

Minutes of the Meeting of the Healthwatch Tameside Board

23 March 2015

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Kailash Chand (KC) Chair, Phil Spence (PS), Dorothy Cartwright (DC), Hanif Malik (HM), David Hoyle (DH), Pamela Watt (PW) In attendance: Peter Denton (PD) Manager, Julie Beech (JB) minute taker	Action
1.	Welcome: Everyone introduced themselves.	
2.	Apologies for absence: Ian Young (IY), Lyndsey Whiteside (LW), Cllr. Gill Peet (Cllr GP), Ben Gilchrist CEO (BG), Bernard Nagle (BN), Frank Downs (FD). Cllr. Lynn Travis and Emma Varnem as observers.	
3.	Declarations of interest: None	
4. & 5.	<p>Minutes of the previous meeting: Accuracy – meeting confirmed minutes accurate.</p> <p>Facebook – will be included in the communications plan for the year commencing April 2015.</p> <p>Care Together – a lot has happened, and the article which was to have been included on the website is no longer relevant. Will be discussed during the Manager's Update.</p> <p>Arriva Transport – there is good news. Following the promptings from Healthwatch, a small focus group was held in the last week of February, for Tameside & Glossop residents. This was to discuss performance standards to be included in the new contract which is going out to tender. Also, a new complaints procedure has been received by PD. (Refer to Manager's Update)</p> <p>Question – how does Miles of Smiles fit in? Answer – it is a separate service, and is for people who are not eligible for patient transport (currently operated by Arriva).</p> <p>There are problems with the book when ready system – the hospital, clinic, etc. is supposed to ring when the patient has finished their appointment. This does not always happen, particularly when patients' files are only returned at the end of the clinic. This needs to be built into the delivery contract with the transport provider and the clinic, hospital, etc.</p> <p>Healthwatch Oldham – to be discussed during Manager's Update later.</p> <p>Work priorities - to be discussed during Manager's Update later.</p>	PD

	<p>A & E - Following the discussion at the last meeting about winter pressures on A & E, PD has checked the data collected by Healthwatch, and there is no particular spike, other than normal winter issues. Tameside Hospital did not meet the 95% requirement to be seen within 4 hours, however they are often one of the last hospitals in the area to say they are full. Neighbouring hospitals are often the first to ask to divert ambulances elsewhere.</p> <p>HM described a visit to A & E in December as excellent – all tests were done within 15 minutes.</p> <p>DC described a situation where someone could not get a GP appointment and after 16 days rang 999. The ambulance went to Tameside Hospital, where the Trauma part of A & E gave great treatment. The person went home and had an operation a couple of days later at Stepping Hill.</p> <p>KC said he had been told there can be inconsistencies in treatment in A & E because there is a reliance on agency staff (which cost more).</p> <p>Question – why can permanent staff not be employed? Answer – there is a national shortage of nurses. Tameside Hospital have appointed some additional staff, but still need more.</p> <p>DC has recently attended PLACE assessments at the hospital, and everyone involved said that the general look of the hospital was good, and generally patients seemed to be happy.</p> <p>CCG winter campaign – this was extended. CCG are still looking for Healthwatch Champions to help, and will be putting a questionnaire together for them to use.</p> <p>Other items – any other points included in the minutes of the last meeting are either on the agenda, or have been completed/actioned.</p>	PD
6.	<p>Chair's update: KC was invited to the Devo Manc launch meeting. He is supportive of the principle but feels there are paradoxes, conflicting pieces of information and things not explained. He has concerns over gaps and governance. There is still a lot of discussion/engagement needed with providers. PD explained the Healthwatch perspective (refer to Manager's Update).</p> <p>DH explained about the Greater Manchester Social Value Network which is setting up – they are seeking views of all interested parties.</p> <p>PW suggested Healthwatch need to have practical examples of work done which has added value, been used to influence, etc. Healthwatch Tameside needs to be seen as a useful organisation on a local level.</p>	<p>PD</p> <p>PD</p> <p>PD</p>
7.	<p>Manager's Update: refer to tabled paper.</p> <p>Staffing – PD wanted to thank all Healthwatch Tameside staff for being positive and understanding about the situation, while PD working at Healthwatch Oldham also. The trial period is to be extended to the end of June, when the Oldham staff have been in post longer.</p>	BG

