

Meeting of BLTC 03 October 2017

Cllrs' Written Reports to BLTC

Borough Council Matters of Interest Written Reports

Cllr Currall

1. I attended the East Kettering Liaison Forum.
2. Discussions took place concerning The Hayfield Cross School. Problems are slowly being Addressed.
3. I Chaired the A6 Towns Forum
4. Insp Julie Mead and Sgt Scott Little was present. Discussions took place regarding Issues within Burton Latimer and other A6 towns.. She explained about the new police Service Delivery Model.
5. I spoke about the closer of Barclays bank at the conservative Meeting and asked the chair to write a letter to Barclays. I Also asked if Philip Hollobone could possibly be involved at a higher level.
6. I spoke To Mark Dearing Portfolio Holder Responsible for Town Centre regeneration on the possibility of him coming to a BLTC meeting to discuss ways we can improve our town centre.

County Council Matters of Interest Written Report (Cllr Smith-Haynes)

(Written Report awaited)

Other Town Cllrs' Reports

Cllr C. Groome

My month has been dominated by meetings to ensure that the invitation to tender for the new train operating company franchise covering Kettering leads to improvements in service, with fast trains to London and a more frequent service northwards to Leicester as I have covered in my reports previously. I attended and spoke at the consultation meeting organized by the Department for Transport in Kettering and have attended other meetings with stakeholders to try to get some alignment in submissions which are all due in by 11 October. It is an important opportunity to get things right for the next 10 years or so.

Other points are:

1. I attended the Party in the Park which was excellent but suffered from being late in the season. I hope it will continue and go back to the night before the Duck Race.
2. I attended the A6 Towns Forum on which others have reported.
3. I attended a very positive meeting organized by John Currall to make decisions and allocate jobs for the Christmas light switch-on.
4. I took part in a KBC workshop about improving Kettering Town Centre and was able to inject the views of Burton Latimer residents. I also met the officers currently dealing with town centre planning who might help in BL.

5. Fergus and I had a positive meeting with Guy Holloway and Michael Chester from KBC which is now getting to grips with the Section 106 monies for improvements in the town centre. We are expecting plans for the Town Council to review in the second half of October.
6. Fergus and I are also progressing the Town Council's wish to get trucks out of the town by getting IVG White traffic able to go to Hilltop via Finedon Station Road. We shall report back as soon as we have plans and costings from NCC.
7. The work on the railway line adjacent to Burton Latimer is moving on apace but there is no news yet of when the Station Road bridge is likely to be modified for electrification.
8. The sudden departure of Paul Blantern, the NCC Chief Executive, came as an unwelcome surprise, since there is now no-one there with the clout to master NCC's financial problems.
9. Is anyone planning to attend the NALC AGM this coming Saturday?

The CPRE Committee meets this evening so no-one from the Town Council can go.

Highways Report (Cllr F. Macdonald)

None submitted

Other Cllrs' Reports

VERBATUM NOTES FROM THE MEETING HELD AT THE MEDICAL CENTRE ON MONDAY 17th JULY 2017 (Cllr Jerram)

It was decided to take these notes verbatim as it was important to record exactly what was said. The notes have been unanimously approved by the whole Patients Participation Group (PPG) as a true record of what was said at the meeting.

The non-medical attendees were so surprised at some of the inaccurate allegations made at the meeting that we have responded in these notes (in bold) with the true version of facts.

Present: Helen Corbett (Practice Manager), Drs Raja, Rose and Spencer, Debbie Cox (Medical Centre Note Taker), **Non Medical PPG Members:** Jane Finch,. Eugene Hammond, Cllr Maureen Jerram, Canon Roger Knight, Denise Mawby, Jane Read, Steve Thomas

The meeting started 20 minutes late, the non medical members were made to wait in a group in the surgery waiting room.

HC: Introduced the meeting as follows:

Ground rules: Nothing is personal, this meeting is to discuss how we go forward. The following misrepresented subjects were then raised by **HC:**

1. She feels things have been going 'downhill' for the last two years and the last CQC Inspection was the final 'turning point'. Prior to that, which was just after she started at the Practice, things were positive.
2. She feels the role of the PFG should be to work with the practice and be a critical friend and challenge when needed. Also to support the practice with their 'vision'.

