

Minutes of the Board Meeting

Date / Time: 16th January 2019, 11.00am

Venue: St Ives library, 4 Library Row, Station Rd, Saint Ives PE27 5BW

Present: Chair: Val Moore. Directors: Jonathan Wells, Graham Jagger, Sue Westward-Bate, Mike Hewins, Frances Dewhurst. CEO: Sandie Smith
Guarantors: Victor Lucas and Clive Morton in attendance
Minute taker: Carole Russell

Introduction and Apologies

1. The Chair welcomed everyone to the Board Meeting held in public.
2. Apologies received from Directors: Susan Mahmoud, Margaret Robinson and Nik Patten

Declarations of Interest

3. There were none declared relating to the agenda. SWB declared a close relative being treated at Addenbrookes.

Minutes of the previous meeting

4. Minutes of meeting on 14th November 2018 - one change to 2nd paragraph on page 3, should read 5 practices and not 47. SS confirmed that we have not yet had a response regarding a public question raised at section 36.

Chair's report

5. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting, including the first STP board meeting to be held in public which was well attended.
6. VM also updated the Board about the NHS Long Term plan, influenced by Healthwatch England feedback and a start to changes lasting 10 Years:
 - a big push regarding healthy lifestyles
 - more integrated care in the community
 - a digital revolution
 - earlier access to mental health support
 - earlier detection of cancer
 - the identified priority topics.
7. GJ emphasised that public engagement is vital over the life of the plan. He hears concerns over changing GP surgeries, including practice mergers where some services are just in one of the practices and travel is then difficult in more rural areas.

8. GJ also expressed concern over the digital revolution, with people who are not 'IT savvy' being potentially excluded. The new DoctorLink online scheme was mentioned. It has variable uptake amongst local practices. FD acknowledged that these services are very useful for the 'worried well' and may give GPs the gift of more time with vulnerable patients. SWB commented that further standalone IT systems would fly in the face of better integration. With respect to very basic IT, the Board reported that the public are very sensitive to more obvious inefficiencies, asking why letters are still used to update patients when an email or text could be used saving time and funds.
9. The Board identified this as a risk to exacerbate inequalities in health and that the impacts of these changes should be monitored. SS advised that our involvement in the NHS England long term plan engagement work gives us the opportunity to raise these issues.
10. MH and FD noted that transport issues don't get the attention they deserve when services are being changed.
11. VM attended the Huntingdonshire Patients' Forum that Healthwatch now facilitates. She observed these and other such meetings will be very important in developing aspects of the NHS plan. FD offered to get involved. The Board satisfied themselves that members attend key meetings concerned with digital strategy (GJ) and primary care commissioning (SS). Other members of these groups had also expressed reservations about patient experience and the Board is satisfied we are reasonably well sighted on future developments. It was noted help given to practices by Healthwatch about PPG development consultation with the public around mergers has been appreciated.

Action: CTJ to notify FD of Huntingdonshire Patient Forum dates.

12. VL noted that there could be a role of the Partnership Boards to influence the development of personalised and integrated care.
13. The Board noted the Chair's report.

Focus on experience: Accessing mental health support

14. JW gave context to the report in which SUN (mental health service user network), Rethink (support for families) and Healthwatch are working together to highlight people's stories and the issues they face. The report describes a number of escalating concerns relating to local mental health services particularly the case for people in the mid-range of risk and need, who's numbers appear to be growing. The report contains people's stories.
15. SS highlighted that the people who contact Healthwatch are those who are not unwell enough for the most intensive services but too unwell for the least complex support. She added that voluntary sector organisations are feeling

that the problems some people experience is beyond the limitations of their roles.

16. JW noted that Crisis Care arrangements and Sanctuary are well thought of but cannot meet the demands. There is a comprehensive suicide prevention programme which needs better integration. Cambridgeshire and Peterborough Foundation Trust (CPFT) have new targets and 'must do' developments which may pose a risk to the provision of routine core services. CPFT has a leading reputation for patient/expert dialogue but note that workforce issues and lack of funds leads to raising thresholds for services and limiting care time. Last year demand pressures led to the closure of the adolescent eating disorders ward. The first response service in primary care sees a volume of people but a very small percentage go on to other services, resulting in frustration for all.
17. VM commented that national clinical guidance implementation is likely to be compromised and that patients should expect and receive approved care practices. Instead how to access services is not well known, and more clarity and information about eligibility for patients and families is required.
18. From discussion the Board identified areas they wish to raise the following points and questions:
 - Confirmation regarding the CCG/CPFT/STP priorities for development of mental health services, and the workforce strategy
 - Opportunities for more user involvement
 - How voluntary sector provision is maximized?
 - What is the assessment of the state of implementation of NICE guidelines?
 - Request for clarity of pathways and eligibility thresholds for services - how is this information communicated to patients and families.
 - What learning is taken from models of best practice elsewhere to increase face to face time with patients?

