

DRAFT Minutes

Held on: Thursday 22nd May 2014

At: The Fleet

Time: 10:00am - 12:00pm

Attendees and apologies:

Directors: Gordon Lacey (Vice-Chair), Mary Bryce, Gill Metcalfe

Apologies: David Whiles (Chair), Louise Ravenscroft

Management Group: Annette Beeton, Rosemary Dickens, Susan Mahmoud, Margaret Robinson, Dennis Pinshon, Barbara Cork, Gill Bachelor, Nicola Hampshaw, Geoffrey Bovan,

Apologies: Ian Arnott, Jean Hobbs, Anne Lockwood-Hall

CAB HWP:

Angela Burrows, Chief Operating Officer

Jennifer Hodges, Signposting Officer

Other Attendees:

Geoffrey Clubbe

Apologies:

Amy Kennedy Home instead

Wendy Endersby Cambridgeshire Community Services

C&P CCG:

Jane Coulson

Jessica Bawden

PSHFT:

Chris Wilkinson

1. Welcome
 - I. Gordon opened and welcomed everyone to the meeting
 - II. There were no declarations of interest
 - III. Apologies were noted

2. Previous Minutes
 - I. Minutes ratified from 17th April 2014 (changes noted re. attendance and/or apologies)
 - II. Memory boxes. Since Angela suggested testing the water Margaret has not pursued it yet because, as a matter of courtesy she has been waiting for a response to here enquiries to the Museum and Library. ***Action point**
 - III. Cancer Services – event held at Robert Horrell Centre but unsure if any members attended.

3. Action Plans/Activity - Updates – Angela Burrows

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- I. New member to Management Group
An enquiry was received from a lady but no application has been received yet. She is a parent rep at Family Voice. The Group needs to decide whether there is a gap in the group for these skills.

The Dir's have looked at Lord Kenneth Moore who engages as a patient at Millfield Surgery, his application and agreed that he will join the Management Group. He has an interest in Mental Health services and he will help give insight into PPGs.

- II. Lay representation on Peterborough Local Commissioning Group (PLCG)
The PLCG are currently working towards a PPG rep for the lay person's seat on the Board (currently held by Chair/vice-chair of Public Consultation Group). This will be in line with the Borderline rep.

Each PPG can nominate a rep. who will then collectively vote for a rep. and second to sit on the LCG. The reps for each PPG will also attend the Patient Reference Group.

This will be in addition to the Healthwatch seat, currently held by Gill M and Louise R.

To avoid duplication, conflict and/or limited reach of engagement, the PPG rep will not be a Management Group, Director or staff member of healthwatch Peterborough.

Jessica B. described the differences around Healthwatch and the Patient Reference Group. Healthwatch has a statutory role and is there to challenge the LCG (but not to vote on decisions). The PPG Rep. is there to influence. The LCG representative may stay the same after September or may change. There would also need to be a Healthwatch rep at this group. It cannot be the same person but GL is currently the Healthwatch rep. Barbara will continue to be the LCG rep until the vote for the PPG one has taken place. A question was raised about the nuances between the different bodies. Jane has this information and will provide this to AB for distribution.

- III. **Mge Gp skills Audit**

Margaret described how change has affected the Healthwatch Group. She is in the process of putting this into a report which should be available before the next meeting and may even form the agenda. The date options for the Annual Review are 9th or 11th July and the venue will be in Peterborough. Members to respond regarding attendance so that the date and venue can be fixed.

- IV. **CQC Report on PSHFT – feedback and updates – HWP response doc**
The CQC report has been published and a range of issues have been highlighted. The response identified that the majority of feedback is generally positive. However the staffing levels were at times not as expected and the patient calls and call buzzers not being answered or were out of reach. An action plan has been put together in response to the report's findings. It is hoped that the issues re complaint handling can be addressed by working with Healthwatch Peterborough and possibly the Patients Association.

The deadlines for Ambulance Service and CPFT quality accounts (we will be noting that we haven't been given enough time for the CPFT response). If you sit on any group please can you provide feedback on the Quality Accounts to AB.

- V. **Refernet** – communication for other orgs to join
GL reported that he is waiting for responses
- VI. **Cancer Services Review Group - Update - SURVEY RESULTS**
Gill was thanked for taking the survey responses. Target was 100, 50 received. Some new ones have come in since the report was done. Suggest the deadline is extended to end of June and treat the report as interim. Praise was given for the report. It has been shared with MacMillan and will be shared with the hospital as a source of evidence for services that should be delivered at the Robert Horrell Macmillan Centre.

Action - Agreed to share the full report more widely.

- VII. **Patient Assessor Group** (E&V Update) – dates for phase 2
The next group of dates are available. We are doing another 4 care homes and minor injuries unit. Waiting for dates for the City Care Centre. The aim is to visit all of the care homes and how we support them particularly with Memory Boxes. Action – please let AB know if you are able to support these events.

