

Meeting Minutes

Board Meeting

When: 19 March 2015 10:20-12:30

Where: 2nd Floor, 206 Marylebone Road, London NW1 6AQ

Present (Board)

- Michael Bichard, Chair
- Peter Hay
- Mario Kreft
- David Archibald
- Anne Macfarlane
- Tina Coldham
- Sukhvinder Kaur-Stubbs
- Mary McKenna
- Fionnuala McAndrew
- Sally Warren
- Terry Moran

In attendance (Staff)

- Tony Hunter (Chief Executive)
- Amanda Edwards (Director of Knowledge & Evidence)
- Ewan King (Director of Business Development & Delivery)
- Stephen Goulder (Company Secretary)
- Michaela Gray (Executive Assistant - Minutes)
- Patrick Hall (Staff Representative)
- Dave Probert (Personal Assistant – Minutes)

Apologies

- Alex Fox
- Bev Searle

Apologies and welcome

1. The chair welcomed the trustees and listed apologies.

Minutes of the previous meeting

2. The board agreed the minutes of the previous meeting held on 13 November 2014 subject to confirmation that TM was not present and had sent apologies.

Matters Arising

Developing digital services

3. SG reported on action that had been taken since the previous meeting and tabled information comparing the number of people who use the SCIE website, registrations and log-ins to SCIE per month from June 2014-February 2015 with that between June 2013-February 2014. These comparisons demonstrated a significant increase in visitors to the website, and of logins from those registered with SCIE.
4. Following discussion it was agreed that:
 - More detailed information on web visitor's interaction with SCIE, our most popular resources and registrants be circulated.
 - All staff should be part of the social media strategy to market SCIE.
 - If possible to assess how our web statistics compare to those of our competitors.
5. The chair agreed that a regular digital update be brought to the board.

Chair's report

6. The chair presented his report. He had been hugely impressed by the way in which the staff had responded to the need for a much more enterprising and commercial SCIE. He had held:
 - Regular meetings with the chief executive and other senior staff
 - Engaged in early meetings with potential partners to stress our determination and the commitment of the board to the changes we are making
 - Contributed to commissions and contracts, such as the Better Care Fund as a member of the Advisory Board.
 - Chaired the very successful Round Tables which have given SCIE a chance to show that it can lead thinking in the sector on issues such as community development and leadership.
 - Fronted the launch of the excellent work on Independent Mental Health Advocacy which we have led in partnership with the University of Central Lancashire
7. He had used recent meetings with the Permanent Secretaries of DH and DfE, the Chief Executive of the NHS, and the Cabinet Secretary to inform them of SCIE's offer.

8. The round tables were discussed. DA thought that SCIE should raise more awareness of the roundtables. The chair agreed that we need to be smarter with social media and increase our capacity to write up the outcome of the round tables. SW suggested that if there were capacity issues in terms of writing the roundtables up, it might be useful to use members of the social care graduate programme. TH would follow up.
9. The Chair asked for proposals for future roundtables. SW suggested the economic contribution of social care; social care drivers. DA suggested the issue of young unemployed people. TH agreed to explore the idea of co-sponsorship.

