Minutes of the Meeting of the Healthwatch Tameside Board (Part A)

19th May 2022

Venue: The Anthony Seddon Centre

Present:	Members: Tracey McErlain-Burns (TMB), Glenis Lee (GL), Royce Goodier (RG), Maria Bailey (MB), Camilla Guereca (CG), Fleur Piacentini (FP), Julie Wood (JW). In attendance: Peter Denton (PD) Healthwatch Manager, Imogen Shortall (IS) Healthwatch Project Support Officer.	Actions
1	 Welcome and Introductions: TMB welcomed everyone to the meeting, and gave a special welcome to new members FP and JW. Everyone in attendance introduced themselves and gave insight into their experience and interests. TMB welcomed Jyoti Rao (JR) and RG to their second terms of office. 	
2	Apologies for absence: Apologies received from JR and Slawomir Pawlik.	
3	Registration of interests and declarations of interest to any agenda item: Registration of Interests: All members except FP and JW have now either returned forms or confirmed that their previous form remains unchanged. Paper forms were given to JW and FP at the meeting - JW returned form in person, FP to complete and return to IS. Declaration of Interests: JW and FP noted that they both work in health and care related roles. TMB noted that she is still interim chair of HWinGM.	FP
4	 Decision - Appointment of Chair & Deputy Chair PD gave members an update on the recruitment process, and offered his recommendations: At the last meeting, the Board agreed that: The Chair should ideally be appointed from within the membership and stand for a three-year period, while the deputy should stand for a two-year period There have only been two expressions of interest in the roles - TMB for Chair, and JR for Deputy Chair - PD recommended that the Board accept these appointments The Board accepted the appointments of TMB as Chair and JR as Deputy Chair. TMB thanked members for their support, stating that she looks forward to the role and welcomes any feedback from 	
	she looks forward to the role and welcomes any feedback from members. TMB and JR to liaise externally regarding new roles, as JR was not present at this meeting.	TMB/JR

5	Information - Minutes of the meeting held on 23 March 2022Accuracy:TMB noted one inaccuracy in Item 5 (HWinGM discussion) - remove'until then' from Board section (Boards will continue working withtheir respective HWs indefinitely, so 'until then' is an inaccuracy).The rest of the Minutes were accepted as accurate.At this point CG arrived and introduced herself to new members.
	 Decision Log: TMB gave members a brief run through of notable points in the Decision Log: JR has been nominated for the HWinGM Conflict Resolution Panel, following a discussion at the last HWinGM meeting - formal decision has not yet been made Future workplan is on the agenda for today PD in process of getting feedback from partners on reports All other tasks are either being undertaken or have already been completed.

6	 Information - Integrated Care System (ICS) update PD gave an overview on the details and progress of the ICS changeover and how it affects Tameside residents and providers: Progress: The Health and Care Act 2022 has now received Royal Assent - it is now confirmed that the changes will be going ahead on July 1st Changes that affect us: Glossopdale is now part of the Derbyshire ICS - Glossopdale residents can still access our health services, but the Derbyshire ICB will be in charge of commissioning their NHS services (which are currently commissioned by Tameside and Glossop CCG) The CCG will cease to exist, to be replaced with the Greater Manchester Integrated Care Board (ICB) The ICS is made up of the ICB (NHS body with budget and commissioning duties) and ICP (Integrated Care Partnership - taking over from the GM Heath and Social Care Partnership) The Greater Manchester ICS has been dubbed 'the largest and most politically complicated ICS in the country' Paper taken to Tameside Strategic Partnership Board - asked three key questions: Can you support HW as a valued local partner through the development of the new ICS landscape? Can you ecognise that HW needs to act at a GM level as well as locally, and support a request for additional funding for GM activities e.g. for a Single Point of Access? Can you encourage neighbourhood and Primary Care Network leaders in Tameside to continue to work closely with HW? 	
	 Questions and Comments RG highlighted the problem of Healthwatch's low profile in the community - not many people know who HW are or what we do. PD - we try to engage with the community via outreach events, but welcome all suggestions of how to raise awareness of our work GL praised staff member Kay Robinson's presentation about Healthwatch at Lively Library, describing it as excellent and very comprehensive - going to groups seems very effective and valuable. PD - thanked GL for her feedback, and asked for members to pass on details of any groups we could potentially visit for outreach sessions (FP suggested a group that she is involved with - PD asked her to email IS with details) 	FP
	JW - is the new scheme more likely to lead to collaboration, or to fighting over resources? PD - HWT has been involved in lots of planning meetings for the new Tameside structure, and everyone agrees that this has to be about collaboration. In theory it should reduce competition for resources, but it may take time for people to adjust to a more collaborative way of working. We don't know the details of	

funding yet - some areas are concerned that allocation may change and be based on poverty levels (in which case, some boroughs would lose lots of funding)	
TMB suggested that Board members could be sent some HW postcards, to give out when the opportunity arises. PD - agreed (we have lots spare anyway!) IS/PD to organise sending out postcards to Board members	IS/PD
 GL provided members with a quick update on the ongoing infected blood inquiry: David Mellor giving evidence today She quoted from a Tweet regarding high levels of press attention over the 'Wagatha Christie' case compared to little for the blood inquiry 	