Q: Qualifications. Establishing dementia training and stroke training. Jennifer is involved in dementia care training. This is not certificated but is available to everyone to improve understanding of living with dementia.

- VIII. **Complaints Handling** -
Currently working with the Trust to develop the complaints handling questionnaire to see what works well and what requires improvement.

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- IX. **Coronary Heart Project** proposal
Attended presentation from Coronary Heart team. There is a problem for Peterborough as a longer journey is involved and even further for South Lincolnshire. Proposal has been drafted to obtain information from Papworth re postcode and users in order to present to commissioners to decide where the care should be given. AB confirmed there are two commissioners and the proposal will go to both.
- Action – to let AB know if you are interested in being involved in this project
- X. **Mental Health** – mental Health Stakeholder Group at PCC –Dementia Friends training
Visited 49 Lincoln Road which is a drop-in service for people with learning difficulties. There is a service user keen to take part in our Enter and View programme. Going into PRC to gain a younger person’s perspective of services. Two representatives of HWP attended the Peterborough Mental Health Stakeholder group yesterday and report will be circulated next month. Dementia session will be delivered in the afternoon session at the June community meeting. A request for information has been sent to the Memory Clinic following soft intelligence regarding the appointments procedure when giving a positive diagnosis as well as non-clinical support, signposting and information following diagnosis. Further concerns were raised about the Memory Clinic; these will be addressed following the response from the Memory clinic.
- XI. **SEND Reforms**
Apologies received. No report as yet.
- XII. **Prisoner Project** –Proposal project overview on 15th July 12:30-2:00/Train the Trainer: Sept 23rd 12-3:30pm
We are holding an information session to LHWs and other interested organisations to give an insight to the prisoner training programme. There will be an opportunity for those who want to take this on to sign up to our train the trainer event in September which will fully equip them to deliver this programme in their local prison.
- XIII. **Community engagement** – (Jennifer for Femi)
Femi has attended many meetings and events across the region. See attached report.
- XIV. **Communications:**
We now have 724 Twitter followers which is a good increase since the AGM. The Facebook page has 34 likes. These are circulated more widely through social media through the hospital, the Telegraph etc. The Enews is continuing to grow.

4. Reports (taken as read)
 - adult social care providers quality group
 - older peoples partnership board {PCC}
 - End of life care: ambitions for quality. strategic clinical networks[east of England]
 - mental health stakeholder event
 - patient reference group (CCG)

5. PSHFT – Update – Chris Wilkinson

Only two trusts rated good and we are not one of them. Happy to share table of results (action). Thank everyone who was involved in the Place visit at PCH and Stamford. Action plans coming together, these will be shared when finished.

POST MEETING NOTE: confirmation that: 4 were rated 'Good', 7 'Requires Improvement', 1 'Inadequate'. PSHFT was rated 'Requires Improvement'

A Psychiatric liaison team is now in place. The first year will involve lots of training to staff about when to refer to psychiatric liaison team.

Raid model in Birmingham. Can actually make patient experience and outcomes better with structured psychiatric liaison team.

The trust has recently experienced a high attendance at the ED, showing a pattern of children and young adults thought to be due to local events such as football matches and the change in weather. Still need to understand this emerging picture. Build up starting at about 6pm, two hours before the MIIU closes, need to talk to colleagues at minor injuries unit about this increasing pressure.

Falls training – have 8 pairs of spectacles that give you a different experience.

Dennis: Raised a new technology that simulates what it is like to live with dementia, this has been in the news as it has launched in London recently. **Action – Chris to look at**

AB reviewed before but will look in to the reduced opening hours of the MIIU and what effect this may have on ED. If there is a substantial pressure on ED between 8pm-10pm (when the MIIU has reduced the hours) that is delaying critical care of some patients there may be a case to review those hours.

Susan: query minor injuries for 24 hours

GL: would get a doctor's appointment the following morning but it is the public perception that this is no longer possible, therefore people may not see the GP as the first option anymore and go straight to MIIU or ED.

AB: doctor appointment generally 9-5 to, so possibly if you are at work you would be prepared to sit in ED. Options 911, out of hour's doctors.

6. C&P CGG Update – Jess Bawden

Money – ended the year in April at £4.9m deficit, relatively good considering the budget is £40m less that should be for the population. Management running costs have been reduced and will continue to over the next two years. Formula of the increase in population may not impact until another five years at least.

Budget for next year is £880m

NHS and foundation trusts with PWC to look at trusts in distress. Although the financial side is struggling our level of clinical work is excellent and this is the main

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priority including patient safety. Price Waterhouse Coopers (PWC) has been in for 6-7 weeks, looking at solutions and longer term planning.

Care design groups – elective care and urgent care.

Fits in with 5 year planning work into NHS England and looking at 2 year operational plan.

Local authority – working together to jointly commission children's services.