Chief Executive's report

10. The Chief Executive presented his report. He summarised SCIE's focus as:
 - Delivery of our key NICE contract and Department of Health (DH) commission, which, although reducing faster than anticipated, still together comprise over 65-70% of our income and required continued high quality delivery.
 - Opportunities big and small which arise for marketing and selling our general products to support local implementation programmes in tailored ways, most notably our Care Act guidance material. (Over the last year more than half the councils in England have paid SCIE to assist with implementation.)
 - Relationships with other organisations engaged in social care improvement, giving us access to opportunities less suitable for us alone and also creating powerful and attractive partnerships for responding to tenders or creating joint products. Four current examples are the work with KPMG in Better Care Fund implementation, the successful Innovation Fund bid alongside NSPCC and The College of Social Work, the work with Public Private Limited (PPL) in LB Richmond Council, and the creation of the care providers' improvement hub with Skills for Care.
11. These themes have implications for the development of our business plan. DH and ADASS see and welcome the changes, especially the greater reach and relevance of our offers.
12. He reported that in partnership with NSPCC and TCSW, SCIE had successfully bid to the DfE Innovation fund. This will provide a step change in the help SCRs can provide to improving the safety and wellbeing of children by working actively with managers practitioners and their professional bodies to improve both the quality of serious case reviews and the use of learning from serious case reviews in practice. Activities include the identification of trends emerging from SCRs and creation of briefings and support materials, bringing multi - agency staff together to design and implement effective new practices at a local level. SCIE is the lead partner for research and knowledge transfer so we are in the process of identifying the internal and external resources, skills and capacity to deliver collation and synthesis of SCRs, internal evaluation and supervision of SCR lead reviewers.

13. The chief executive expressed his appreciation for the advice, support and challenge of trustees, provided in a number of ways, especially that of the audit and risk committee.
14. He informed the board of good progress being made to complete the lease on Kinnaird House and to market part of the space for subleasing. It was agreed that details of the available space be provided to TM.
15. TM asked what work was taking place to secure an extension of the contract with NICE from March 2016 to March 2018. AE responded that NICE have given plenty of notice in the past of any change and that she would expect any confirmation to be given by September/October, although may be delayed by the election and the triennial review of NICE by the DH.
16. The chair noted that over the last year we have been able to adapt the skills of staff to meet changing organisational needs, and added that he felt that resilience among staff feels much greater. PH agreed and noted the importance of investing in staff with additional training where necessary to ensure staff feel confident and empowered. TM stated that while crises in organisations tend to bring out the best in people, the question is how we sustain that response.

Report of the Audit and Risk Committee

17. SKS gave a verbal report to the Board and made the following points:
 - Following the appointment of TM as chair of the audit and risk committee with effect from November 2015, she would agree a handover with him.
 - Because of the fast moving events following the reduction in SCIE's DH commission for 2015-16 and her, and the committee's involvement in the development of the business plan, it had not been possible to prepare a written report in advance of the board meeting. Whilst the business plan wasn't sufficiently developed for approved by the audit and risk committee, SKS thought that SCIE had risen to the challenge.
 - The committee had considered a revised reserves policy based on three month's operating costs. After receipt of further advice she recommended it to the board who approved the change.
 - The committee was pleased that the business plan acknowledged the different needs of the three different revenue streams.
 - The business systems are currently being integrated which should help in the delivery of work. The committee will receive a presentation on this programme at its meeting in May.
 - It has been demonstrated that strong control on PO's is taking place.
18. SG confirmed that in the event of the need to close SCIE the reserves are sufficient to do this and comply with our regulatory requirements.

19. TM emphasised the importance of knowing exactly when income will arrive in SCIE's account.

20. The board thanked SKS for her work as chair of the audit and risk committee.

Business Plan 2015-16

21. The chief executive gave an overview of the Business Plan using a presentation.

22. MM raised the risk of damaging our good reputation and brand through work with KPMG and other similar organisations. The chief executive said that the assessment of all work we bid for includes the impact on our reputation and brand. EK noted that we also have enough strength as an organisation to have a real influence on projects, and that we also working with big charities such as the NSPCC.

23. TM stated that because we are developing an emerging operating model, we should include in our business objectives the review of our internal financial controls to ensure that they are proportionate. He that we should assess over what period of time we expect to move into a balanced budget rather than continuing to look to our reserves.

24. PH stated that the objectives don't quite match the threats to the social care sector and that SCIE should seek to diversify outside the sector and well as within it.

25. SW stated that depending on the intended audience of the Business Plan, it might be helpful to reshape the document. TH confirmed that a summary will be prepared for external communication.

26. It was agreed that corporate costs be reviewed. SG noted that our largest overhead cost would be our accommodation and we are looking at subletting space to offset our costs.

