

Minutes of the Board Meeting

Date / Time: 19th September 2018, 2.00pm

Venue: The Meadow Community Centre, Rm 2, 1 St Catharine's Road, Cambridge, CB4 3XJ

Present: Chair: Val Moore. Directors: Frances Dewhurst, Nik Patten, Graham Jagger, Sue Westward-Bate, Mike Hewins. Acting CEO: Caroline Tyrell-Jones
Guarantor: Victor Lucas 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 Margaret Robinson, Jonathan Wells, Susan Mahmoud, CEO Sandie Smith, Guarantor Clive Morton

Declarations of Interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. Minutes of meeting on 18th July 2018 approved. FD noted a matter arising from paragraph 6, that the CCG had not corrected the information about audiology services, and that SS is following this up.

Action log

5. VM acknowledged that no items are outstanding and the patient experience item will return to the agenda at the next meeting.

Sustainability and Transformation Partnership update

6. Dr Mike More, Chairman of Cambridge University Hospitals and now also Chairman of the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) attended to speak to the meeting about the direction of the STP and plans for the future, including the role of public and patient participation.

VM reiterated the questions that Healthwatch has consistently asked of the STP:

When will the STP Board meetings be held in public? When will the STP working-groups be fully populated with patient and public representatives? Do clinicians and managers identify patient preferences in pathway redesign? When will the public be asked about their values in relation to decisions about priorities?

Dr More described how care had become fragmented post 2010 Health and Social Care Act. STPs were required to bring people together and bore a weight of responsibility but without real powers. Dr. More acknowledged that although the STP was established with lots of good positive ideas and a lot has been achieved there is still some way to go and that what they are missing is the vision of what a sustainable integrated service looks like. There are suspicions that 'integrated care organisations' would be determined top-down. Forming such an organisation is not on the agenda currently. Dr More and Roland Sinker are Chair and

Accountable Officer for the immediate future and want to broaden the partnership to include local government, GPs and others and help clinicians to design services together. Dr More said that the STP Board next week will propose all future meetings are held in public, from November 2018 onwards. Big ideas need to be said in public to ensure that they are more likely to happen. For example, Addenbrookes can no longer create capacity by doing more work as the budgets are now in guaranteed income blocks. Closer working with primary and community care is needed, including sharing data through IT systems.

Among the problems the STP has to tackle the 8-10% loss of GPs in the area, this loss is caused by work pressures and also the age demographic of the workforce. What is the right size for a collaboration with GPs. Is it 50-60,000 patients like the Granta network around Sawston?

Dr More acknowledged that they will need lots of debate and heavy-duty public engagement. Some of the deficit is to do with Private Finance Initiatives from the past including the EPIC IT system. There are not enough beds, and there is variation in performance across the county.

Dr More stated that there is a shortage of clinicians in rural areas specifically across Fenland and there is a need to train and retain. Technology for remote access and monitoring is being looked at. The new mayor is being asked to look at housing and health and other solutions to developing our workforce and preventing ill health in the populations.

Dr More said that if you don't involve communities they will be suspicious and not get re-design using all the evidence. Heavy-duty public involvement includes using distributed leaders and trying to adopt some of the innovations that we are capable of coming up with.

7. MH asked if the Governments' paper on integrated care was being used. MM said we are at the stage of planning pooling of some budgets.
8. NP observed that the development of the vision and then a plan was required. MM agreed, for example in re-imagining outpatients.
9. FD asked how the Partnership works, MM described the new Board, and the Health and Care Executive. There is a north and a south delivery group to ensure clinical engagement.
10. SWB asked MM to enlarge on 'heavy-duty' public engagement. MM described input at the Board level, patient level decisions and consultations that were early and clear.
11. GJ asked about innovation and how it might help the people of Fenland. MM talked about employment and upskilling, and about the importance of mental health and public health interventions.
12. A member of the public noted that there is a danger that changes are talked about in the same old circles and was there enough new blood and new thinking.
13. VM thanked Dr. More and expressed her hope that the new leadership would make the progress needed over the next 6 months.