RESPONSE: Whilst the first two statements are correct one of the biggest problems non-medical members have is lack of feedback from HC – this would explain the feedback given to the Inspectors which was our attempt to improve this. We have no idea what the practice

vision is and we have never been informed so we know not how we could support the practice with this or even act as a critical friend with it.

3. She feels that for the last few months many points have been looked at and discussed and communicated outside of the meeting.

RESPONSE: We are extremely puzzled by this remark. There is absolutely no evidence to support it. We are all busy people and wouldn't have either the time, inclination or professionalism to do this.

4. In September the PPG was really involved with the survey and this was very good. **After the results were received there was a three month delay because HC wanted a discussion with all the GPs (HCs words)**

5. After the discussion the suggested actions were looked at and some were felt by the practice to be not in their power to do and were felt to be impossible at this time. This came back to the PPG for further discussion. **(True)**

6. She then went on to discuss the DNA letters where a decision was made but when it came back to the PPG meeting some didn't like the idea of sending the letter out. HC went on to say that the surgery then had to do the letter without the support of the PPG.

RESPONSE: The non medical members of the group are extremely upset at this remark as it is a complete misrepresentation of the facts. The letter was drawn up by one of the members, altered and approved by all. However at the next meeting HC said that it couldn't be sent out because this was now being discussed by a 'hub' of practices to come up with a consistent letter across the 'piste'. We heard no more until the above statement from HC on the subject.

7. She then went on to say that the posters re abuse were agreed by the PPG and subsequently put up in the surgery. She said there was a lot of negativity from the PPG about the posters.

RESPONSE: This is completely misrepresenting the facts. The PPG were completely in agreement that a notice was needed as any form of abuse should not be tolerated. The negativity was about the position they were put in – large and right in front of people across the reception desk. The PPG were under the impression there would be a notice on the wall behind the receptionists as in all other NHS establishments – not right in front of patients taking up considerable space on the counter. We had received several complaints around the positioning of the notices from patients and since one of the PPG's primary roles is to represent patient's views the group brought this up for discussion.

8. **HC** went on to say members were asked to send example of posters to the surgery but no one had.

RESPONSE: At least one member brought several posters to the next meeting but the item wasn't on the Agenda so there was no time to share them. The Agenda was always set by the surgery.

9. She then went on to say she felt there has been a lot of negativity in the PPG's support for the medical centre over the last few months

RESPONSE: The non medical members on the group are extremely surprised by this statement on two counts. A) It is very unprofessional to make claims such as this without any proof or examples. B) If she felt this why didn't she bring it up at a meeting rather than letting it 'fester'. Lack of communication and imagination seem to play a huge factor in all the points H/C has raised.

10. She then went on to claim she has had a continuous 'barrage' of e-mails from the group and has found it increasingly difficult. She then went on to say that she kept getting patients complaints from the group and this wasn't their role.

RESPONSE: We have done a careful audit of this and just cannot understand this statement. Most have never e-mailed her and the maximum we can come up with is five since HC came in post. The majority of these were to get the practice view on a complaint we had received from a patient so they could respond. Whilst it certainly isn't the groups role to take up their personal complaints *as a PPG member* we feel it is absolutely in our role to report complaints from patients so the surgery can reply to them and put them in perspective - obviously after encouraging people to do this themselves. We have to acknowledge that the majority of people are scared to tackle this themselves in case they get 'thrown out' of the practice. Surely this is part of a Practice Manager's job role? How sad if not.

11. She went on to say that receptionists had reported PPG members coming in and threatening staff and also saying if they 'don't see HC they will report this to the CQC.

RESPONSE: This is completely inaccurate. We have looked into this and it was only ONE person not several as is indicated. The person resigned from the group some 6 months before this happened so was NOT a member of the group.

11. She then went on to say that the PPG had been communicating with the public that they had no confidence in the Nurse Practitioners.

RESPONSE: We are absolutely astounded by this statement and demand what proof HC has of this. All members fully support the NPs and have been promoting them where appropriate. It was non medical PPG members who requested that a positive report of their work was put in the newsletter. We feel extremely sad that, once again, the new system of seeing a NP first and then a duty doctor if needed wasn't communicated to us or the patients. Just another example of a complete lack of communication from HC. We have never, never said or heard anyone say they had no confidence in the NPs.

