Minutes of the Board Meeting

Date / Time: 8th May 2019, 7.00pm

Venue: Room JH2, City College Peterborough, Brook Street, Peterborough, PE1 1TU

Present: Chair: Val Moore. Directors: Jonathan Wells, Mike Hewins, Nik Patten, Margaret Robinson, Susan Mahmoud, and Guarantor: Clive Morton, and CEO: Sandie Smith

Minute taker: Carole Russell

Introduction and Apologies

1. The Chair welcomed everyone to the Board Meeting held in public.
2. Apologies received from Directors: Graham Jagger, Sue Westward-Bate, Frances Dewhurst, Saqib Rehman, and Guarantor: Victor Lucas

Declarations of Interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. Minutes of meeting on 13th March 2019 – agreed with no changes.

Action Log

5. All actions are either completed or for future dates.

Focus on Experience

6. SS summarised the feedback we received during 2018/19. Further stages of analysis will be used to provide a framework for developing the new strategy for 2020-25 and will also contribute toward our NHS Long Term Plan report.
7. The top six issues people report to us are:

    - Access to primary care, specifically GP services – this includes inconsistencies with booking systems and availability
    - Secondary care – we have 4 hospitals in our area, we have reports of long waits, cancellations and poor communications
    - Access to NHS dental care
    - Urgent and emergency care – an STP priority, fragmented with 111, minor injuries units etc so causes confusion
    - Community services – we have had lots of feedback about Specsavers and audiology services
    - Mental health services – mainly about the lack of provision

8. SS asked the Board to consider how we develop our future priorities in light of this intelligence.
9. JW commented that although these are the things that we hear most about they are not necessarily the most important.
10. MH commented that the ratio for GPs to patients is a rising concern.
11. JW noted that social care has very little feedback and this is a huge area so this causes concern although it may be the name 'Healthwatch' that the public do not associate with social care.
12. AR commented that this may also be to do with the percentage of the population using social care services as opposed to everyone using GPs
13. VM stated that this will all need to be added into the Long Term Plan report work and our new strategy.
14. The Board noted the report.

Primary Care Networks

15. Dr Mark Sanderson, Medical Director, Cambridgeshire and Peterborough CCG explained how the Primary Care Networks (PCNs) are developing in Cambridgeshire and Peterborough, the potential benefits and how local people can be involved. The presentation is available in full.

- The NHS Long Term Plan sets out an ambition for PCNs and the new GP contract puts general practice in a leading role developing these. The PCNs are about the provision of services with collaboration making general practice stronger and more sustainable.
- Reduction in workforce is an issue so there is a need to share services and work together in a network, similar to Octagon in the north of the county and Granta in the south. Using the same geography and community for PCNs and Integrated Neighbourhoods, each PCN must have a boundary that makes sense for its constituent practices, the local community and other community-based providers.
- The PCNs are to be finalised by the end of May 2019 with the associated Direct Enhanced Service (DES) contract in place by July 2019.
- Each PCN must have an agreement signed by all constituent practices which sets out the collective rights and obligations. It will act as a formal basis for working with other community-based organisations and is needed to claim financial entitlements.
- The Judge Business School will be providing a course as to meet the new required skill set for new and future clinical directors.

16. VM thanked Dr Sanderson and invited questions staring with one submitted before the meeting by and member of the public and then the Board. The submitted question asked "How are local pharmacies going to be integrated in to the Primary Care Networks?" Response: pharmacists are to be included in the plan from July 2019 however there is not much information in the plan about pharmacies, dentists or opticians etc but all of these will need to be linked into this plan at some point.
17. JW asked "on 1st July will anything be different?" Dr MS replied, straight away, no you won't see a change but by 1st July 2020 we should be starting to see changes particularly in the more progressive practices but we need innovators in this area to drive the change. Years 2 and 3 will have more expectations placed on the PCNs.
18. MH stated that although he now has a better understanding of the PCNs there seems to be a lack of links between general practice and social care services. Response: CPFT have said that they will communicate better, it is more talk than plans at the moment.
19. NP is concerned about primary care access and asked, "How will the PCNs help patients to see a GP more quickly?" Response: There is nothing in the plan at the moment to address this but there will be in the future. There are opportunities for improvement as the practices get used to working together; we will see this including other professionals such as using pharmacists in GP practices.
20. NP asked, "Has any work been done on practices with surveys, or in other countries where this is done to compare?" It was thought there weren't.
21. SM commented about the inclusion of volunteering services and how this would work given that a volunteer does what they want to, when they want to. A good way to make volunteers feel valued and included is to consult the volunteers directly and not the hierarchy. VM stated that this was a good analogy to illustrate need for deeper consultation with people.
22. MR commented that she thinks the ideas and plans are excellent but without an over-arching control there may be problems. MR is worried at how little the public understand what primary care is and very little has been given by way of explanation of the changes to the public. Further layers in the way the NHS organises may add even more confusion so there is a need to communicate in depth to/with the public. Dr MS thanked MR and has taken the comments on board.
23. VM asked if this gives the CCG more opportunity to be assured about engagement with the public and stakeholders. SS commented that she has already seen signs of this with Octagon committing to employing an engagement specialist. JW commented that Granta are now working with volunteers locally as well.
24. MR commented that the PCNs may encourage young and newly trained doctors to become GPs as there will be opportunity for learning new skills and some

movement within the practices to give variety to the role. Dr MS agreed that he foresees this as being of benefit to the recruitment process.