7	 Information - Quarter 4 & financial year end monitoring PD provided members with a breakdown of our Quarter 4 monitoring data: Last quarter we published our General Feedback report (using data gathered from surveys) - this is accessible via HWE/Patient Experience Library and our website. It was sent to our partners, and then to the CQC one month later Information is gathered and shared with partners monthly to keep them up to date with the public's concerns General Survey still open - it will be used at an outreach event this Saturday (21st May) The new Mental Health survey has just opened - it is a follow up of our 2017 work (we are asking similar questions to see if new services have made a difference) Discussions today will help inform our workplan going forwards We are now including 5 years of comparative data in the monitoring reports (on request of the Board) Variations in the number of postcards given out due to increased face to face engagement - other forms of engagement increased/decreased depending on lockdown/weather etc. Signposting requests - big increase last summer, which is continuing now - they are almost all dental enquiries (problems with national contract are creating demands all over the country) PD is happy to clarify/answer questions regarding the monitoring data - members are welcome to email or call him if they would like to. 	
	Questions and Comments FP - how many Champions do we have? PD - explained system of volunteers and how they work with us within their own organisations e.g. as a named contact/HW Champion from a partner organisation CG - are we maximizing Action Together's resources e.g. bulletins, training, emails? Could we recruit Champions/send postcards using these routes?	
	 PD - we already work with Sandra who does AT's Tameside bulletin, but we could potentially extend this work further MB - question about how many community groups have been visited/what virtual meetings involved? PD - will try to include is future updates 	
	TMB asked members whether, in future, individuals would be interested in talking the Board through these types of papers themselves and then asking questions, rather than PD talking us through them? Board members to consider this option.	Board members

8	 Decision - Annual Reporting arrangements PD ran through the details of the Annual Reporting arrangements: We have a legal duty to publish our annual report by 30th June - it then goes to Healthwatch England and the Secretary of State It would be good to include pictures of Tameside in the report - if any members have nice photos of the town and would be willing to let us use these in the report, please let PD or IS know Are members happy to receive the report in the second week of June, to review and then sign off the following week? (This would allow us to publish straight away, rather than waiting for the next Board meeting to get signoff) - members agreed. PD/IS to arrange sending report to members. IS to organise Board induction for FP and JW. 	Board members PD/IS IS
9	 Discussion & decision - Workplan development PD led a discussion regarding our workplan and 5-year vision: 5-year vision: Four broad 5-year goals - members happy to keep these unchanged Feedback - apologies to GL that information standards paragraph has not yet been included Recommendations - if members have any topics they would like to be included in the workplan, email PD before end of June (PD will email members before July meeting) - important for PD to get insight on what is important from members Questions and Comments TMB - should there be statement about our intent to shape the HWinGM network and our role in the ICS? PD - suggested that this is covered by Point 4, but is happy to add to this MB - Do we collaborate effectively enough with elected members? 	
	 Future workplan discussions: Members to email PD by end of June with any suggested topics, and how best they would like to discuss the workplan at the next meeting (we will try and hold this meeting in person, ideally in this room again) Topics must be things we can realistically influence TMB suggested inviting HWT staff members to be part of the discussion - members agreed (we will aim to do a morning session with staff members present on the same day as the next Board meeting, to make it a whole day session for the Board) 	PD/Board members

10	 Discussion - Risk Register TMB highlighted the highest risk on the register, 6.2 (Data loss and data breach): Staff have been unable to save files to the Cloud, creating risk of data being lost/saved in unsafe places CG - has been assured by Liz Windsor-Welsh that there is an extensive action plan in place PD has been informed of the next steps in the process of resolving this issue - new solution has been identified and action plan is in place. This should be resolved in June TMB concluded that we will review this risk at the next meeting, by which it should have been reduced to green.	
11	 Information - Healthwatch in Greater Manchester Network update TMB gave a spoken update on the HWinGM Network: TMB continues to be interim Chair The network are holding monthly meetings Workplan not shared with Board today as it is still in progress Currently discussing funding from ICP for 2 posts which will help 10 HWs work together at GM level (Single Point of Access and Secretariat) Hoping to confirm appointment of permanent Chair and securing of funding for new posts in July PD offered to share the network's strategy/workplan with Board members if they would like to review it? He also raised the possibility of HWinGM producing 2-page summaries of each meeting for Board members to review - this has not been possible so far, but the network are aiming to do this in future. 	PD
	 Any other business PD Quality Accounts from partners are due soon - they have to send them to HW, but we don't have to comment - PD will offer thanks TMB HW Board members are invited to attend HWE online webinars regarding Board membership - TMB to send details to IS for her to send out to members PD noted that although members are welcome to attend training/events in their capacity as HWT Board members, they are asked to let PD know in advance, so that we are aware of them. 	TMB/IS