

Minutes of the Meeting of the Healthwatch Tameside Board

10 October 2014

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Kailash Chand(KC) (chair), Frank Downs (FD), Hanif Malik (HM), Phil Spence (PS), Lyndsey Whiteside (LW), Pam Watt (PW), Dorothy Cartwright (DC), Ian Young (IY), Bernard Nagle (BN) Observers & advisors: None In attendance: Peter Denton (PD) (Manager), Julie Beech (minute taker)	Action
1.	Welcome: Chair welcomed everyone, and everyone introduced themselves. Board were advised that Lesley Surman has resigned as a Healthwatch Board member. She has been appointed as a lay-advisor at Tameside & Glossop CCG, and there is a conflict of interest. The role is for 18 months, and she is interested in putting up for election to the Healthwatch Board again, after that time. It is proposed the seat be left vacant until the next election in 2015. LS will continue to support the Healthwatch officer dealing with complaints, on cases where there is no conflict of interest. A letter of thanks is to be written from the chair.	PD/KC
2.	Apologies for absence: Cllr. Lynn Travis, Adam Allen as observers. Janet Fenton (JF), Gill Peet (GP), Ben Gilchrist (BC), Dave Hoyle (DH)	
3.	Declarations of interest: None All board members were asked to complete the annual registration of interests form, and return it to the Healthwatch administrator.	All
4. & 5.	Minutes of the previous meeting: Accuracy – meeting confirmed minutes accurate. Matters Arising – <ul style="list-style-type: none"> ILF – there is still concern that this is not being well-planned for the future by Tameside Council. PD held a meeting with Paul Dulton at TMBC, who confirmed they have a full list of all who live in Tameside and are funded by ILF or joint-funded ILF/direct payment. There is still concern about whether there will be an equitable level of care in the future. Pharmaceutical Needs Assessment – the consultation has now closed. Healthwatch hosted this in Tameside, and 53 responses have been received. DC has not heard about any pharmacy meetings for her to attend. PW to check whether there have been any, or whether any are planned. 	PW
6.	Chair's update: <ul style="list-style-type: none"> Ebola – the public are not fully aware that this is not caught like flu (by being in the same room, etc.) but needs close contact with an infected person. This is a long-term concern for the UK. The main 	

	<p>hospital for dealing with any cases is in London, but 3 others around the country are being prepared also. PD confirmed he has plans to include Ebola in the Healthwatch twitter feed soon, and also put an article on the news page of the website, with a link to NHS Choices.</p> <ul style="list-style-type: none"> • Tameside Hospital –the situation at the hospital is moving forward. At a recent meeting with Karen James, she confirmed she is aware of the problems, and is hopeful to improve the situation. <p>Two board members have had problems recently, where they are attending check-ups in primary care, but their records have not been passed from Tameside Hospital to the community surgery treating them. They were asked to record their issues on Patient Opinion, and PD will raise with CCG.</p> <p>DC confirmed there are mini PLACE assessments at Tameside Hospital next week. This is a quarterly hospital-led initiative, using lay people, to help inform the hospital about progress with the changes.</p>	<p>PD</p> <p>Board members/ PD</p>
7.	<p>Manager's Update: Refer to paper 1. The backfill for PD over the last 3 months seems to have worked.</p> <p>Mental Health – MACC have spoken to IY early in their work, and are continuing to research. (PD to speak to them to clarify confidentiality issues.) The work will lead to the question 'Are we getting what's been commissioned?' The report will need to be issued in an anonymised way. Comment – will need to watch for instances where only one source can be possible for a story. Need to look at getting consent from the individual before publishing.</p> <p>Enter & View – training 9 volunteers (started yesterday).</p> <p>Information Signposting – HW Champions are able to answer more queries, without referring to staff, as they gain more experience.</p> <p>Ebulletin – now issued at least fortnightly.</p> <p>Twitter – building momentum with more tweets. Greater Manchester Healthwatches used Twitter to promote the Neurological national survey and received the highest response rate in the country for completed surveys. Question – are we getting any feedback on the relevance of the Twitter messages? Answer – using the items re-tweeted as a guide. Often local organisations are followers, and generally more professional followers than members of the public. Also include information in ebulletins and on the website. Would like to do more on paper, but can't afford more newsletters. Looking at giving paper copies of ebulletins to HW Champions for information. Question – what about Facebook? Answer – not currently using. Tried with LINK and had no interaction. Also need capacity to deal with any posts that require follow-up.</p>	<p>PD</p> <p>PD</p>