12. She went on to say that the practice was very disappointed with the previous CQC inspection and had done a lot of work since it and were very pleased with the results of the recent inspection – although they have a lot of work still to do.
13. She went on to say that a positive is the restarting of the newsletter which RK has helped with.

RESPONSE: The non medical members feel this is an excellent initiative although disappointed that none of our suggestions for widening the circulation of this were not accepted. It must also be noted that the newsletter appears to have been stopped since we were supposedly 'sacked'!

14. She then went on to say that she had spoken to other surgeries and how they run their PPG. Some don't have face to face meetings. She feels that we are provided with a lot of help/support as the surgery provides a minute taker and there is always a GP at the meetings. Some PPGs are involved in fundraising.

RESPONSE: Firstly it is not the medical centres role to 'run' a PPG. The group are officially said to be a 'critical' friend and for the interest of the patients and bound by a constitution. Secondly HC has never brought up the subject of taking minutes at any meeting. The group would be only to pleased to take the minutes, produce them and the Agenda for meetings. Additionally the group don't feel having a GP present is help/support but vital to the role of the PPG (an interesting remark was made by Dr Raja, who has been consistently present from the start, who said 'where has all this come from the group was always very amicable and positive'. Thirdly HC has never brought up fundraising at any meeting. And lastly, of course every practice has different involvement with their PPG. We are, after all, there to help.

15. She then went on to say that she asked for help with showing patients how to use the touch Booking in Screen at the surgery. Only one member offered to help with this.

RESPONSE: There were several reasons for this. Some members work, some were on holiday, some had a disability which made this difficult. Lastly, ironically, this couldn't happen on the day chosen as the computers were 'hacked' and all down. No further date was suggested.

The meeting was then opened up to other members to express their opinion. It is fair to say that non medical members were so taken aback and shocked by the above statements they were virtually speechless

RK:

- Hopefully this meeting will at least 'clear the air'. The PPG were appalled and surprised to get the letter from the Medical Centre. It would have been much better to speak 'one to one'. Most of the problems could have been amicably sorted out without sending such a letter. Most of the problem is communication with HC.
- The 'non professionals' on the PPG are entirely focused on best medical practise. They may seem a little critical at times but most of this is not to do with the doctors who are excellent but around communication and lack of knowledge/information – such as we had no idea there was a Deputy Practice Manager or someone who oversees the receptionists.
- Regarding the DNA letter the group thought the letter had been approved and was now being used although we await feedback
- Regarding the Abuse posters the group have always fully supported this – it was the positioning of them that was the issue. In our role as a critical friend we feel we should at least air our views
- We can't understand HC's comments about the Nurse Practitioners. The group has always fully supported them. Again communication of the new system of seeing them first then a GP if needed would have been helpful before we asked for it at the last meeting

Jane Finch:

- Thought with the DNA letter that someone was going to review it?
- Have loads of Abuse photos on my phone. Was going to discuss at the next meeting but it wasn't on the Agenda
- I work full time so couldn't show people how to use the screen
- Can help with Social Media etc
-

Eugene Hammond: I have offered to help on several occasions but never been asked to do anything. I have a lot of skills. Right from the start they haven't taken up my offers of help so I'm still doing nothing

Helen Corbett: We are using the Action log from the survey but not 'biting off more than we can chew'. I've asked for people's views but not received any

RESPONSE: The non professional members of the group categorically deny that HC has asked for members views,.

Dr Rose: We asked members of the group to write comments on Patient Choices' but no one did.

Roger Knight: Reported he had commented on a positive response from A and E and the Medical Centre on Patient Choices but had received no response from the surgery. Do they not thank people for their comments?

Jane Finch:

- Received a negative response from the surgery regarding Social Media. When incorrect information about the surgery is posted on Face Book we should respond positively

EH:

- The letter we received from the surgery gives the impression that the surgery is a 'closed shop' and a bit like the 'secret service'.

Helen Corbett: It's about being realistic about what we can offer and there's just not enough time.

Eugene Hammond: I've only been asked to do very small things which aren't using my skills

Dr Spencer: Communication isn't great – I feel we need to start again.

Maureen Jerram: It may be useful to have a meeting round communication as this seems the biggest problem. If I get a complaint from a resident I need to feel I can e-mail it to the surgery so I can give correct feed back. During the recent elections it was reported that the one biggest issue with local residents was the Medical Centre. I find this very upsetting.

