

Minutes of the Annual General Meeting

Date / Time: 18th July 2018 14:00-16:00

Venue: Ely Cathedral Conference Centre, Palace Green, Ely, CB7 4EW

Present: Chair: Val Moore. Directors: Frances Dewhurst, Mike Hewins, Margaret Robinson, Nik Patten, Sue Westwood-Bate, Graham Jagger, Jonathan Wells.
CEO: Sandie Smith.
Guarantor: Clive Morton.
Minute taker: Carole Russell,

Staff in attendance: Jo McHattie, Angie Ridley, Caroline Tyrell-Jones, James Saunders, Graham Lewis, Heather Lord, Heather Davison, Janine Newby-Robson, Rebwar Hussain.

Apologies were noted from Directors: Susan Mahmood
Apologies also from: Victor Lucas (Guarantor), Charlotte Black (CCC), Jackie Galway (CCC), Lesley Hetherington (Care Network)

'It starts with you' campaign launch

1. VM welcomed everyone to the Healthwatch Cambridgeshire and Peterborough AGM in Ely and explained that a key part of the meeting would be about listening to people's experiences.
2. VM launched 'It starts with you' - a national Healthwatch campaign to encourage people to tell their story. The Healthwatch Accessible Information Standards (AIS) project was a great example of listening to people with sensory or learning disabilities about their experiences of NHS services. VM introduced Will and his BSL interpreters.

Wills Story

Will told of how since the age of 13 he had been asking for interpreters when he visited the GP or hospital, but none were ever booked. He explained how important it is to have an interpreter; not being understood was painful for him and affected his health. Will has Crohns disease and until this was diagnosed he lost a lot of weight and he was scared as he did not know what was going on. Appointments are so different when there is an interpreter. The hospital appointments are getting better and interpreters get booked but the GP is not so good.

Full story is on the website at:

<http://www.healthwatchcambridgeshire.co.uk/news/wills-story>

3. FD asked if Will had ever used Signhealth - a video link to an interpreter? No. Will prefers face to face and finds the screens very

small, there is also no GP awareness of Signhealth.

4. JW asked what happens when there is no interpreter? Will responded that he usually just leaves as he has no confidence in them.
5. VM introduced Mick and his guide dog Molly.

Mick's Story

Mick lost his sight in 2011. This had a profound effect on his mental health with thoughts of suicide at the time, because he had previously had sight he knew what he was missing without it. He needed emotional support as well. Mick spoke about the benefits of the Healthwatch project to raise awareness of AIS requirements.

6. MR highlighted the false economy of not having information in formats that people understand, it makes sense to get it right first time.
7. GJ Commented that all the technology available does not necessarily help people.
8. Mick stated that there are a whole range of conditions that affect people, and all are linked. He highlighted the value of volunteers.
9. The Board noted the campaign launch and VM thanked Will and Mick for their contributions.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

10. VM introduced Jan Thomas, Accountable Officer for the CCG who was invited to speak about the recovery. At the end of the financial year the CCG declared a deficit of £42.1 million, far in excess of the expected £15.1 million deficit.

JT was clear that she considers herself to be accountable and that the responsibility lies with her. She stated that there is a need to spend money and plan ahead wisely. JT acknowledged the deficit was three times higher than last year, she plans to work with providers and people differently and not react but to plan for 3-5 years ahead.

JT explained that hospitals have been “paid by results” therefore increasing demand brought income. Cutting this does not help anyone as hospitals still have the same overheads and staff to pay. A second reason was that medicine costs went up nationally, pushing up our local bill by millions.

Continuing Healthcare commissioning was not working - another cause of the unexpected deficit. Staff are working hard, it's the system that is not good. We need honesty and to change the conversation. What will really work for

people? We need to do things differently, not everyone needs the same thing, we need to know what is important. Use the skills of staff and use technology e.g. follow up appointments by email for those who can.

We need to free up staff to do prevention work. Services work better if they are locally adapted, so they might look different across the various local areas.