	<p>Suggestion – why not use other local Facebook pages to target specific topics. Eg. local town Facebook pages, Active Tameside, etc.</p> <p>Care Together – events have been run by CVAT this week (Healthwatch supported, but remained independent). Good feedback received, and over 70 people in total attended the 2 Tameside meetings. Not yet received numbers from the Glossop event. There is a £320M budget to be merged together – there will be a £74M shortfall by 2018 if services don't change. These are early conversations. PD has obtained permission to include the 9 outline business points discussed and 3 questions on the Healthwatch website, with an opportunity for people to provide feedback.</p> <p>Question – Was it well advertised?</p> <p>Answer – the dates were only agreed 3 weeks ago. All CVAT staff have been inviting the contacts they have.</p> <p>Comment – local groups were pleased that they can get involved and give their views on behalf of users of their group.</p> <p>Question – what is the timeline for the development process? This needs to be obtained from CCG, etc. If the formal consultation process is starting next summer, HW needs to be able to influence before then. More detail is needed. The local voice is needed to be able to inform.</p> <p>Answer - PW confirmed there is a timeline, but doesn't know whether it has been finalised. This needs to be looked into.</p> <p>All agreed with the discussion points.</p> <p>Monitor have agreed to work with Tameside Hospital with regard to becoming an integrated care organisation with CCG and TMBC. The expectation is to be financially sustainable by 2018, and this will be the largest such organisation in the country. Everyone involved has agreed there must be due diligence, and they must then drive the project forward.</p> <p>Question – How will this work with European Procurement Rules and a possible change of government in 2015?</p> <p>Answer – general discussion about what all major parties say about NHS. Reminder that Healthwatch cannot get involved in political decisions.</p> <p>The events were good for bringing Healthwatch to the attention of members of the public. HW have been asked to contact a number of local groups to visit and explain about HW and HW Champions.</p> <p>PD sits on the Patient & Public Impact Committee (PPIC) at the CCG. Will remind all at meetings about getting input from the local public and groups.</p> <p>Greater Manchester Healthwatch – there is to be a joint meeting with Healthwatch England and NHS England looking at what can be learnt from Healthier Together consultation, and engagement with local Healthwatch. HW Tameside are attending.</p>	<p>PD</p> <p>PD</p> <p>PD/PW</p> <p>HW</p> <p>PD</p>
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	<p>Arriva Question – has Arriva responded to the survey? Answer – they met with PD and BG. They have a tougher service specification than the previous provider, and are better at meeting it, but they are not good enough. The process of commissioning the next contract has started, so HW need to use the data collected to influence the new contract.</p> <p>General Question – we get publicity out, but what action is actually taken and when? Are we all talk and no do!? Answer – with Care Together there has to be action, or the system will collapse. Healthwatch only has the power to influence. (Individuals have the power to choose.)</p>	PD
8.	<p>Relationship with Healthwatch Oldham: Refer to paper 2 Voluntary Action Oldham (VAO) were successful in their bid to host Healthwatch Oldham. Now need to look at joint working, whilst ensuring Healthwatch Tameside doesn't suffer. There are 2 things which PD does which are not management functions, which it is proposed can be carried out by others:- 1) Support for complaints – HW officer to have extra hours, with support from LS 2) Research, analysis, etc. – Oldham to employ a research officer who will do some work in Tameside also</p> <p>The joint working will be a trial for 6 months, reviewed in March 2015. If it is felt necessary to change anything earlier PD will advise. The proposals are done in a way to make it easy to separate the 2 Healthwatch organisations again, if necessary. The risk register needs to be completed asap.</p> <p>Question – can the volunteer scheme be grown? Answer – it is increasing already (refer to monitoring later). As well as the Healthwatch pool of volunteers, we are now developing volunteers in other organisations to be a HW Champion at their local group once a month. Suggestion – can we look at volunteer roles already in place in other organisations? A separate discussion to be held.</p> <p>Question – will PD have time for everything? Answer – the research officer role may have some project management and line management. The CEO will be watching the situation, and VAO may have some capacity to help, if needed. Liz Windsor-Welsh (CEO) will be taking maternity leave soon, but cover has been arranged. Suggestion – need staff in Oldham (as we have in Tameside) who can work effectively and independently, without needing direct daily supervision.</p> <p>Comment – board wants assurances from PD that he will say if the job is becoming too much. Answer – PD agreed. He will make sure he takes his annual leave, to maintain an appropriate work/life balance.</p>	<p>PD</p> <p>HW staff</p> <p>PD/LW</p> <p>PD</p>

