

Minutes of the Board Meeting

Date / Time: 20th January 2016, 19:00-21:30

Venue: The Meadows Community Centre, Family Wing, 1 St Catherine's Road, CAMBRIDGE, CB4 3XJ.

Present: Val Moore - Chair
Mike Andrews (MA), Karen Begg (KB), Ruth McCallum (RM),
Sue Westwood-Bate (SWB), Mike Hewins (MH)

Sandie Smith, CEO (SS)
Kate Hales (Coordinator), Angie Ridley (Communications Manager)
Rita Nunes (Youth Engagement Worker)
Trisha Napier, Minute Taker

Jessica Bawden CCG (Speaker)

1 Introduction and Apologies

Chair Val Moore opened the meeting and welcomed all present.
Apologies were received from Graham Jagger.

2 Declarations of Interest

2.1 Ruth McCallum declared that, with regard to Item 7 in the Agenda, she was employed by an organisation funded by CCG. The Chair asked that she leave the Board during that discussion.

3 Minutes of Previous Meeting 18th November 2015

3.1 Approved and signed as an accurate record.

4 Action Log from Board Meeting 18th November 2015

4.1 5.5 Completed
8.4 Draft Enter & View consultation: On-going
8.5 Completed
8.5 Enter & View policy review: Ongoing
8.5 Benefits & Risks to be added to Enter & View policy: Ongoing
11.2 Governance: Nominations received for position of Vice Chair.
Decision yet to be made.

5 Chair's Report

5.1 The Chair asked the Board to note her report highlighting the following points within it.

5.2 The Appendix detailed a number of meetings attended on behalf of Healthwatch Cambridgeshire (HWC).

Points 7 - 9:

- The Chair explained that these points would be put into context under Agenda item 7 on UnitingCare.

Point 18:

- CPFT received an overall Good rating from the Care Quality Commission (CQC) in November.
- The financial challenge faced by Cambridgeshire County Council and likely impact on services.

5.3 The Chair invited questions from the Board.

- MH noted the Hinchingsbrooke and Peterborough & Stamford Hospitals announcement to plan together.
- SWB said that strengthening research links would be useful.

5.4 The Chair invited comments from the floor:

- Will the response to the HWC letter to the CCG regarding the collapse of the UnitingCare contract be published on HWC's website?

Action: SS to publish an article for the website to update the OPAC's position and make the response to the letter to the CCG public.

6 CEO Report

6.1 SS asked the Board to note her report highlighting the following points within it:

- Points 5 & 6 relate to UnitingCare together with co-ordinating her role with the other Healthwatch organisations affected.
- Point 7: Impact of the outstanding delays in care assessments for older people. The local authority responsible for this brought in extra resources to help clear the waiting list, and HWC believe that

their actions had an influence on this decision being made. Healthwatch England (HWE) are aware of the national position and are encouraged to remind all Healthwatch organisations that there might be delays in their areas too.

- Point 11: HWC are conducting a survey ‘Wheelchair for You’ working with Healthwatch Peterborough, Pinpoint and Family Voice. The survey findings will be reported in April.
- Point 12: Rita Nunes is setting up discussion groups alongside Healthwatch Peterborough to inform CAMH redesign.
- HWC has highlighted cross-boundaries to HWE. SS and Julie McNeill have drawn up guidelines regarding this and have forwarded them to HWE. Now waiting for HWE to adopt them.
- Point 15: Consultation Network. Numbers continue to rise.
- Point 16: Engagement activity is now running at 8-9 a month
- Point 17: Reach. There has been a lot of media coverage from HWC regarding UnitingCare.

6.2 VM thanked SS for her report.

- SWB asked about the waiting times for older people to access care assessments, and wondered if it was for the whole of Cambridgeshire or only parts.
SS replied that Cambridge City and South Cambs had the highest number on their waiting lists - others not so much of a delay.
- RM asked about the additional resources mentioned in Point 7, how long they were going to be in place and was this additional resource adequate?
SS told her that it was a one-off commission undertaken by Skylarks, a private provider.

6.3 The Chair invited comments from the floor:

- A member of public said that a local disability centre was interested in the ‘Wheelchair for You’ survey and asked if they could be included.
SS agreed to follow up with the interested party.
- Another member of the public raised the point that Shopmobility in the Grand Arcade Cambridge were looking for alternative funding. SS said that she was not aware of this, but that it did not appear to be within the remit of HWC.

- Jessica Bawden (CCG) praised HWC for their youth connect membership of 66, as it is hard to access that age group.

7 Cambridgeshire & Peterborough CCG update on UnitingCare Partnership - oral presentation and questions from the Board

Having previously declared an interest in this item, RM stepped down from the table.