25. VM commented that in terms of scope to cope with the differing priorities of this, the CCG and STP, there could be tension between what we think are the pressing issues. This demonstrates further the need to work together and collaboratively over the next 5 years as there are a lot of stakeholders involved.
26. Member of the public stated that there are 150 pharmacists in Peterborough so there is a need to get these involved right at the start as they see more people than the GPs.
27. Member of the public asked how the voluntary sector can link in - who is the best person to contact? Dr MS responded the first contact would be the clinical director and we need to support them and develop the skills, and he welcomes the opportunity to discuss this further.
28. Robert Alexander, independent journalist, asked from a public perspective "if you move area would you move via the PCN network or your practice? Response: This would remain the same. You would move practice. This may change over time i.e. In Alberta the public know their PCN and its functions.
29. Julie McNeill, Information Manager, commented that she receives calls about continuity of care where patients cannot always see the same GP and they feel that they spend half the appointment repeating their story. She sees that this may worsen with the PCN but will improve other aspects across the services. There is a need for education and communication for patients to understand why they are seeing different people. Dr MS acknowledged this as an important point but there is a need to redefine continuity so perhaps it's continuity within a team rather than an individual GP.
30. VM thanked Dr MS again for his input.

Chair's report

31. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
32. The report includes a table of CQC ratings across a range of services; Care organisations, GP practices and NHS trusts. The CQC doesn't inspect all services every year, but on a risk-based approach depending on information collected all year round.
33. VM commented that this table provides an annual snapshot of the services in our area.
34. JW commented that the CQC ratings are helpful in determining where we concentrate our efforts in the coming year with enter and view also to provide an opportunity to look at the excellent as well.
35. The Board noted the Chair's report.

Chief Executive's report

36. SS introduced her report which is a roundup of the past year and includes full details of our successes, our progress against strategic priorities and the KPI summary for the year
37. SS flagged some key areas for the Board to note
    - The team have spoken to over 5,000 people at engagement events which is an increase on the previous year
    - Over 1,000 people told us about their experiences of health and social care services which is almost double previous years
    - 12 new volunteers recruited, 6 of these in Fenland and Peterborough.
38. The report also highlights the impacts and differences we have made, consultations we have been involved in and key pieces of work.
39. SS advised the Board that AR has started work on the annual report.
40. JW noted the engagement data and asked if we have contractual targets? SS advised that we are measured by outcomes and not numbers.
41. MR noted the development of the community forums is to be applauded.
42. NP noted that there are some outstanding achievements but little mention of Enter and View. SS responded that we are planning these at the moment and that we will change use of resources to address this.
43. The Board thanked the team and noted the report.

Communications report

44. Angie Ridley, Communications Manager, introduced her report of communications activities undertaken during 2017-18 to support the promotion of Healthwatch Cambridgeshire and Peterborough.
45. The focus has been on people's stories at the heart of care, with the development of case studies to support promotion and engagement activities. AR commented that on a personal level she has found promoting these stories to be very rewarding.
46. Online engagement on social media has continued to grow. There are plans to re-develop our two websites to one combined site using the Healthwatch England model in 2019-20.
47. We contributed to 37 articles in the media (newspapers, radio and TV) with particular success around IVF issues and the Finding an NHS Dentist report. In addition, 60 articles were placed in publications by voluntary, community, NHS and social care stakeholder publications.
48. VM asked if you had more money what would you spend it on. AR would use more films to promote stories.
49. The Board thanked AR and noted the report.

General Purposes Group report

50. NP updated the Board on the activities of the General Purposes Group (GPG). New director SR has now joined the GPG and CR attended as finance items were included.

51. The group discussed the timetable for the new strategy and recommends there is more time to discuss and consider. This would mean that the new strategy would be presented to the Board for approval in November rather than September and would be a strategy for 2020-25. The group has reviewed the existing strategy and is confident that it is fit for purpose in the interim.
52. The finance report was reviewed, and a new template proposed at the next meeting which will provide the Board with current and projected costs for each expense criteria on one sheet at each Board meeting.
53. The CEO has completed the Trusted Charity (was PQASSO) self-assessment and generated an action plan. JW asked in reference to the self assessment, what are we? SS advised that there is nothing on the generated action plan that we cannot achieve to reach 100%
54. The Board noted the report, and approved the new timetable for developing the strategy and new format for financial reporting to Board.

Finance report, 2018-19

55. SS reported that the end of year surplus is £32,655 which is higher than anticipated because the funding from Healthwatch England of £7,600 to deliver the NHS Long Term Plan engagement work has been received in 2018/19 but the majority of the work is taking place in 2019/20.
56. The professional fees section was given in more detail to the Board separately before the meeting.
57. The budget position at end of year was noted by the Board.

Public questions

58. There were no further questions

VM thanked all attendees.

Meeting closed at 20:50