Steve Thomas: I helped get the surveys filled in. Many individuals gave their own feelings face to face. I feel Meeting every two months is not enough

Jane Read: I have spent a lot of time in Finedon and putting information in local magazines etc and promoting the Nurse Practitioners to people.

Helen Corbett: I don't agree that we don't give the group information.

Roger Knight: Recently the non professional members of the group had a meeting about the CQC report and we showed all members what RK and MJ what we had said (in confidence) to the CQC. All agreed that the comments were accurate although some felt they were slightly harsh in places. I am happy to resign if needed

Helen Corbett: We need to decide where we go from here. We have discussed and aired our views. I feel we need to start again and look at the Terms of Reference and structure of the group and what the Group wants and go on from there

RESPONSE: **We are very disappointed that HC didn't action her suggestion but is fixated on getting 'rid' of the group in spite of her words. We can't understand this and feel that the GPs do not realise how many inaccurate statements have been made about the PPG.**

Roger Knight: Only the PPG can agree to disband under the constitution. The surgery can't disband it (Advice given by two reliable sources). If the letter we were send etc gets in the Public Domain it won't be seen as positive by patients and will be bad for PA. We need to seek advice on how to go forward.

Helen Corbett: Said she too had sought advice and feels that the group can disband if it's felt the best thing to do. Then the surgery would go through a selection process and work together to get the 'right' people together with clear expectations of what to offer to the PPG. She suggested that potential members should fill in an application and skills audit to apply.

RESPONSE: **HC doesn't seem to understand the role of the PPG. As said before it is not run by the Medical Practice. It is a group in it's own right bound by a constitution working with the Medical Centre as a 'critical friend' and representing patients views, helping to improve things where need be. It is worth mentioning that the former Primary Care Trust helped set up this group after a public meeting was called by patients with nearly 250 people attending.**

Dr Spencer: We need to 'reboot' and set new terms and boundaries. We all need to come up with some proposals together. We need to change negativity to positivity and not dysfunctional. Having aired our thoughts we need to be progressive. All at the meeting need to send proposals by this Friday for the Practice Business Meeting on Monday.

RESPONSE: **Why can't the next meeting be devoted to this?**

Debbie Cox: In response to Roger Knight's comment about not having the minutes of the last meeting said that she refuted that statement as they had been sent.

RESPONSE: **It was subsequently found that they hadn't been sent out. Members have now received them.**

Dr Rose: Most data etc is confidential and the surgery hasn't got time to take on projects. Social Media would be a full time job to monitor it. Help needs to be something the staff have time to do. Time should not be taken up with debates over posters etc

Eugene Hammond: He was on another Patients Group before and members had access to patient's records. He feels the surgery must just tell the group where they can help.

BLTC REPORT: Proposed Youth Club for Burton Latimer – September 2017

Report by: Cllr Sam Watts

BLTC has stated a desire to once again look at options to run a Youth Club from the Civic Centre. Any future Youth Club would be operated on behalf of BLTC for the youth of Burton Latimer.

- Previous proposals submitted by myself would no longer apply. The Youth Club would not operate as an individual entity nor require the sole use / tenancy of the youth room based within the CC.
 - Any future Youth Club would be operated in conjunction with NAYC (Northamptonshire Association of Youth Clubs) in order to ensure compliance with relevant legislation / best practice. Please visit www.nayc.org for more details.
 - Initially the Youth Club would cater for a younger age range (8 to 12 years old).
 - The Youth Club would use the youth room and main chamber one night per week. This day would be based on availability in order as not to disrupt other room bookings.
 - A Team of volunteers would be required to set up and run the Youth Club along with financial elements and advertising. Ideally a Committee would be set up which would include current Cllrs (ideally two as a minimum). It is important to have outside help with this project.
 - The Youth Club would seek to be self funding through a range of sources including grants and revenue generated from membership / tuck shop sales. Initially an element of funding may be required from BLTC. It is proposed that funds for the Youth Club be ring fenced as with Pocket Park monies within the main BLTC account.
 - Storage may be an issue as equipment will be needed in order to provide activities that attract members. Given the youth room is now used by a variety of users it would not be practical to store items for the Youth Club within the youth room.
- Should BLTC elect to get behind this proposal it should only take a few months to get this up and running subject to suitable finance, level of volunteers and a suitable equipment storage solution.