JT looks forward to having this conversation in a year's time, she stressed that it is a personal commitment for her, she will get it wrong sometimes, but she asked for co-operation and she wants to know what is happening.

Full transcript is available on the website at:

<http://www.healthwatchcambridgeshire.co.uk/news/new-way-working-local-health-commissioners>

11. MH asked what might be different in a year's time? JT replied there may be more services available in primary care, so urgent care can be given locally. Also reduced delayed transfers of care and discharge better planned, so there is just one assessment instead of four or five.
12. JW asked if this means there will be drastic action in year one and closure of services to reduce the deficit? JT stated that ineffective services need different staff and to work differently. There could also be a change to some medicines: some no longer being prescribed. The Sustainability and Transformation Partnership (STP) conversations need to be different with all organisations making change happen.
13. SWB stated that the report authored by economist Derek Wanless some years ago promoted the notion of a fully engaged population for prevention to be successful. She encouraged JT to be brave.
14. FD Asked about Primary Care given the expanding population and a shortage of GPs. JT stated that a priority is how to get better commercial models and work with GPs to get stability.
15. MR stated that she welcomes the honesty and is encouraged by JT's openness. SS stated that we need the feedback from people to have these discussions about quality and safety Healthwatch wants to hear from people and involve people in future change. At this point Mick offered a positive example of lots of services being under one roof.
16. CM asked if they are looking at other models, including cross boundary care and other examples abroad? JT agreed that they need to look at other outwards and the benefits of good data with a focus on results, giving an example of Suffolk CCG, where the contracts enable clinicians to work together.

17. Val thanked Jan Thomas for the CCGs good engagement with Healthwatch and that we are looking forward to working together in the coming year.

18. The Board noted the presentation.

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19. The Board approved the Minutes as an accurate record.

Approval of Accounts and Appointment of Auditor

20. The Financial Statements for the period 1 April 2017 to 31 March 2018 were prepared by Prentis & Co LLP.

21. SS reported opinion from the auditor is that the accounts are true and fair, properly prepared and in accordance with the Companies Act 2006.

22. SS explained that the income is showing an increase in the first year as a joint Healthwatch and the £6,069 is the transfer of reserves. The underspend is due to vacancies as a result of the staff review with jobs taking time to recruit to.

23. The Board approved the Statements and authorised the Chair to sign them as a true record.

24. The Board approved the appointment of Prentis & Co LLP as auditor for 2018/19.

Register of Interests

25. All updates were included in the papers except GJ who confirmed that there were no changes to his register on the website.

26. The Chair reviewed declared interests and is satisfied that these are suitable declared and appropriately managed to avoid conflict with decisions and responsibilities undertaken in the course of performing duties for Healthwatch Cambridgeshire and Peterborough.

Annual Report

27. SS thanked Angie Ridley and the team for the Annual Report which has to fit Healthwatch England criteria and be published by 30th June each year. The report details the work done in Cambridgeshire and Peterborough during 2017/18.

28. SS reported that the last year has seen extensive work to bring two Healthwatch together, taking the best from both organisations.

29. Despite inevitable disruption Healthwatch kept up our engagement programme and have spoken to over 4,000 people. We have conducted eight Enter and View visits. There has been a wide range of activity, with the accessible information project being a major piece of work.
30. VM congratulated SS, the team and the volunteers and commended the report.
31. The Board noted the achievements of Healthwatch Cambridgeshire and Peterborough during 2017/18.

Re-appointment of Chair

32. SS introduced the item. CM confirmed that the process to reappoint the Chair has been held correctly and Directors are unanimous in the decision to endorse and welcome Val for a further three-year term.
33. VM accepted the reappointment and said that she still has ideas and enthusiasm for the role and for working with the staff. She feels privileged to be a part of Healthwatch.
34. The Board approved the re-appointment of Val Moore to serve as Chair to September 2021.

Close of AGM

35. Val Moore thanked everyone for attending and closed the Annual General Meeting at 3.30. An invitation was extended to stay on for the Board meeting after a short recess.