Consultation - Personality disorders – how we deliver services and spreading it out across the whole area.

Good news on coronary heart disease work – 90% of practices targeted with having high incidence of this have done a lot of work on hypertension and risk.

Ophthalmology – speed up process, pilot started March, evaluation in September.

ENT – briefing not to AB for ALL to make comments. About the QIPP agenda.

Looking at where the high spend is and where we could do that differently. About 10,000 patients referred to ENT, out of those about 3,000 go on to surgery. Looking at putting triage service in between. About the other 7,000 who did not need to see the surgeon. This has gone out to procurement.

Q: who would you envisage would be the intermediate person?

Jess: bid to run the service differently; could be a GP with a special interest

GL: issue – triage service can get in the way of patient choice.

Sue: all of that is being thought through

Dennis: cynic would say this is being done to slow the service down. It is important to manage the public's perception.

Sue: Anyone who has current care with a consultant, e.g. grommets, will still remain with the consultant

AB: rather than creating a new tier

Jess: encourage the practice to discuss those pathways. Maybe awareness of NICE guidelines. Expect them to raise it with practice as an educational matter

Jess: Not the whole of Cambridgeshire. Practices with most high risk of coronary heart disease were given targets for risk for those patients

7. AOB: CCG Older people Consultation Feedback:

- I. Went to meeting with other Healthwatches. Meeting drawn up to obtain common Healthwatch response which is in draft form at the moment and will be refined. Responses may be modified but main themes: recognise compelling case for change; recognise need for transformation across health and social care; focused on community care budget which is only one third; recognise bringing in new provider; don't think timescales are achievable – no negotiations with Acute Trust; continuing concerns about fragmentations of health economy; concerns as not sure expertise in CCG or healthcare where contract is outcomes based; noticed system redesigns occurred in other parts of country and feel increased risk here as did not involve degree of risk here; summary change imperative, raise risks, recognise radical change and becoming increasingly fragmented and risk of destabilising system. Not sure if system and processes are robust enough to manage the risks. Q: were all Healthwatch groups represented? GL: HWNH, HWHerts, HWC, HWP

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Margaret: concerned about contracting. Worked in number of situations where complex contracts drawn up for entirely new services. There is nothing standard about this. The contracting approach has to be from many perspectives. It must be the contract of it. Jess: all valid points. Although NHS, the contract is not standard. Outcomes will be monitored differently. Dennis: fragmentation. The key thing is the perception of the service. GL: in general the volume of service will be integrated. Monitoring evaluation to have independent input. This will almost certainly part of the process. Dennis: what hasn't been mentioned is data protection. GL: noted and will take that forward ref. integrity, accuracy and security of date. Jess: doing more work around specialist patients. Information sharing is important but has to be within government guidelines.

- II. Margaret – following the Neuberger report last year and Liverpool pathway this has to be completely ceased by the end of July. People might like to be reassured that people in Peterborough area there are alternatives available which will be trialed.

8. Next meeting: The Fleet, Fletton, PE2 8DL Friday 20th June 2014

- I. 10am-12 noon Community Meeting (followed by light lunch)
- II. 12:30-1:30pm Care.data NHS England (David Woodthorpe and Aasiya Moreea) followed by
- III. 2:00-3:00 Dementia Friends training,

Action	
2.I	JH – makes changes to minutes of previous meeting regarding attendance and absence.
2.II	MR to forward email to GL who will take this further.
3.I	GL –process needed to ensure there is a window around the AGM for reapplying for membership of the Group. Forms to be made available before the AGM (detail to be discussed). JH - forms to be provided to Nicky regarding membership of the Group. Jane - provide information on differences between different groups to AB for distribution.
3.II	ALL - to respond regarding their preferred meeting date and attendance so that the date and venue can be confirmed.
3.III	ALL - if you sit on any group please can you provide feedback on the Quality Accounts to AB.
3.V	Action – AB agreed to share the full report more widely.
3.VI	ALL – please let AB know if you are able to support these events. AB - need to flag the training criteria for care homes across Peterborough

3.VIII	ALL –let AB know if you are interested in being involved in the Coronary Heart project
5.	Chris – look at dementia experience as part of training. Chris – share table of results. AB – to review ED data from 6pm until 10pm and MIIU opening hours.
6.	ALL – comment on ENT briefing.
8.	GL – to add commentary around Data Protection, integrity etc. into the Healthwatch response regarding the Old People’s Programme.

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Acronyms

MIIU Minor Injuries and Illness Unit

LHW Local Healthwatch

HWP Healthwatch Peterborough

HWE Healthwatch England

HWC Healthwatch Cambridgeshire

HWNH Healthwatch Northamptonshire

CCG Clinical Commissioning Group

LCG Local Commissioning Group

OPP Older Peoples Programme Board

PCC Peterborough City Council

CQC Care Quality Commission

PCH Peterborough City Hospital

EHC Education, Health and Care