- 7.1 VM welcomed Jessica Bawden (JB) from CCG.
- 7.2 JB gave a background to the UnitingCare contract, signed in September 2014 and commenced on 1st April 2015. It was a new type of contract, running for longer than the usual one-year period and its main purpose was to deliver older people's services.
- 7.3 UnitingCare consortia met with Monitor (the National Improvement Agency) 3rd December 2015 to notify them that they could no longer financially sustain the contract. A CCG Internal Review led by the NHS internal auditors is now taking place; the findings will be published 1st February 2016. NHS England is also holding an inquiry that may invite the views of the public. Their report will also be published in due course.
- 7.4 The immediate priority for the CCG was to ensure services continued uninterrupted. Current contracts will continue to be paid until April 2016, after which time a review of all services and work streams will be carried out. JB stressed that the voluntary sector has an important role to play in this process.
- 7.5 The deficit stands at £8.4m. The CCG will ring-fence this amount. There is no intention to recover monies from any NHS organisations.
- 7.6 The contract had made much progress in the delivery of older people's care and providing green shoots to progress the CCG do not want to lose.
- 7.7 VM thanked JB and said that her talk had been very helpful. Questions from the Board followed.
- MH: Could you confirm that although it is good to know that "green shoots" are there, that it must be difficult to protect them? What will safeguard integration?
JB: No-one wants to lose that, and workshops will be held for each work stream. The CCG have increased funding for 2016/17.

- MH: When will all this be made public?
JB: The end of March 2016.
- VM: With regard to integration, to what extent will the CCG go if we do this again? What is the learning and expectation for full integration?
JB: The Better Care Fund work also addresses integration with social care. If the elements are not too difficult to join together then we are open to that; for example the 111 call centres. But, it is important that we must stabilise what we have first.
- MA: There appears to have been a lack of transparency and the commercial discussions came as a surprise. Is there a difference in perception regarding expectations and the ability to work in a long-term contract?
JB: The CCG faced some hostile media interviews, but the message to the patients is 'please do not worry, the services and staff are still here'.
- SWB: With regard to the voluntary sector and the internal review, will you invite them to the meeting?
JB: No, not at that point, but NHS England believes that this is a very valid point regarding procurement.
- KB: There are 23 work streams, which are very complex and varied. What is the ability to draw it all together? There is so much work involved and time scales to meet, but are you expecting constructed feedback?
JB: Yes. CCG want to work with each provider and local authority to see what has been delivered so far, and the CCG will take stock in March 2016 to see what has not been done. Contract staff will be brought back in to work on this - please note these are not additional staff.
- VM: The risk integrator function that UnitingCare had with the work streams; what are the dynamics of it being put back together?
JB: Integrated care is still the intention. There may be a named person for this, but we do not know yet.
- SS: The work stream payoffs may differ with some larger than others. These need to be prioritised by impact potential for example. IT systems cannot 'talk' to each other and this should have been essential.

JB: I understand that, it is a good point and we will take prioritisation on board. However, IT takes a long time to set up and it was not fully in place.

- VM: Clinical engagement and championing the voluntary sector - what support is there?

JB: There were 8 GP leads working on procurement when appointing UnitingCare; they have come back to work with us.

- VM: Ruth Rogers and myself took part in an internal audit. There was talk that the Health & Scrutiny Committee and the National Audit Office were looking at it too. Lots of reviews are expected. Will the conclusions of the reviews be shared together with evaluation data and a map for engagement in the future? Would an event be useful to achieve this?

JB: An event would be very helpful, and to work with the community and take on board these comments.

7.8 Val Moore noted that three public questions had been received (attached as Appendix 1) and opened the discussion inviting further questions from the floor:

- Who made the original decision to give the contract to UnitingCare?
JB: The CCG governing body made that decision. Deloittes, the Strategic Projects team and Wraggs lawyers all gave advice.

- I attended a meeting at Wood Green as an observer. UnitingCare asked observers to go to different groups to give opinions. UnitingCare staff thought that raising snags and reporting things that were working well should be done in regular meetings. I was very impressed with their positivity.

JB: Confirmed the work of UnitingCare showed promise.

- Who decided the amount of money to be spent in the first year of the contract, as little time appears to have been spent looking at IT. One year has passed but nothing is fully working.

JB: It is a long-term project and the CCG thought it would be transformational and not a lot would change immediately. The internal investigation started quickly, so the CCG know where to act and what could be done differently.

- There is a lot to do over the next few years, is five years long enough?

JB: The building blocks are already in place and we don't want to change that. It is really important to maintain integrity and care for patients.

