have a capacity of 500, but currently only 5/6 people using them. Suggest contacting Antonia to discuss how awareness can be raised and will share the slides from the event with the board.

**Action: Sally** 

Volunteers – Steve commented that a number of volunteers don't claim expenses, but it is important that they do, so we get an accurate figure for expenditure.

They have the option of donating their expenses to charity.

## 4. Financial & Performance Sub Committee Report

Reserves are good. Finance sub group need a breakdown of the figures, since 98% of spend was shown as a single figure in the information received.

## 5. Independent Director and Staff Feedback

- 5.1 Health and Wellbeing Board (HWB) not attended.
- 5.2 Health and Social Care Scrutiny Committee (HASC)

Evidence gathering was well received. Councilors were shocked at the

state of dentistry. Now that the ICS will be in charge of commissioning dentistry, it is hoped that there will be a serious conversation about it.

#### 5.3 Safeguarding Adults Board (SAB)

The QA sub-group has looked at Care Homes and domiciliary care. There has been a fall in the number of Care Homes causing concern to an all-time low of five.

Risk management re self-neglect. Families not being involved early enough for this and mental health issues.

This links into the issue with workforce. Focus is on recruitment and not retaining existing staff.

#### Communication and Engagement

Tom Goodridge the engagement manager for NHS Sussex is now taking the reins and will bring all together to avoid duplication, and see where commonality is.

#### 5.6 Stroke Task & Finish Group

Stroke consultation continues and large and small events are being held. We will be doing joint work in the community which will enable us to cover the whole area. Have suggested a visual to explain stroke.

#### 5.7 Pharmaceutical Needs Assessment - N/A

#### 5.8 Development of ICS and Place-based partnerships

Have worked, and formed good relationships with NHS Sussex via weekly meetings. Have secured funding to work at a Sussex-wide level.

#### 5.8 Regional and National Update

No major updates.

New operating framework for the NHS came out in January.

Commissioning of grants to look at health inequalities.

## 6. Integrated Care System

HWE is looking at the effectiveness of communication when people are referred to secondary care and patients then go back to their GP.

# 7. Policies and procedures update

The updated policies and procedures were discussed.

We now have a tracker for policies to keep them updated.

Sally commented: Decision Making Policy says that all recommendations arising from projects will be sent to the board for final approval before they go to the Commissioners. How will this work as it may slow things down?

We check that they are SMART and deliverable and then are sent to the relevant organisation, to comment on and have a conversation with.

Martin felt that, in terms of Governance, it is important to keep this in.

As part of the Development Improvement Plan, Help and Care has been reviewing practice and implementing changes in a variety of areas e.g. new volunteer resource pack and the decision making policy/matrix to help set priorities for the workplan.

Steve commented that he was grateful for the work done and happy to ask that these be approved/implemented.

This was agreed by the board.

## 8. Escalation and Insight Tracker Log

Most recent escalation concerned young people.

Issues calling 111 over the Christmas period and being referred to the UTC, which was not accepting people. Quickly updated and people referred to A&E.

#### **AOB**

All ID badges are being refreshed. If any of the board want one, contact Katrina.

#### **Action: Board**

Next board on 17<sup>th</sup> May will be a hybrid and Stanley Room booked at Billingshurst 11.30–13.30.

Meeting ended 11.15.

# 9 Future Board meeting dates:

Board Meeting dates			
Q4 – Wed 17 <sup>th</sup> May 2023			
Q1 – Wed 23 <sup>rd</sup> August 2023			
Q2 -Wed 15 <sup>th</sup> Nov 2023			

# **Action Plan**

Item Number	Action required	By Whom	Notes/ Completed
09	Amend November minutes re volunteers and reissue	Ann	Completed 22 <sup>nd</sup> February
10	Share slides from health event	Sally	Completed
11	Give scouts and guides contact details to Katrina	Sally	Completed
12	Review Impact report in terms of how priorities are described	Katrina	Completed
13	Contact Katrina if you want an ID Badge	Board	