Directors re-appointments

14. There are two Healthwatch Cambridgeshire and Peterborough directors seeking re-appointment; Margaret Robinson and Susan Mahmoud and two Directors retiring; Gordon Smith and Nicky Hampshaw.

15. The Board approved the reappointment of Margaret Robinson and Susan Mahmoud for a second term to September 2021.
16. The Board acknowledged the contributions of Gordon Smith and Nicky Hampshaw and agreed the need to recruit new directors and a Vice Chair. The Board is compliant with the governance document but expressed the value in maintaining a strong group and increasing diversity.

Action: SS to invite nominations from directors for the position of Vice Chair

Action: VM and SS to update job description and recruit new directors

Chairs report

17. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
18. VM acknowledged that the success of the Peterborough Community Forum reflects the input of our directors, specifically Nik Patten, to make this succeed. GJ commented that the workshop output from the Community Forum mirrored his concern that the least literate, oldest and most vulnerable people were most at risk of not benefitting from new technology or changes in care that they are not aware of. He explained there would be new roles such as physician associates which need to be introduced carefully. VM emphasised that Healthwatch should use the information from such workshops to influence. SWB and CTJ emphasised that the language of health and care needs to be accessible.
19. The Board noted the Chair's report.

Chief Executive's report

20. CTJ went through the report on SS behalf. 47 people came to our AGM in July. The feedback was positive and such an event will be held next year although in a different venue.
21. The review of the partnership boards for Peterborough and Cambridgeshire is underway. An initial report of our findings has been submitted to both local authorities before further work on options.
22. Healthwatch will be represented in a number of discussion groups that will be informing the System-wide Peer Review later in September. We are also coordinating a patient focus group so that the review team are informed of patient and carer experiences.
23. CTJ gave an update of the current escalations: funding is being sought for the Gypsy, Romany and Traveller partnership project, and a large amount of feedback is emerging on NHS dental services in Peterborough and Fenland.

Action: CTJ to report to the Board on the NHS dental services project

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

Engagement report

25. CTJ reported that the team attended 22 events and spoke to over 1300 people during July and August. There were 51 volunteering hours and this is on the increase. VM suggested the Partnership Board independent member hours are to be identified as a sub-set.

26. SWB asked about priorities. CTJ responded that the autumn/winter programme of Engagement activity will allow us to focus activity in line with our strategic priorities, focusing more on groups such as condition-specific support groups, primary care and young people's access to mental health services/support.

27. There was interest in the Huntingdonshire Patient Forum, which is gradually developing its scope. NP suggested that Director involvement would be an advantage, and VM invited a response from colleagues. GJ reminded that the Fenland area was a priority for identifying or creating engagement between patients and their care providers.

28. VM was surprised that the prison work was not more advanced. CTJ assured it is under review currently.

29. The Board acknowledged the seam-free continuation of work which has been achieved with the Partnership Boards by having Graham Lewis involved as early as possible.

Action: Director's interested in supporting the Huntingdon Patients Forum to notify SS.

30. The Board noted the report.

Finance report, month 5

31. In SS absence the Board noted expenditure is as expected with a small projected underspend in payroll. Volunteers expenses will increase by the end of the year as we now have the liability for Partnership Board travel as part of the CCC engagement contract.

32. MH pointed out the low training expenditure, which CTJ assured would increase by the end of the year.

33. The budget position at month 5 was noted by the Board.

Policy reviews

34. These new policies on data protection and confidentiality are to ensure the organisation meets the standards in the Data Protection Act 2018. Actions are in place including appointing a Data Protection Officer, compiling and Information Asset Register and drafting associated processes.

35. The Board approved the Data Protection Policy.

36. The Board approved the Confidentiality policy.

Public questions

37. There were no public questions

Meeting closed at 16.00