



Minutes of the Board Meeting

Date / Time: 20 May 2015, 19:00-21:00

Venue: The Meadows Community Centre
1 St Catharine's Road, CAMBRIDGE, CB4 3XJ

Present: Ruth Rogers - Chair
NEDs - Mike Andrews, Karen Begg, Mike Hewins, Graham Jagger,
Ruth McCallum, Sue Westwood-Bate

CEO Sandie Smith
Angela Grief, (minutes)
Julie McNeill Information Manager

1 Introduction and Apologies

Chair Ruth Rogers opened the meeting and welcomed all present.

Apologies were received from Guarantors Anne Campbell, Victor Lucas and Mike Thorne.

2 Declarations of Interest

2.1 There were no declarations of interest.

3 Minutes of Previous Meeting 11th March 2015

3.1 Approved as a true record.

4 Matters Arising

4.1 Action at point 11.3 will be pursued under the Care Act work.

5 Uniting Care presentation

5.1 Keith Spencer circulated a presentation regarding UnitingCare plans and objectives for the CCG commissioned Older People & Adult Community Services (OPACS) contract which commenced 1st April 2015.

5.2 UnitingCare are the lead provider for the contract with specific responsibility for integrating a very "un-joined-up" health and care system.

- 5.3 There are 150 organisations including GPs, VCS, hospitals and many others who need to work together better. Social care and GPs were not in the original contract but are key and so are included in UnitingCare plans.
- 5.4 More funding will be directed to community services to enable the shift away from hospital admission. There will be a new model of care with joined-up services centered around the person.
- 5.5 KS gave examples of services of un-joined up services:
- Princess of Wales X-Ray department can't use an X-Ray machine as it belongs to Addenbrookes Hospital
 - A person who had 12 different professionals visiting their relative, all providing different aspects of care.
- 5.7 Falls and IV antibiotics cause many inappropriate admissions which can be tackled by improved co-ordination of services. UnitingCare has set a target of reducing inappropriate hospital admissions by 20% by March 2017. If we do nothing there will be a 30% increase in admissions of older people to hospital by 2020.
- 5.8 New services:
- One Call - 24/7 single point of contact for GPs and professionals is now live. Existing patients and care homes will be able to use this service by mid-July.
 - Joint Emergency Teams (JET) - rapid response service of clinical teams is being rolled out and will be fully operational by the end of June.
 - Neighbourhood teams - community care, social care, mental health and other professionals will work together, located around GP practices.
 - Wellbeing Service - will be provided by the VCS working together to assist with lower level support needs.
 - Integrated Case Management - 15% of adults with long term conditions use 60-70% of services. UnitingCare will invest in making those services work better together.
 - Patient records will be accessible to all staff in partner organisations
- 5.10 There will also be investment in end of life care in Wisbech, dementia, annual screening for depression and anxiety, and common training for health and social care staff.
- 5.11 KS distributed a leaflet which explained the changes and stressed that UnitingCare are committed to learning about people's experiences and how it will inform the design of new services.
- 5.12 Ruth Rogers highlighted the experience of carers caring for people at home with quite high levels of need; carers' views need to be considered more.

5.13 KS confirmed UnitingCare are actively seeking carer involvement and highlighted the key role of the unpaid carer and the importance of supporting them.

5.14 KB asked how the new joining up will happen?

KS replied that this is mainly about culture change and is being made through discussions at joint contract meetings and encouraging collaboration. Front line joint working makes a difference as does simple targets.

5.15 MH asked about the staffing capacity issues within acute trusts. KS explained that is why preventive community services are being addressed first to reduce demand on acute services.

5.16 RM asked how UnitingCare will solve competition for scarce resources.

KS replied that fewer people in hospital will cost less.

5.17 SWB asked about the investment of social care.

KS agreed that these services are key and that they have managed to get plans aligned with social care.

5.18 GJ asked where the pressure is coming from to ensure this happens.

KS said CCC recognises that everyone has to work together, he gave shared offices and backroom services as good examples of this.

5.19 KS was thanked for his presentation.

6 Work Programme summary for 2014/15

6.1 Sandie highlighted the following progress against actions and outcomes:

6.2 Communications and Engagement

- The Consultation Network has been re-developed and membership has increased to 117.
- The 'Happy & Healthy' project was completed (jointly with The Dill Project). Feedback from children and parents was excellent.
- The 'Youth Connect' network is established and regular information is being sent to the 57 members who include young carers and service users.
- The Ely 6th Form Project on emotional resilience is being planned.

6.3 Developing the volunteering programme

- There are currently 29 volunteers, the majority being Enter & View Authorised Representatives. All volunteers receive induction, speaking and listening training and role-specific training, e.g. Enter & View.
- SS gave special thanks to Co-ordinator Elizabeth Locke who developed the training programmes.