Action: CR to amend paragraph 16 of the report on the website - the word 'not' is missing.

Action: SS, JW and VM to refine these concerns as questions in a letter to be sent to CPFT, the CCG, and STP leaders

19. The Board noted the report.

Chief Executive's report

20. SS described the high volume of engagement contacts and increased feedback being received.
21. The Special Allocation Scheme is being taken back by the CCG and being commissioned locally.
22. Clarity on funding of the NHS England Long Term Plan engagement work is being sought. Two sessional workers are identified.

23. The theatre production of Phyllis (on the impacts of delayed discharge from hospital) is now confirmed for 15th March at The Medway Centre, Huntingdon.
24. A Peterborough and Cambridgeshire joint Partnership Board conference 'Empowering People at the End of Life' is being held on 27th March in St Ives.
25. SWB commented that she was pleased to see that we are now doing engagement events within the hospitals.

Action: CTJ to check the accuracy of location in the volunteering table

26. The Board thanked the team and noted the report.

Information and Signposting report

27. Julie McNeil set out the background and themes from the interactions with the public from April to December 2018 and future challenges for the service.

Themes: April to December 2018

- Gaps in services. People can find they are 'too ill' or 'not ill enough' to access existing services.
- Difficulties in seeing GPs. This is either due to a lack of appointments or changes in services where patients are seen by a nurse instead - specific concerns about not seeing a regular GP as this can 'waste' time out of the 10 minutes appointment with patient going back over old ground.
- Lack of NHS dentists, especially in Peterborough and Fenland with very few dentists taking on NHS patients. This provided evidence for our recent Enter and View project
- Increase in people facing long waits for treatment in some services, often with poor communication from providers.
- Lack of capacity in domiciliary services, impacting on peoples' experiences of care.

28. JMcN also noted a concern regarding discharge from hospitals where fixing one bit of the problem can just move a problem on to another area of the system. The most common call to the service is people wishing to know how to make a complaint although for social care complaints there is no statutory claim to advocacy even via a social worker. The new community forum set up in Fenland has an inclusive title of Fenland Health and Care Forum.
29. VM commented that it is heartening to know that the feedback is passed on to the providers promptly, as they have the main remit for action.

30. SS commented that the clinical referral process can sometimes put people into a 'holding bay' and unless they chase it the appointment can get lost. This concern and a national escalation of it are now being considered.

31. MH commented that some GP surgeries are changing so when you attend you just get the next GP to be available that day rather than an appointment with a named GP. Patients are not usually consulted when these changes are made. JW stated that the annual National General Practice Survey reliably picks up what has improved and where satisfaction has dropped.

32. The Board thanked the team and noted the report.

Board Development Plan

33. This report proposes a draft development plan for the Board following a presentation in October by Guarantor Clive Morton.

34. SWB supported the proposal to build in the actions or 'hows' at a future development session and identify leads.

35. VM suggested that January to June and March-June areas are discussed at the next development session. This discussion is also to include director's reflection on 'What are we doing for you?' as well as 'What are you doing for us?'.

36. CM stated that from a governance point of view he is content.

37. The Board noted the report.

General Purposes Group report

38. SS reported that the Group has reviewed its Terms of Reference and the organisation's risk register and are satisfied that this is accurate and up to date. VM asked that the risk register be included in future Board meetings twice annually even if no changes were made.

39. The General Purposes group have reviewed four policies as part of the full policy review. All comments had been acknowledged and taken on board.

40. **Action:** SS to include the risk register at Board meetings at least twice annually.

41. The Board approved the Reserves, Home Working, Lone Working and Expenses policies.

Finance report, month 9

42. SS reported that the adjusted budget is working and is balanced at this time with all expected income now received.

43. The budget position at month 9 was noted by the Board.

Public questions

44. No public questions were raised

Meeting closed at 12:50

DRAFT