

Minutes of the Board Meeting

Date / Time: 15th March 2017 19:00-21:00

Venue: The Maple Centre, 6 Oak Drive, Huntingdon PE29 7HN

Present: Val Moore - Chair
Non-Executive Directors (NEDs): Graham Jagger (GJ), Mike Hewins (MH), Ruth McCallum (RM), Sue Westwood-Bate (SWB), Jonathan Wells (JW), Frances Dewhurst (FD), Victor Lucas (Guarantor)

Sandie Smith, CEO (SS)
Angie Ridley, Communications Officer (AR)
Trisha Napier, Minute taker (TN)

2. Apologies

No apologies were received

Agenda item 6 was brought forward to this point of the meeting. See below for details

3. Declarations of Interest

3.1 No declarations of interest were given.

4 Minutes of Previous Meeting 18 January 2017

4.1 Approved as an accurate record with most of the Action Log completed.

5 Action Log

5.1 SS referred to the Action Log:

5.1 Tongue-tied: member of staff currently off sick so will report back at next meeting.

8.2 Discharge Charter: report will be brought to May's meeting

7.6 Patient Participation Group: meetings being arranged to discuss.

6 David Astley, Chair, Sustainable Transformation Programme (STP)

6.1 Mr Astley (DA) introduced himself, informing the meeting that he had 40 years' experience in the health service and that he is an independent Chair and not a Director of the STP.

DA briefed the Board about the STP - see Report on the website.

DA stated that the demand on health and social care was rising and the way forward was to make best use of facilities and money available in order to avoid a £500m deficit to the health service in five years' time. He added that the plan was to work for the people not for the organisations working within it. The STP was an ambitious plan and it is essential to use collaboration and ensure that the money within the plan is spent on patient care.

6.2 Questions from the Board included:

- Challenges the STP faces:
The biggest is putting patients first. Legislation changes that would help us work together are not coming soon. Hospitals and general practices are already working under pressure.
- How will investment be targeted:
Will come to the STP not the organisations, meaning that they all need to work together.
- Are local authorities involved in the programme:
Yes. They are signed up to a memorandum of understanding. Cambridgeshire County Council, Huntingdonshire District Council and Peterborough City Council all see links to their priorities e.g. homelessness.
- How will you measure integration:
Healthwatch hears that people struggle where services meet. Will you use quality assured indicators e.g. Do you now who is in charge of your care? Ensuring joined up services between hospitals, GPs and patients is the aim. Reducing stress on the service and the service user.
- Lack of public/patient involvement so far:
The plans had to be in place within a deadline, but the public were involved. The aim is to re-organise and keep services safe. The STP will re-engage the public via meetings, district council meetings and through democratically elected members of the councils. STP will also ask for Healthwatch help.
- What is the link between the STP and other local service decisions such as on hearing loss and threshold for hip operations
Chronic sufferers will still access services.
- Are you satisfied that workforce shortages can be addressed:
The local workforce is challenged by things like housing costs so STP will work with district councils to access social housing, public transport access etc. Nurse training is now to under-graduate level

which will bring financial debt. Matthew Wynn is looking at apprenticeship schemes. Staff must, however, be reminded that although they are in a difficult role they are being supported and their employers want them to develop their careers. They should be proud and stable in their roles.

- Streamlining the commissioning process:
STP will provide a different way of working with less laborious commissioning procedures. The Trusts and CCG will need help with new ways of working.
- The value of patient and public involvement early on in the change process:
STP do not intend to keep people out and will send plans to Healthwatch Cambridgeshire so that they can assist with this.

