

Minutes of the Board Meeting

Date / Time: 14th March 2018 7pm

Venue: St Ives Corn Exchange, Charter Hall, Market Hill, St Ives, PE27 5AD

Present: Val Moore - Chair
Directors: Frances Dewhurst, Mike Hewins, Graham Jagger, Susan Mahmoud, Nik Patten, Gordon Smith, Margaret Robinson, Jonathan Wells, Sue Westwood-Bate

Victor Lucas, Guarantor

Trisha Napier, Minute Taker

Staff in attendance: Sandie Smith, CEO
Emma Amez, Heather Davidson, Angela Grief, Kate Hales, Heather Lord, Jo McHattie, Julie McNeill, Janine Newby-Robson, Angie Ridley, Caroline Tyrrell-Jones

Introduction and Apologies

1. The Chair welcomed everyone to the Board Meeting held in public. Apologies received from Nicky Hampshaw.

Declarations of Interest

2. There were none declared relating to the agenda.

Minutes of the previous meeting

3. Minutes approved with the amendment that Heather Lord be added as present at the last Board meeting.
4. A matter arising was noted. Following the last Board meeting a Risk Summit for the East of England Ambulance Service Trust (EEAST) was held following concerns following a whistleblowing report regarding safety. Healthwatch Suffolk represented all eastern Healthwatch and will feedback on the progress against the agreed improvement plan.

Action Log

5. Noted as reported.

People's experiences of health and care

6. SS read a number of short accounts of experience gathered recently as context for the meeting. Board members reflected on their significance.

Adult Social Care presentation

7. VM welcomed Charlotte Black, Service Director for Adult Social Care for Cambridgeshire and Peterborough to the meeting.

Charlotte referred to the handouts she had prepared, highlighting the key challenges facing Adult Social Care:

- Work force** shortages in all areas and commissioned services
- Managing demand** particularly in Learning Disability and Older People's services
- Budgetary pressures** from demand and inflation.

Important initiatives include:

- The **Adult Early Help team** has resulted in 70% of people being helped straight away, allowing them to get equipment supplied or signposting for the next step in their care.
- **Neighbourhood Cares:** Two pilot teams in Soham and St Ives are working to build on community-based support and linking GPs and district nurses. This is being evaluated to assess if it can be taken forward to other areas. Information sharing is a barrier to integrated services. CB asked if Healthwatch could help.
- **Home Care contract:** Newly recommissioned strategic provider of home care services in Cambridgeshire - now 77 organisations offering home care in Cambridgeshire, rising from 51. Peterborough City Council is currently recommissioning these services to fewer providers but allowing sub-contracting.
- **Digital:** CB had earlier referred to website and language improvements to help with engagement as recommended by external consultants. There is some progress in using digital services to promote choice. Cards topped with money will allow people to manage their own care using direct payments from social services.
- **Targeted reablement:** A last resort if home care isn't enough. Goal focused support to get back independence for those who would benefit.
- **Hospital discharge pathways:** Multi-disciplinary team in each hospital. Strength-based and person-centred approach.

8. MR said in the modern world the ideal would be for an integrated health and social care services. CB said that this needs to happen at local level and the Councils were keen to increase GP engagement.
9. JW observed that early help can feel like a barrier for people to getting what is really needed. CB responded that early help has improved, 80% of people just needed straight forward help and advice.
10. GS supported more neighbourhood support. CB agreed, adding that loneliness is a huge issue. The Neighbourhood Cares Teams have started to identify older people's needs and put them in touch with each other.

11. GJ asked more about information sharing between services. CB said that all systems need to work together, as there would not be just one. The STP has been asked to become involved with this lately, but there is caution about sharing information across the health and social care system. Gaining individual's consent would avoid data protection problems.
12. FD asked how Care Network and the input of other voluntary organisations were being coordinated. CB agreed that this did need to be highlighted as a key area for development and the most effective way will be to do this at neighbourhood level and through collaboration with key support services such as with community navigators.
13. SM asked if there is a 24/7 on call for adult social care. CB explained that personal alarms are responded to and that there is an enhanced response service for incidents such as having a fall to avoid calling an ambulance unless appropriate.
14. VL thanked CB for sharing the challenges her department faces and asked what was being done to improve delayed transfers of care? CB replied that they are working with the hospitals and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on the "Discharge to Assess programme". This allows the patient to be discharged from hospital and then assessed in their own home.
15. VL's second question was regarding what the initiatives were to involve the patient's family in their care. CB said that the way 'adult care' is described to families needed changing, and that they are trying to involve and anticipate family needs.
16. The third question was regarding the Carers Trust. CB confirmed a need to look at how they worked with other professionals and GPs.
17. VM asked if there was some way in which Healthwatch Cambridgeshire and Peterborough could help with regard to information sharing and asked if it was possible for members of the Board to see how Early Help works, together with supporting general conversations with GPs and the engagement of GPs. CB said that the social care teams would be delighted if members of the Board wanted to visit them.
18. VM thanked CB for her presentation and for the offer to visit her teams. In summary Healthwatch would consider:
 - how to get peoples stories back to Charlotte's teams,
 - encouraging information sharing,
 - promote conversations in families about care needs and planning,
 - ways to get feedback on domiciliary (home) care services