BLTC REPORT: Civic Centre Lease Renewal / Roof Repairs – September 2017

Present: FM, CG, SW, MB, GS (*July 2017*)

Report by: Cllr Sam Watts

The purpose of this meeting was to discuss options in relation to possible roof repairs and / or a roof replacement at the Civic Centre. In conjunction with this matter the renewal of the Civic Centre lease was also discussed as the two subjects are linked.

Points to note:

- Due to the conditions of the current CC lease agreement with KBC BLTC is responsible for the repairs / upkeep of the CC including the roof.
- The CC lease is due for renewal shortly and therefore it is prudent to discuss potential costs to the roof inline with a possible CC lease renewal. It would not make financial sense to spend significant funds on a new roof if BLTC is not intending to renew the CC lease.
- Any existing CC lease conditions would have to be met if BLTC terminates the lease agreement or decides to renew it.

It was stated that the CC has had three roof inspections. Two of these were from Apex and Robinsons Roofing. The last roof report (and only one available) was carried out around 18 months ago. FM stated this was available for Cllrs to view. This report states that there are 'bubbles' on the roof and it is advised that nobody should go onto it for safety reasons. As such work to paint the wooden windows on the roof has been held off.

It is recommended that three new inspections and quotes are obtained for both repairs to make existing roof safe and suitable / a brand new replacement roof. These should be sent to all Cllr's once available.

To date approximately £400 has been spent on repairs to help fix minor leaks around the existing skylights. Believed to have been carried out by Cllr Roche.

At the current time there does not appear to be any major leak issues with the current roof. Roof reports from inspecting organisations are not yet available and potentially the roof could be suitable for the remaining CC lease term.

At the current time there is an estimated £14k available from Section 106 monies of which at least £8k - £14K is set aside for the CC. It is with this money that the roof would be replaced should BLTC elect to do so. The 106 monies is not specifically for the CC roof.

It is recommended that the official spending of the 106 monies from KBC for the CC are sent to Cllrs at the earliest opportunity. FM stated he would sort this point.

There was a mention that KBC could possibly fund the difference between any available 106 money and the cost of a replacement roof. However this has not been provided officially nor in writing.

It is recommended that KBC be asked to clarify this in writing to BLTC.

OPTION 1:

BLTC replaces the CC roof and renews the CC lease:

It has already been discussed that the existing CC lease was not effective and many agree it places far too much obligation on BLTC in terms of repair costs for a building which was essentially purchased by KBC using a significant amount of Burton Latimer 106 money.

However we cannot change the existing CC lease agreement and instead should learn from the mistakes of the past if a new CC lease is entered into.

It would not be effective to enter into a new CC lease agreement which may render BLTC responsible for paying a large sum to replace / further repair the roof or indeed any other major part of the building. Whilst 106 money is potentially available to replace the CC roof this time it may not be the case in the future.

At the current time, despite sterling efforts the CC remains a financial drain on BLTC funds. To date it has not broken even let alone generated a profit.

Should BLTC decide to renew the CC lease (which may increase in terms of payments) a new business plan should be created to make it financially viable. This business plan should include a review of the rates charged to existing tenants / users and a review of the agreement with Talking Newspapers which at the current time pays a very small rental income whilst at the same time blocks access within the CC which in turn make full rental of the building impossible. It has also been suggested that a full time employee be taken on to manage and run the Civic Centre. At the current time funds are not available for this role and it may also be the case that even with full occupancy of the available space the sum generated would not cover employment costs. This idea would of course be factored into any applicable business plan going forward.

OPTION 2:

BLTC does the minimum required to ensure the CC roof is in a condition which meets the existing lease agreement terms and does NOT renew a CC lease agreement with KBC.

This option would naturally mean that BLTC no longer occupies the CC. The financial savings to BLTC would be significant and allow investment in other local areas / schemes.

Essentially BLTC only requires space for its monthly full Council meeting and meetings regarding the Pocket Park (a CCMB meeting would no longer be applicable).

BLTC could rent (on an hourly basis) appropriate space for BLTC meetings. Options could include:

- Local Schools
- Library (an option used by Desborough Town Council)
- Community Centre (has a meeting room)
- Poplar House (although no wheelchair access to vacant upper floors)
- Band Club
- Britannia Club
- Proposed 'hut' at the Pocket Park
- Conservate Club
- Guide Hut on Alexandra Street