

## Healthwatch Peterborough Community Meeting in Public Minutes

Wednesday 16 November 2016; The Fleet, Fletton, Peterborough PE2 8DL

### Attendees:

**Directors:** Nik Patten (chairing meeting) David Whiles (chair), Gordon Smith (vice chair) Nicky Hampshire

**Advisory Committee:** Suzie Henson-Amphlett, Ian Arnott

**Staff:** Angela Burrows, Samuel Lawrence

**Other attendees:** Jane Coulson (C&P CCG), Ivan Graham (PSHFT) Catherine McLaughlin Regional Director, East and Rachel Mason is the Service Manager (Total Voice)

**Apologies:** Margaret Robinson (D), Jean Hobbs, Dennis Pinshon, Geoff Bovan, Rosemary Dickens, Annette Beeton, Gordon Lacey, Jo Woodhams (AC) Heather Lord (S)

Members of the public also in attendance.

1. Welcome & Introductions;
2. Apologies (AB)
3. Declarations of interest
4. Minutes of Tuesday 18 October
  - 'Nik Patten' should not have a 'C', CCG update was delivered by Jane Coulson not Jessica Bawden.
5. Actions from minutes

### 10:10 Directors Update (David Whiles)

**DW** Consultant (Juliet Snell of taproot) appointed to investigate joint working possibilities between HWP and HW Cambs.

CCG's hydrotherapy policy will be presented to the HWBB on 6 Dec.

**NP** attended STP advisory group meeting. Generally approved of plans for savings, questions over whether they will be implemented quickly enough. There were two HW reps on this board, now there will only be one but there will now also be a patient rep, a mental health rep and a lay member.

### 10:25 Chief Operating Officer's (COO) update (Angela Burrows)

#### Item

#### Safeguarding Adults Board (update January meeting)

## **Safeguarding Children's Board (update January meeting)**

### **Prisoner engagement**

**AB** had received a request from Health and Justice Dept. of NHS England to get patient feedback from prisoners about a new service they were designing (launch 2017) where they can agree to share health info from prison and GP.

Agreed possible opportunity to capture challenges and benefits from a prisoner's perspective and share to support implementation.

**DW** asked whether prisoners can register with a Peterborough GP while in prison. **AB** replied yes you can be registered with a community GP, GP would not know if you were in prison.

New scheme may develop to change current practice that you cannot register for a new GP whilst in prison, have to wait for release.

**CM** Offered training support for prisoners regarding advocacy

**GS** If long term prisoners could be 'captured' as wellbeing reps, this would be beneficial.

Member: Asked about the mother and baby unit and if we were involved.

**AB** confirmed we do not work in this unit, highly supported and much intervention, not seen as a focus.

**GS** stated that he felt some can use getting pregnant to avoid going to prison.

**AB** confirmed that that was not the view of HWP or its staff or Board. We do not agree with that at all, and this is a personal view.

### **Youth Worker – objectives/overview**

**SHA** raised concern that local people being not involved with youth work and that HWP have not been involved in youth worker's work as much as hoped.

**AB** responded we do not drive what youth worker does, really the Joint Commissioning Unit/HW Combs. We are supporting the work and sharing as much info as possible to utilise the opportunity.

It was agreed that any further joint funding for this role should have agreement/protocol in place for equal involvement and discussions around the role. Possible to appoint 2 Directors/NED one from each to lead and work with the commissioners of the youth worker project.

### **Wellbeing Centre (RHMC)**

**PA** mentioned Kathy Dickinson has talked to PPG forum about RHMC at **AB**'s recommendation.

### **10:50 Nik Patten – new voluntary director of HWP/CIC – introduction**

**NP** gave a presentation outlining his many years of experience in surveying and hospital design and management.

### **11:00 Total Voice – NEW NHS Complaint Advocacy Service – Catherine McLaughlin, Regional Director East**

**CM** Outlined the role and functions of Total Voice as the new advocacy service in Peterborough and across the East of England (from 10 October) Staff were TUPE'd but still recruiting. Have office in

Peterborough (in front of POSH football ground). Partners with NAS/Deaf Association.

**IA** and **SHA** raised concern about complaints when service is provided by an independent/private provider. **IA** stated that nobody was willing to take responsibility for the issues with the service.

**CM** said that complainants should come to Total Voice, who will try to point them in the right direction.

**AB** highlighted a number of tools for supporting people writing to private providers, we would advise them of the regulatory body and suggest complain to them. Also, if the provision has been sub-contracted by CCG directly or the provider, then would come under NHS provision and could get help. Best to ask and see what support may be available.

**JC** stated CCG is concerned with the failures of any service it has commissioned and would want to have the information to follow up.

### **11:10 Soft intelligence/Current issues (Directors and Advisory Committee)**

**DW** raised issues with parking and wanted to know where new dialysis unit would go.

**SHA** gave positive feedback on Stamford and Rutland Hospital, patient she knows was triaged and seen within five minutes, seriousness of condition quickly recognised.

**JC** wished to point out her husband was seen very quickly after bike accident at PCH, astute radiographer picked up on seriousness of his injury.

**NH** raised concern about Boroughbury Medical Centre. A lady she knew had critical medication missed off her prescription. **NH** could not get appointment with a GP she knew for 11 days.

**AB** will log soft intelligence and advised to report.

**PA** raised concern about stress among people failing assessments for PIP and ESA, particularly people who suffer from mental health conditions. Suggested people try to show their best side at these assessments and give the impression that they are more well than they are. Also concerned that Mind are reluctant to help people fight these decisions.

### **11:20 C&P CCG update (Jane Coulson)**

**JC** STP intended to be published next week. System wide Memorandum of Understanding between organisations involved in STP has been published.

CCG is facing £17.4 million deficit. Looking at all areas of service to see what savings can be made to combat this.

**IA** asked about situation regarding Concordia accepting ENT referrals. **JC** said she would provide an update at the next meeting.

**11:30 PSHFT Update (Ivan Graham)**

**IG** ED attendances continued to rise. New matron for emergency and urgent care hired. Full business case for merger going to both boards

35 new nurses recruited from India. 160 overseas nurses retained.

PCH is trial site for nursing associate post.

Health Secretary visited hospital. Feedback from visit was very positive.

**11:40 AOB**

**PA** raised concern about data used to compile JSNA. Some data is from 2007, why is newer data not being used. **AB** explained this might be the most up to date data, some studies only carried out once per decade, but she will look into this.

**11:50 Meeting closed**