27. DA suggested that "wellbeing" be added to the vision and added that we should be outcomes focused.

28. MM stated that that an assessment of gaps and opportunities for investment be identified to build income streams. The chair noted that there is a gap around marketing so the benefits of further investment should be explored.

29. PH stated that SCIE should strengthen its commercial offer on co-production. The chief executive would discuss with Pete Fleischmann ahead of the co-production Steering Group.

30. The Board agreed:

- The draft business plan for 2015-16.
- The draft income and expenditure budgets for 2015-16.

- That a further report be presented to the board at its meeting in in May setting out how progress on each KPI will be measured, the objectives for senior staff, and a resourcing plan.
- That a full strategic risk register is developed from the outcome of further discussion with the audit and risk committee.
- That a summary of the business plan be prepared for external communication.

Health and Wellbeing: Learning from SCIE roundtable

31. The chief executive, DA, SW, and TC led a discussion of Wellbeing that was informed by the SCIE roundtable held the previous day.
32. TC stated that we need to think in a holistic way about all aspects of health, which is very contextual and individual. In terms of defining “wellbeing”, we need to think about social determinants, such as the area people live in, their homes and the people around them; economic wealth, and the ability to have a meaningful day and feel they are making a contribution, and feeling they have benefitted from that contribution. It is about resilience and contentment.
33. DA stated that the Care Act sets out the principles of individual wellbeing in a very broad and challenging way and we need to look at the implications. There needs to be flexibility for individual needs. It’s not just about tweaking assessment processes. We need to look at what it means for us by looking at the broader agenda, whether we impinge on public health, and what kind of modelling is needed to help us know how to invest in wellbeing. People feel better when they’re contributing, not just receiving, as that’s when they feel most valued.
34. SW added that wellbeing is way beyond personalisation; personalisation may be necessary but is not sufficient for a sense of wellbeing. However, the language used by professionals remains bureaucratic and unclear.
35. The chair shared an example of a GP who has reduced visits to his surgery by 37-39% by prescribing art therapy where appropriate rather than relying solely on medication, so looking at wellbeing as a whole rather than treating the illness can have a big difference in promoting wellbeing need to think more widely, outside the health and social care box; arts not prozac might for example be the answer for some.
36. The chair noted this is about facilitating an improved quality of life not simply delivering a public service. Top down approaches just don’t work – solutions have to be personal and owned, and presented positively, i.e. “living a good life”, not just as “prevention.”
37. AM noted the need for refreshment to be done, for example around training and added that a cultural shift is still needed. The chair agreed that active not passive engagement is vital.

38. SKS noted the overlap with her work with the University of Birmingham which looks at charities and their beneficiaries to identify power and control and what impact this has on service users. There is a growing movement at a community level.
39. FM noted that an alliance with the public health agenda is very important as the role of Primary Care is significant.
40. TM stated that there is a danger we forget that experiences of poor mental health are very different for different people and added that his view changed after his own personal experience.
41. TH thanked TC, SW, and DA for sharing thoughts to support debate. With wellbeing the Care Act guiding principle, can we develop/sell an offer on the back of our successful implementation training and consultancy?

Performance report

42. SG presented the performance report. Key points were:

- All business objectives were being delivered on target. No performance indicator has been flagged at amber or red. There was some delay on the delivery of the work programme in NI because of staff illness.
- As at 31 March 2015 it is expected the SCIE's unrestricted fund reserves would be £5,244,208.
- All restricted funds-those that support our commissioned work-will be sent down with the exception of the fund provided by DH to support the piloting of individual budgets. Approximately £120,000 will be carried forward to be spent down in 2015-16.

Board annual agenda plan

43. The board noted the annual agenda plan.

Any other business

44. There was no other business.

Date of next meeting

45. The next meeting of the board would be held on Thursday 21 May 2015.

Approved:

Name:

Position:

Date:

DRAFT