- Victor Lucas (VL), HWC Guarantor asked about the level of deficit and if more could have been done to involve Health and Social Care Services. VL complimented VM on her approach with the media and asked why the responsible Board member of the CCG hadn't been heard from.

JB: NHS England's review will have an external focus and include social care. CCG will report back after the results of their review are published. The accountable officer is the GP Lead, Dr Neil Modha who has given media interviews.

- 7.9 VM checked with those who had submitted public questions if they felt they had been answered. She emphasised question 3 on the notified public questions, from a HWC Volunteer who couldn't be here tonight.

JB's response was that the priority was to stabilise services until April and that the CCG are not intending to offer a further procurement in the future.

- 7.10 VM closed the public questions at this point and thanked JB for her presentation and answering the questions.

8 Communications Plan:

- 8.1 SWB presented the Communications Plan produced by Angie Ridley (AR) with her and MA's assistance. SWB referred to the purpose to define what HWC are going to do with regard to communications in the future. Highlighting that communications are essential to HWC, and the plan will compliment what has already gone before.

- 8.2 MA highlighted that their message to Stakeholders should be consistent and communications timely. AR drew attention to three functions, "Listen", "Involve" and "Challenge", which will integrate into all communications.

- 8.3 AR referred to the Key messages diagram and spoke about the communication principles as:

- Relevant and meaningful to local people - not tokenistic. Targeted to intended audience e.g. relevant to the NHS.

- Using appropriate language when communicating with people. Plain English best practice for general communications.
- Providing information in different formats, to reach different communities.
- Messages that tell the story of who we are, what we do and why we matter.

8.4 The plan was approved subject to several minor amendments to the principles. VM thanked SWB, MA & AR for the diagram and asked for this to go into the Annual Report.

8.5 The Chair asked for comments from the floor, and the suggestion to use the term 3rd sector rather than charities was accepted.

9 Finance Report

9.1 SS presented the finance report to the end of quarter three, December 2015. A funding application is in hand to maintain the Youth Engagement Worker post.

9.2 The Board noted the report.

10 Reviewed policies and procedures

10.1 Data Protection Policy:

Document retention periods added.

Decision: The Board approved the policy.

10.2 Health & Safety:

HWC have adopted Hunts Forum's H&S Policy as it covers the Maple Centre where HWC are tenants.

SWB asked for mandatory training for HWC staff to be clearer.

Action: SS to seek assurance re mandatory training.

Decision: The Board approved the policy.

10.3 **Home Working policy:**

Employee's responsibility for equipment clarified.

Decision: The Board approved the policy.

10.4 **On-line Engagement:**

Section 2 Social Media has been amended and brought up-to-date.

Decision: The Board approved the policy.

10.5 **Whistle-blowing Policy:**

Amended to reflect all whistle-blowing referring to HWC itself and external organisations.

Decision: The Board approved the policy.

11. **Public questions:**

There were no further public questions.

The Chair closed the meeting by thanking Jessica Bawden for attending and speaking to both the Board and all those present at the meeting.

Date/venue of next Meeting:

16th March 2016, 7pm

Maple Centre, 6 Oak Drive, HUNTINGDON, PE29 7HN

Appendix 1

Public questions submitted in advanceQuestion 1

In view of the fact that Cambridgeshire Community Services (CCS) had a high level of "customer satisfaction" and remained within budget, who made the decision to terminate the contract and why?

Question 2

- *£800 million over 5 years offered to UnitingCare from 1st April 2015, were these completely new funds from NHS?*
- *Objectives quite well agreed in 2008 and 2014.*
- *Who was responsible in UnitingCare overall?*
- *How did the system work?*
- *Were staff available solely for this service from 1st April 2015?*
- *Was the £800m, other than set-up costs, split up on a progressive basis over the 5 years to coincide with the anticipated rise in patients?*
- *Obviously it would take time to make this Care efficient, was there any objection from other services to this new plan?*
- *Were suitable computer systems installed?*
- *We have many dedicated staff in this area, were they and are they seeing the plan progress in a suitable way?*
- *Presumably the financial affairs were regularly checked therefore why has UnitedCare decided 'no more'?*
- *I understand the CCG are continuing the service until 30th March 2016 but what then?*
- *Surely with a clear-cut plan our medical staff would have great satisfaction in their work and happy to further their career in this service.*

Question 3

I ask for assurance that the CCG will not now try to consider tendering this (Older persons' service) service to any other providers, other than those NHS services who were making provision originally and who will now be continuing to run those services? Having wasted so much money on the contract with UnitingCare, it would be an insult to the people of Cambridgeshire for the CCG to do anything other than keep services with those NHS providers.