6.4 Influencing the strategic agenda of health and social care commissioners

- The CCG will consider a change to the Podiatry Services policy regarding access and funding.
- Healthwatch is a member of the NHSE working group set up to improve choice when booking cervical smear tests. We are pleased to also be working with Voiceability and NHSE to help improve availability of annual health checks by people with learning disabilities.
- We are continuing to monitor the case escalated to HWE regarding long waiting lists for older people’s social care assessments. HWE are taking action nationally.
- The CCG will review language used in letters to patients regarding Continuing Health Care to ensure it is understandable.

6.5 Reporting intelligence to decision makers

- The ‘Engaging Women in Maternity Services’ report was published in August 2014.
- The proposal for an independent Complaints Handling Audit is being considered by CUH and CPFT.
- SWB is a member of the 111/Out of Hours procurement group.
- A report with the findings of the First Steps to Health Survey will be published within the next few weeks.
- A programme to undertake the statutory “Duty to Enter and View” has been developed and Authorised Representatives trained. NED Karen Begg is trained in this role.
- Three visits have taken place and three more are planned in the first tranche.
- An immediate impact was made when on the first visit, the absence of a disabled parking bay was observed. After this was raised with the care home, a disabled parking bay was provided within a few days.

6.6 RR commented that the report and outcomes are a good indication of the work being made by the team.

7 Finance Report 214/15

7.1 The report was noted by the Board.

7.2 MH queried the over-spend on Marketing and Printing and Office Expenses.

SS informed the Board that the office is well stocked including new printed materials to encourage people to share their concerns and experiences.

8 Strategic Plan

8.1 SS sought the Board's approval on this document in which the Board, partners and public have been fully involved in developing.

8.2 SWB said that it was very helpful and that the Board would seek to support the outcomes.

8.3 Action:

RR asked for the Board to reflect on how this can happen and make suggestions to SS.

8.4 RM asked which areas are required by law. SS referred the Board to section 4, Key Outcomes.

9 Information & Signposting Service report

9.1 Julie McNeill introduced the report covering the period Sept 2014 to March 2015.

9.2 Four points were highlighted:

- The majority of signposting information continues to take place in the context of people sharing experiences and/or raising concerns.
- There has been a significant increase in people contacting us for information.
- There continues to be a fairly small volume of contacts but the complexity of issues remains high.
- Changes brought in by the Care Act has led to a small increase in people contacting us about social care.

9.3 People's issues tend to be very complex and there has been an increase in enquiries about social care. We were able to quickly respond to questions concerning Carers Assessments following a prompt response from CCC.

- 9.4 We continue to look at ways to improve the service, e.g. a webform on the website asks for feedback on the service.
- 9.5 Statistics presented show an increase in numbers from the previous report to the Board. Increased HWC communications in village newsletters and recommendations from partner organisations are helping to raise our profile.
- 9.6 We are signposting to a large number of organisations but most frequently refer to PALS and POWhER.
- 9.7 JM gave some background to some of the more unusual enquiries including referral to the Coroners' Support Service and Sign Station, and stressed how a little support can make a big difference.
- 9.8 Quarterly summary reports are sent to providers, commissioners and regulators. This is being redesigned to simplify and make more appropriate.
- 9.9 RR thanked Julie for her report.
- 9.10 GJ welcomed the increased use of the service.
- 9.11 RM asked about the required topics for reporting to CCG.
- JM confirmed these were access, policy, waiting times, communication, quality and delays.

10 CAMH update

- 10.1 As previously reported to the Board 11th March, work is progressing with Pinpoint to highlight the issues with CAMH. SS and Pinpoint have regular meetings with commissioners and are pressing hard for good information and that people are involved in re-designing the service.
- 10.2 Pinpoint are holding workshops to support parents with coping strategies.
- 10.3 RR commented that the implications of poor service affects both children and parents.
- 10.4 The CCG will provide additional funding of £600K and assurances have been given that parents and young people will be included in meetings to discuss service requirements.
- 10.5 The Board were pleased to note there is recognition that the service is under resourced.

11 Public Questions

11.1 Question 1

11.1.1 A volunteer requested clarification on entitlement for travel claims when attending training sessions.

11.1.2 **Action:** Send information to volunteers.

11.2 Question 2

11.2.1 With regard to the presentation, social care services can often be of a poorer quality.

11.2.2 RR replied that social care is not in the contract but KS had indicated they will be aligning plans.

11.3 Question 3

11.3.1 How will the Medication Review be undertaken and will GPs be involved?

11.3.2 SS replied that it is the process that it is being redesigned but GPs will be involved.

11.3.3 **Action:** SS to ask UnitingCare the question.

11.4 Question 4

11.4.1 How does UnitingCare integrate with 111 service plans?

11.4.2 **Action:** SWB will keep this in mind and raise as appropriate at the 111 Clinical Governance Group.

11.5 Question 5

11.5.1 Past difficulties with NHS data were referred to and it was observed that Equality Impact Assessments are a good way of understanding community implications of service change.

11.5.2 **Action:** Ensure that looking at the use of EIAs are included in the Equality & Diversity Project.

Date/venue of next Meeting (AGM):

15th July 2015, 7pm
The Maple Centre, 6 Oak Drive, HUNTINGDON, PE29 7HN