Appointment of Guarantor

19. SS explained there is a vacancy for a Healthwatch Guarantor. NP nominated Dr Morton and Victor Lucas the current Guarantor had spoken to Dr Morton confirming he is very interested in accepting this role.
20. The Board approved the Appointment.

Chair's Report

21. The Chair asked the Board to note her report and highlighted the CCG are expecting a £48 million deficit in their 2017/18 budget. Continuing Health Care payments still have a back-log with assessments but a plan to meet the standards by October.
22. JW expressed that it was worrying what steps the CCG could take with regard to the deficit, and that Healthwatch should follow this closely.
23. SWB suggested that the CEO request sight of the CCG recovery plan and that the Chief Officer be invited to the next Board meeting.

ACTION: SS to request 2018/19 budget and information and its impact given the savings to be made to bring the system into balance. SS to invite CCG to a future Board.

24. The Board noted this report

Chief Executive's Report

25. The CEO highlighted a number of points. A small amount of funding has been secured to follow up action from the Healthwatch Cambridgeshire and Peterborough Accessible Information report.
26. Healthwatch will introduce a PQASSO system of quality assurance. There will be some costs associated with this as recommended by Taproot during the merger process.
27. Numbers of experiences collected dropped during January and February but these are now increasing again as the team is fully staffed.
28. VM thanked Angie Ridley for her communications work and welcomed James as a new member of staff, joining Healthwatch Cambridgeshire and Peterborough in April.
29. The Board noted the report.

Draft Strategy and Work Plan 2018/19

30. The General Purposes Group has recommended the draft be adopted from existing Healthwatch Cambridgeshire's Strategy. Priorities set by the Board in September 2017 are also carried forward pending an internal test. The Strategy will subsequently be reviewed in three-year cycles.
31. JW asked what the work programme is for the upcoming year. SS explained the key performance indicators will be more detailed and

refreshed as part of developing a new intelligence system. The Board would be asked to approve all the documents in May.

ACTION: SS to review priorities and work programme against intelligence received for 2017/18.

A Sustainable Healthwatch

32. VM noted that although the context and strategy for a sustainable organisation was discussed at the last board development meeting, a strategy would not be committed to paper yet. Jo McHattie and SS have developed a first-year work plan to explore approaches income generation.
33. The proposed funding authorisation levels were presented. NP asked about staff increases to which JM replied that there may be a need for larger projects but that they could be employed on term specified contracts and approved. This was approved with the caveat that the Board be informed on any bid requiring changes to staff structure or role deployment.
34. Grants and tender writing capability is in place and JM now has access to available funds. She will ensure that the applications are for the correct purposes and projects.
35. JM is already active in adding value by realising efficiencies, e.g. through premises costs, cost recovery for services and seeking opportunities for partnership.
36. The Board thanked JM for her energy in taking this forward, noted the report and will review progress at the 6-month point.

Information and Signposting Report

37. Julie McNeill highlighted the following:

- People thought that by asking for access to their health records it might affect the way in which they are treated.
- Anne Aldred had joined the team and taking the majority of calls and signposting to the best support.
- The new single customer records management system (CRM) should be in place before Easter but not as much information will be transferred as expected. This will mean additional work for JM in April. The CRM will allow better reporting and will save time.

38. VM thanked JM for her report which was noted by the Board

General Purposes Group Report

39. GS explained that the Group reviewed policies to be put before the Board.

40. The Board approved the 2018/19 budget and On-line Engagement Policy.

Finance Report

41. NP had reviewed the budget format. SS reported that variance is minimal, with a surplus of £22,791 projected at year end.

The Board noted the report to the end of month 11.

Reviewed Policies

42. The Financial Controls Policy had required amendment following the January Board meeting. SS highlighted the table on page 5, item 12, regarding authorisation levels for procurement.
Approved.

43. The Enter and View Policy was now consistent across all sections.
Approved.

Public Questions

44. There were no public questions.

AOB:

45. SM referred to the AGM scheduled for Ely in July 2018 and asked how Healthwatch Cambridgeshire and Peterborough worked towards that and how it would be presented in Peterborough?

46. VM proposed that our public meetings plans be discussed at the next development meeting, incorporating learning from this year and the development of community forums.

Meeting closed at 21:10.