

Minutes of the Meeting of the Healthwatch Tameside Board

25 January 2018

Venue: Age UK Tameside, Ashton-under-Lyne

Present:	Members: In attendance: Ben Gilchrist (BG) (CEO), Kailash Chand (KC) (Chair), Murtaza Husaini (MH), Hanif Malik (HM), Frank Downs (FD), Gideon Smith (GS), Peter Denton (PD), Julie Beech (JB) (minute taker)	Actions
1.	Welcome: Chair welcomed everyone, and everyone introduced themselves.	
	Apologies for absence: Lyndsey Sims, David Hoyle - both resigned from the board since the last meeting. Lyndsey has changed jobs and moved out of area. David has resigned for personal reasons. Board requested letters be written to both, thanking them for their work as Healthwatch Tameside board members.	JB
2.	Declarations of interest: None.	
3.	Minutes of the previous meeting: Accuracy - OK Matters arising: Items all covered on the agenda. The Chair apologised for the delay in organising this meeting, which led to the time-frame between meetings being too long. FD, HM and MH all expressed disappointment and annoyance at the lack of information and explanations regarding the meetings. KC and BG accepted they could have dealt with the situation better and apologised again.	
4.	Update on Healthwatch tender: The bid was submitted by Action Together in December 2017. Nothing has been heard so far. BG queried and was told the decision had been delayed, and an announcement was expected in the next couple of weeks. There is no cut to the value of the contract, but no increase (to account for inflation) either. Board requested an email as soon as decision known, and a meeting to be arranged, to plan for the future. Thanks to Kirsty Fisher (KF) for her work on the tender, and to the staff team for the information provided. PD also thanked for input, and support to KF during induction process. KF has now moved roles. Can't look to recruit until the outcome of the tender process is known. In the interim, some freelance cover has been arranged. The CEO from The Bureau in Glossop is attending some external meetings. She has good knowledge of both Healthwatch and Tameside services. She reports into and liaises with BG. Internal interim capacity is still required.	BG

	Sue has also moved to a new project within Action Together. Four internal candidates were interviewed yesterday and now moving to 2 nd interview stage.	BG
5.	<p>Chair's update: It is the 70th birthday of the NHS this year. Discussion about NHS and social care being combined at national level.</p> <p>Reminder that Healthwatch is interested in the delivery of care, not politics.</p>	
6.	<p>Governance discussion: Healthwatch Tameside have a Code of Conduct applicable to all members and volunteers carrying out activity on behalf of or in the name of Healthwatch. BG presented a draft document to the Board for discussion, regarding the process to follow, for addressing concerns about behaviour. Comment - Need to be sure we are 'kind' to the individual, especially bearing in mind any health issues. Answer - agreed, but also bear in mind we have a responsibility to protect the reputation of Healthwatch Tameside. Include in the notes at the end 'to give consideration to health' and 'provide an offer of support'. PD - suggested instead of 'cease', to use the words 'cease or suspend'. Also, to include the option to bring a friend to meetings for support (emotional or informal). Amended copy to be circulated for further comment.</p> <p>One individual has been spoken to by BG and KC following feedback about behaviour. Informal discussions have failed to reach an agreement. Board agreed BG to send a letter regarding the taking of a 6-month sabbatical, with the option of the chair writing also. Positive contributions by the individual in the past were acknowledged by the board.</p>	<p>BG</p> <p>BG</p>
7.	<p>Update on Mental health project: refer to Executive summary. The report published in November was well-received. Copies were sent to all organisations who have any involvement in mental health. Reviews of care pathways are currently taking place by:</p> <ul style="list-style-type: none"> • Pennine Care - as required by CQC • Tameside & Glossop Clinical Commissioning Group (CCG) (multi-agency) - there have been changes to how commissioning is being done - they can now look at what is required locally (rather than the Pennine Care NHS Foundation Trust area as a whole). <p>There are several workstreams looking at different aspects of mental health care - where are improvements needed, where are there gaps in care, what can they do differently (money, workforce, beds (local), community)?</p> <p>The key messages from the Healthwatch report are a part of the CCG presentation at meetings. They are included in the powerpoint used.</p> <p>Identified gaps to be filled: There has been a pilot in Denton, with a mental health practitioner in two surgeries one evening a week - 4 appointments of ½ hour each. Worked well and feedback has been good. A contract to</p>	

	<p>provide some cover for this gap will be going out to tender shortly. Healthwatch Tameside has not seen details yet.</p> <p>The 2nd gap is where people need a higher level of care than, eg. CBT, but they are not in crisis. Discussions still ongoing about how this gap can be closed.</p> <p>Healthwatch are invited to various meetings and are able to comment on whether the ideas proposed fit with what people told us would be helpful, using stories collected as examples.</p> <p>Once all new contracts are in place - the I-statements produced during our mental health project will be incorporated in the new contracts.</p> <p>Board wanted to thank the staff team for their work on this project.</p>	
11.	<p>GM Update: refer to powerpoint slides</p> <p>PD attended to provide information about the GM Healthwatch liaison role, and the work being undertaken within GM.</p> <ul style="list-style-type: none"> • There is to be a Quality Summit for all 10 GM Healthwatch in February, to discuss emerging concerns across GM. These will be taken to the Quality Board meeting. • One of the Healthwatch representatives attending GM meetings (rep on one committee and deputy on another) is a resident of Tameside. • A fortnightly ebulletin is sent to local Healthwatch. • BG attends the monthly Chairs/Chief Officer meetings. <p>Question - Healthwatch came about with the Health & Social care Act 2012. In new legislation will this affect Healthwatch?</p> <p>Answer - there would have to be statutory change for local Healthwatch to cease. At the GM Health & Social Care Partnership, Healthwatch is written into the governance, and there is a seat for Healthwatch on the Board. There is recognition that Healthwatch needs to remain independent.</p>	
12.	<p>Any Other Business:</p> <p>None</p>	
	<p>Dates of future meetings:</p> <p>To be confirmed</p>	