6.3 Public questions:

- A volunteer with Healthwatch Cambridgeshire:
Who had the £500m which DA spoke about?
DA: Explained that this related to the fact that if changes didn't take place then the NHS would have an overspend of £500m+. The STP will try to bring effective financial control but there is an increasing population size and increasing older population with no increase in funding.
- End of life care: CEO Arthur Rank hospice:
Partners can be part of the solution to patients coming out of hospital. How can we be included?
DA: Aware that people are sometimes in hospital being treated with drugs until the end, rather than receiving pain relief and care. He will remind the CCG that this is reflected and needed.
- Alzheimer's Society Cambridgeshire & Peterborough:
Emergency care was needed in appropriate settings and not in a hospital which can be confusing and cause disorientation. Offered the STP best practice examples, and the opportunity to discuss further.
- Member of the public concerned with older people's care:
Feels that the public would not be averse to paying more towards the NHS if they were reassured that all their money would be used well.
DA: There was an honest intent that money was to follow the patient but this had failed in the past.

- Mrs Cade: Asked about the future of Hinchingsbrooke Hospital, and also whether Doddington and Wisbech out-of-hours facilities could be better used. DA replied that Hinchingsbrooke hospital has a future and that Peterborough & Stamford hospitals trust is now working with Hinchingsbrooke not against it. With regard to Doddington and Wisbech, the CCG work with the providers to look at using buildings for more than one service.
- Healthwatch Peterborough representative: What would happen if integration of the STP work streams failed, or that cultural challenges failed. Acknowledged - It needs an implementation plan for it all to work.
- Healthwatch Cambridgeshire Guarantor: Thanked DA for taking notes during the meeting and for showing commitment. Will an elderly patient have one person as their health and social care manager, who decides the treatment and care available, as the CCC is currently holding the social care funds. DA reiterated that the money from health and care should follow the patient to meet their needs.

VM thanked DA and offered to post his report on Healthwatch Cambridgeshire's website with a summary of this discussion.

7 Working Together

Healthwatch Cambridgeshire will be merging with Healthwatch Peterborough on 1st April- further background is in the Chair's Report. VM informed the meeting that the Commissioners want to ensure continuity of service whilst the merger takes place. VM thanked everyone for their input to our stakeholder engagement study last autumn.

SS explained that to achieve the merger the Healthwatch Cambridgeshire Articles of Association would need amendments to satisfy both Boards to come together as one.

The Board approved the following amendments by Special Resolution:

That the name of Healthwatch Cambridgeshire CIC be changed to Healthwatch Cambridgeshire and Peterborough CIC

The Objects be amended to:

The objects of the company are to carry out activities which benefit the community and in particular (without limitation) to provide the functions of a local Healthwatch for all communities and demographics of Cambridgeshire and Peterborough as specified by statutory legislation within England.

Clauses be amended to:

- 13.1 25% of the Directors may (and the Secretary, if any, or the Chair, must at the request of 25% of the Directors) call a Directors' meeting.
- 15.2 The quorum for Directors' meetings may be fixed from time to time by a decision of the Directors, but it must never be less than 33%, and unless otherwise fixed it is 33%.
- 32.1 The Directors must cause minutes to be made in books, or other agreed formal method of permanent accessible recording, kept for the purpose.

Governance arrangements were approved pending adoption by the new Board of Healthwatch Cambridgeshire and Peterborough.

The transition timetable and activities in paragraph 12 - 13 were approved, to be reviewed in September 2017.

Action:

Articles as amended by Special Resolution to be registered with Companies House. Governance document to return to the first meeting of the new combined Board for approval.

8 Chair's Report

8.1 The Chair highlighted the following points:

Items 7 - 9 regarding the General Practice 5 year Forward View CCG investment plan, yet to be approved by NHSE, and noting the comment from Healthwatch Cambridgeshire.

Once access to the Paper is given, VM will bring it to the Board's attention.

Item 10: Noted the matters listed about the health and system social care

Item 11: Merger of Healthwatch Cambridgeshire and Healthwatch Peterborough.

Appendix 1: Listed meetings attended by Chair. VM asked that the last listed meeting with Dr Carol Barsky be struck off as she did not attend.

SWB expressed concern about lack of GP interest in offering services for the new communities.

The Board noted the Chair's Report.

9 CEO's Report

- 9.1 SS reported that the Enter and View at Addenbrookes A&E reported high quality of care experienced, albeit a snapshot.

