

Minutes of the Board Meeting

Date / Time: 13th September 2017 14:00

Venue: The Fleet, High Street, Fletton, PETERBOROUGH, PE2 8DL

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

Trisha Napier, Minute Taker

Staff in attendance: Sandie Smith, CEO
Heather Lord, Angie Ridley, Kate Hales, Samuel Lawrence

2 Introductions and Apologies

2.1 The Chair opened the Board meeting and welcomed all present.

2.2 Apologies were recorded from Guarantor Victor Lucas.

3 Declarations of Interest

3.1 • None were declared relating to the agenda

4 Change at our Local Authorities - Oliver Hayward Assistant Director People Commissioning and Commercial Operations

4.1 Oliver Hayward (OH) explained the senior directorate structure at Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) for People and Communities, adding that there was one change, that being Meredith Teasdale had left CCC and Oliver himself would now cover both PCC and CCC.

Children's and Families work areas:

- Integrated Front Door
Oliver spoke about this service which seeks to ensure that all new requests to the Children's and Families team have access to the appropriate services.

The Special Educational Needs and Disability (SENDS):

- This team is in place to work with children and young people (C&YP) aged between 0 - 25. This service is to ensure that there is no loss of support for the young person as they transfer between the C&YP and Adult services. This is only currently available in PCC, but will be introduced to CCC in the future.

Intensive support services:

- Peterborough City Council is in partnership with the fostering service TACT which offers additional in-house, 24/7 support for foster carers which PCC/CCC cannot offer.

Community and Safety:

- Domestic abuse and sexual violence:
Oliver informed the meeting that a new grant of £400,000 had been received to support violence against women.

Homeless Families

- PCC are aware of the homeless situation in the city and are building new properties which will allow families to look at purchasing them.

Commissioning Priorities:

- Collaborative commissioning:
AS demonstrated with Healthwatch Cambridgeshire and Peterborough, PCC and CCC are commissioning services together.

Commissioning Intentions:

- PCC are looking at viable options to stop children being taken straight into care; which include the possibility of help from the extended family.
- PCC/ CCC are working closely with Family Voice and Pinpoint in meeting the needs of children and adults with learning disabilities and physical disabilities.

4.2 The Chair thanked Oliver and asked for questions from the Board:

- SM expressed surprise that the new domestic violence funding was specifically aimed to support male against female violence; suggesting there is significant female against male violence too.

OH replied that there are services to support male victims of domestic abuse and that they are given equal weight.

- SWB thanked OH for the senior staff structure information and asked more about what was meant by the term engagement.

OH explained that CCC/PCC are wanting to move more toward co-production as an outcome of engagement with other organisations and communities.

- SS asked where strategy development sits within the new CCC and PCC structure, eg Better Care Fund, and if there are arrangements to work with District Councils.

OH replied that each area has its own strategy function and that links with the District Councils will remain.

- MR observed that the language in some documents weren't understood by the public. Perhaps this needs to be looked at in the early stages using innovative consultative processes.

OH agreed that a consultation/engagement process only worked if it is meaningful to people. The Council have used a variety of methods to contact people but there wasn't a single, simple way to do this. He would welcome the help and support of Healthwatch to shape services.

VM confirmed that Healthwatch would support the consultations and are keen to help in our areas of expertise.

- GS asked about the costs involved to meet the standards required for unaccompanied refugee children requiring locally provided care.

OH told the meeting that the required support from the Council was 0.03% of the Looked after Children and Asylum Seekers budgets.

Peterborough currently has 380 looked after children and 40 unaccompanied asylum seekers. The 40 are living in supported accommodation.

Cambridge City has 670 and 62 respectively, also living in supported accommodation.

The supported housing was shared with others and had support relevant to needs. These costs are above £300 per week depending on each child or young person.

- GJ asked about the recent consultation regarding the closure of children's centres.

OH explained that the drivers from the Council's perspective, are to save £1m per annum and have a social return on investment. The children's centres are a significantly funded service and would save £1m by closing some of them.

4.3 Public questions:

- The first question was regarding PCC's approach to monitoring and evaluation.

Action: OH and SS to meet to discuss monitoring and evaluation.

- OH was asked why the logo of PCC was underneath the CCC logo?

The Chair thanked Oliver for his presentation and he left the meeting.

5 Minutes of previous meeting

- 5.1 Approved as a true record.

6 Action Log

- 6.1 SS confirmed that information about the Capped Expenditure Process had been circulated to the Board.

Pipa Boards: SM had not had a reply from Angela Burrows before she left the organisation but will follow this up herself. Heather Lord offered her assistance.

7 Chair's Report

- 7.1 The report updated on the merger activities, presented Healthwatch priorities for 2017/2018, inviting directors to take on a champion role, and listed her external meetings representing Healthwatch.