	<p>Enter & View report – Everyone who had attended a presentation, or read the report, was pleased with the result, and felt it was a good report.</p> <p>Care Homes – discussion about the way forward for this project.</p> <p>Question – What do Scrutiny say? Answer – the last meeting with them was cancelled by them. The Chair of Scrutiny is not standing again, and a new Chair will be appointed after the elections. We do not have their views yet.</p> <p>Question – What do commissioners and CQC not already look at? Are there any gaps? Answer – Tim Wilde at TMBC has confirmed they have a robust system in place for checking.</p> <p>Question – Does anyone speak to relatives? Could we fill in our knowledge here? Answer – need to look at this, and report back in April, to inform what area we will look at. Social care, other care, etc?</p> <p>DC gave examples of care in the home – details to be provided separately to Healthwatch staff.</p> <p>For information, Meridian Care are now part of HC1 (came from what was left of Southern Cross). Meridian still operating under their own name.</p> <p>Impact Standards – the time scale for this work was challenging for the organisation Healthwatch England commissioned to deliver the project. The standards will now be tested for 6 months, before being considered for use.</p> <p>Post graduate student – this is an exciting project, looking at access to primary care, working with patients in GP practices in Tameside & Glossop.</p> <p>Primary Care Commissioning – discussion about retaining independence of Healthwatch. PD confirmed there are a number of people attending meetings who are not commissioners.</p> <p>Care Act – this represents the biggest change since 1948. There will be new eligibility/assessment criteria. The deferred payment scheme will be mandatory, with a fixed level for charging interest.</p>	PD/BG
8.	<p>Maintaining impartiality during the election period: refer to the paper produced by Healthwatch England, along with their sheet of definitions, etc. relating to political interests.</p> <p>After discussion, it is agreed that all board members need to be careful about what they say. There are no plans to publish any reports between now and the election.</p> <p>It is noted that Cllr GP and DC will be involved in the local elections.</p>	All

9.	<p>Board member resignation: Janet Fenton has resigned as a board member, to prevent any perceived conflict of interest. She will be taking more of an interest in the changes following the implementation of the Care Act, including how this affects particularly those people currently receiving Independent Living Allowance. Janet has confirmed she would be happy to keep the board updated, and may at a future date put up for election again. The board expressed their thanks to Janet, particularly regarding her sensitivity to others, and requested Healthwatch write to thank her.</p>	PD
10.	<p>Strategic Plan: refer to powerpoint slides This plan was agreed as a board 18 months ago. There are a number of new board members, so a discussion took place to review whether it still represents Healthwatch today. The 'Context' slide lists what we are funded to do. 'Insight' – agreed OK. 'Influencing Quality' – need to ensure it is clear about including strategy and policy. Perhaps add 'relevant impact' to the green writing after 'quality'? Question – is 'help' the right word? Discussion followed – any thoughts to be emailed to PD asap. 'Information Signposting' – following the addition of the complaints role Healthwatch now has, the title includes Support. The 3rd bullet point has been changed to reflect this. 'Systems' – the final bullet point has been changed to include the part about resources. PD to update the plan following the discussion.</p>	<p>PD</p> <p>All</p> <p>PD</p>
11.	<p>Staff goals and aspirations: refer to paper 2 PD wanted to recognise the achievements of the staff during the past year. The intention is to produce a work plan with gaps in, to allow for flexibility and new projects. There are so many things changing in the health and social care services that we need to allow space to react to these. Board agreed with this.</p> <p>BG feedback to the paper: Insight – agrees we need to use feedback and examples. He gives a cautionary note about trying to analyse data more quickly – remember capacity of staff. Need to remember other community groups such as Tameside Sight, etc. Influence – agrees we need to build more opportunities for partnership working. Need to get feedback from partners, eg The head of patient experience at Tameside Hospital recently attended a Healthwatch Champion meeting – they are already making changes following stories, but we have not been told. We need to feed back to the people who provide the stories. Information & Support – we need realistic, achievable targets in the work plan. Question – What are 'harder to reach' groups defined as? Answer – we will be looking at the demographics of the information we collect on a rolling basis, and comparing this to the population. It is the group of people Healthwatch are finding it difficult to reach, not any pre-defined group.</p>	

	<p>Internal systems – agrees with a variety of volunteer roles.</p> <p>More details of suggested priority work areas to be brought to the April meeting.</p>	PD
12.	<p>Data collected in 2014: refer to paper 3 When the details have been analysed further, these will be used to inform the JSNA (Joint Strategic Needs Assessment), as well as the Healthwatch work plan. Communication is an area which shows often in both the Patient Opinion data and the Do Not Publish data. This is an area we need to look at in more detail. The performance ratings provided in the survey are to be broken down between types of service. Looking at the demographics, the split between age ranges of people completing the survey, is as expected. There are less men than women, and very few from the BME communities.</p> <p>BG has suggested a focus on BME outreach and GP services. PD said we have very little data relating to social care. Also what are the national/regional hot topics, as these may be areas we can have influence? PS suggested mental health as an area to look at. MIND could give support. Healthwatch have been talking to Public Health at TMBC – to look at including public health messages in Healthwatch signposting?</p> <p>More details to be discussed at the April meeting.</p>	<p>PD/staff</p> <p>PD/BG</p>
13.	<p>Enter & View – Tameside Hospital Feedback provided earlier</p>	
	<p>Any Other Business: AGM – this will be held around June 2015. BG suggested using it as a Launchpad for a set of conversations involving both partners and the public. There needs to be an understanding in Tameside of what the population needs and what can be afforded. Board agreed with proposal.</p>	BG/PD
	<p>Dates of future meetings</p> <p>Tuesday 28 April 2015 2pm Friday 12 June 2015 10am</p>	