SS passed her thanks to the team for their input to the Healthwatch regional conference which was a success for sharing and collaboration.

Accessible Information project is now underway.

SS reported that the CCG Out of Hours consultations was controversial but a Healthwatch response has been submitted.

- 9.2 The Board asked SS why the performance indicators for experiences gathered were going down. SS explained that the team do not go out so frequently in winter, however looking at the next graph the engagement events were high which didn't explain the figures supplied.

Angie Ridley (Communications Officer) told the Board that this was due to the way the figures were recorded. A community group of 20 people would be logged as one report, rather than 20 individual reports.

Action:

SS to review the feedback collated and recorded so that the indicators are valid and reliable to the Board.

The Board noted the CEO Report and thanked SS and the team.

10 Communications Report

- 10.1 AR told the meeting that this was a review from the last six months, and that it was approximately one year since Healthwatch Cambridgeshire looked at their communications strategy. Listen, Involve and Challenge are core key words but AR feels that 'Inform' should also be included

It was noted that Healthwatch Cambridgeshire's apprentice would be staying on part time as a communications assistant.

AR spoke of the number of people who had visited Healthwatch Cambridgeshire's website and social media platforms.

Need to re-look and broaden the marketing campaign to get volunteers from a variety of backgrounds.

The volunteer's newsletter which has been well received. Now working on accessible information for the deaf or hard of hearing.

The Board all agreed that the new communication methods were good. VM thanked AR for her report.

11 Finance Report

- 11.1 SS reported that this was a high-level budget, and that an Extraordinary General Meeting was needed to discuss and look at an emergency budget for the next 6 months, in response to the merger process.

The month 10 report shows additional income from the conference.

Variance of £58,325 which will take £7k out of Reserves. Reserves are therefore reduced by less than originally thought due to not purchasing Datify.

VM said that it was important to carry a strong reserve as the organisation will be expanded and the risks increased.

The Finance Report was noted.

12. Public questions

12.1 Question 1

Now that the Consultation on the Closure of the Chesterton Medical Centre has finished, what is Healthwatch's opinion of the consultation and what feedback will Healthwatch be sending to the Cambridgeshire County Council Health Committee and the C&P CCG?

I can confirm that Healthwatch Cambridgeshire's response to the consultation has been submitted and has been published on our website: <http://www.healthwatchcambridgeshire.co.uk/news/healthwatch-recommends-re-think-out-hours-consultation>

Question 2

Will there be any money saved by combining the 2 Healthwatch groups?

Is there a Healthwatch budget for April 2017 through to end March 2018? If so, can I receive a copy via email please?

I can confirm that we have been reassured by our Commissioners that it is not their intention to reduce Healthwatch budgets. The merger will enable economies of scale to be realised and so enable more work to be done. The Healthwatch Cambridgeshire draft budget was considered at the meeting, this report includes the Healthwatch Cambridgeshire contribution to the combined budget. The combined budget will be agreed as part of setting up the new organisation.

Please follow this link to the Finance Report:

http://www.healthwatchcambridgeshire.co.uk/sites/default/files/11_finance_report_feb_17.pdf

Question 3 (Answered by David Astley, see 6.3)

Dr Lynn Morgan, CEO, Arthur Rank Hospice

We understand that the STP is being further developed to include end of life care. How can we, as the only adult hospice in Cambridgeshire, get involved in those discussions. I am sure the same would apply for the Sue Ryder hospice in Peterborough although they may already be in the loop.

Samuel Lawrence, Communications Officer, from Healthwatch Peterborough, thanked the Board for the invitation to the meeting tonight and said that he is looking forward to joining Healthwatch Cambridgeshire in its new form.

The Chair closed the meeting at 9.00 pm, thanked everyone for attending. This was the last Board meeting for Healthwatch Cambridgeshire as we know it, but the organisation has a bright future in combination with Healthwatch Peterborough.

Date/venue of next Meeting:

3rd May 2017, 7pm

Orchard Park Community Centre, Central Avenue, Orchard Park, Cambridge, CB4 2EZ.