The Chair thanked Angela Burrows for her work leading the Peterborough team.

Community meetings in Peterborough are to continue. A development session last month lead by MR had been useful.

Action to secure sustainability of high profile projects in Peterborough was outlined.

Directors and senior staff are identified to attend meetings on behalf of Healthwatch.

Nominations to act as champions for priorities were suggested as follows:

- Access to and experience of primary care particularly in growth areas **SWB**
- Access to social care assessments and experience of integrated support services **JW**
- Access to and experience of mental health services for children and young people and adults **JW**
- The promotion of health, self-care and independence **SM and MR**
- Transforming pathways for urgent and emergency care services **FD**
- Engaging patients and the public with the Sustainability and Transformation Programme **VM**

Members of the Board then referred to the Capped Expenditure Process, and to references to cost cutting in Mr Haywards presentation. GJ

suggested that this topic be kept on the agenda for future meetings.

Public questions:

It was asked how Healthwatch engage with patients in the Sustainability and Transformation Partnership (STP). Val Moore explained that she was a member of the STP Clinical Advisory Group and always reminds them that engaging with patients is their work. Healthwatch have offered and provided help at various points, adding that a meeting with the CCG scheduled for today had been cancelled but it may be time for a letter containing Healthwatch Cambridgeshire and Peterborough's thoughts on these issues.

The questioner replied that the public do not understand what this is, and asked how to overcome that.

Val Moore agreed that information needed to be in a way that everyone understood it, and that Healthwatch should scrutinise the clarity of their own as well as others published information, adding that this was 'food for thought'.

The Board noted the Chair's report.

8 Chief Executive Officer Report

8.1 Sandie Smith referred the report, saying that she is delighted that a local Autistic Service is being set up in the county.

The staff from both offices are coming together operationally and that it was imperative to continue to keep up the good work already achieved.

The CCG has now made their decision to suspend fertility services (with two exceptions). Healthwatch Cambridgeshire and Peterborough will formally respond to this believing it to be a wrong decision. The emotional nature of the meeting, with the presence of people affected, was acknowledged.

The team have now finalised the Patient Participation Group (PPG) Development Toolkit which contains Terms of Reference, templates, ideas and suggestions to get participation groups set up and improved in GP surgeries.

The team have talked to more than 600 people at 29 events - SS thanked the staff for their hard work.

SS highlighted the updated action plan from Addenbrookes Hospital following an Enter and View visit. Ongoing improvements are pleasing.

8.2 Questions from the Board:

Susan Mahmoud said that if the CCG had not decided to suspend IVF, other

cuts may have been made. Frances Dewhurst added that cuts to NHS hearing aids are not off the agenda.

The Board noted the CEO's Report.

8.3 Questions from the public:

A question was raised regarding some GPs cancelling or not carrying out home visits. This was in another area, not Cambridgeshire, but might it come into force here too.

Sandie Smith told the meeting that she is aware that GP surgeries are under severe pressure, and asked for people to contact Healthwatch with feedback and examples.

NP said that he is aware of surgeries using trained paramedics to carry out some medical work. SS said this was happening as part of local workforce development plans and that the public need to have confidence in levels of training and competency.

9. Communications Report

9.1 Angie Ridley presented this six-monthly report.

She is planning a review of Healthwatch Cambridgeshire and Peterborough communication streams to discover what people want. Statutory branding requirements must be considered, and options for having one URL (website destination).

9.2 Questions from the Board:

MR said that the merger was a bigger job than imagined. The work carried out by all staff was commendable, and their will and desire is very strong.

9.3 Public questions:

Healthwatch Cambridgeshire and Peterborough was asked to think about the language used in communications and to try to make it 'less official'.

9.4 The Board noted the report.

10. Finance Report

10.1 SS confirmed that the Budget was on track for Year End, although there had been variances. These were explained as from the merger, including Human Resources professional costs, salary overspend, additional IT and office set up and office accommodation costs.

An error had been found relating to the Volunteers expenses. This will be amended.

10.2 Public questions:

The Age UK Cambridgeshire and Peterborough representative suggested Healthwatch look at accommodation in their building on Lincoln Road, Peterborough. SS thanked her and said that it will be borne in mind when the Peterborough lease is due for renewal.

10.3 The Board noted the Finance Report.

11 Public Questions

One public question had been received asking why the Fleet had been chosen for the meeting as it was difficult to access by public transport.

Angela Grief has replied, explaining that future meetings are planned to be held in the community, and will include March, Huntingdon, Peterborough and possibly Ely or Chatteris.

The Chair closed the meeting at 4.15pm thanking everyone for attending.

Date/venue of next Meeting:

15th November 2017, 7pm
The Meadows Community Centre, 1 St Catharine's Road,
CAMBRIDGE, CB4 3XJ