9.	<p>Performance monitoring data: The printed report has not been finalised – a copy will be sent to board members shortly. The monitoring officer at TMBC has requested 10 good messages for quarter 2 (1 July to 30 September 2014). These will be:- 84 people completed Patient Opinion stories Over 1500 face-to-face conversations with Healthwatch Champions 12 new volunteers recruited 10 external opportunities - awareness to the community 12 community activities 23 information signposting requests 14 complaints closed 22 new complaints received Caseload increased from 26 to 40 live complaints cases</p> <p>Request – in the next annual report, can we include information about added value examples, not just what meets outcomes?</p> <p>Question – can board be given reasons for closure of complaints please? Answer – yes. Brief examples of types of reasons given to meeting. At the next board meeting, PD will provide an explanation of the complaints process. In the meantime, if anyone wants to know more, the Self-help Information Pack (SHIP) is on the website under the complaints heading. Request - need to publicise how complaints system works to the public. Answer – SHIP has been available since the service went live in April. Postcards have been delivered to all GPs, clinics, Pennine Care and CCG. Postcards will be sent to all pharmacies later in October, with the hospital following. The distribution has been staggered, keeping in mind capacity issues of the staff team.</p>	<p>PD</p> <p>PD</p> <p>PD</p> <p>HW</p>
10.	<p>Work priorities to March 2015: Refer to paper 3 Young people – a proposal to be brought to the next board meeting. It was previously agreed that IY and DH would meet with PD separately to discuss, prior to the proposal being tabled. Meeting to be arranged.</p> <p>Tameside Quality Oversight Group – this used to be Tameside Hospital Improvement Board – HW Tameside still has a seat. It is proposed we change round the order of Enter & View visits, with hospital before Christmas and care homes in the New Year. Request – can we include Ladysmith in the E & V visits (especially ward 44) – there appears to be a shortage of staff there. Answer – have always included Ladysmith. Will look at LINK report 2013 and the Patient Opinion stories, to help decide which wards.</p> <p>Healthwatch have been asked to include a question about pain management.</p> <p>Question – are Tameside Council Scrutiny OK with delaying the visits to care homes? Answer – will confirm with Scrutiny.</p>	<p>PD/IY/DH</p> <p>PD</p> <p>PD</p> <p>PD</p>

	<p>Board agreed to change the order of the visits, if Scrutiny happy.</p> <p>Mental Health – HW have sent a request to CCG for details of the contracts for commissioning mental health services. MACC have been contacting local user groups, etc. to collect experiences from users. This information is being used in a mapping exercise for evidence.</p> <p>Future work programmes – Request – can we look at GP appointment waiting times, as this seems to be a problem? As there are so many issues in primary care services, would need to be clear from the beginning exactly what area we were looking at, and if need be, start another stream to look at other issues. Answer – will ensure this is considered as part of the priority setting within staff resources.</p>	<p>PD</p> <p>PD</p>
	<p>Any Other Business Enter & View – last time we had to go to security to sign in. They watched on the monitors where we were going and rang ahead to warn. How can we avoid this happening again? Answer – access for future visits has not yet been agreed with the new leadership team. Will try and arrange for us to go straight to the ward.</p> <p>Chair has been invited to a meeting with Robert Francis (in his role as deputy chair of BMA) and wants to also go as a Healthwatch representative. They will be discussing issues surrounding whistleblowers within the NHS. If any board members have any comments from a HW perspective, then let KC have your thoughts before the meeting on 28/10.</p>	<p>PD</p> <p>All</p>
	<p>Dates of future meetings</p> <p>Tuesday 20 January 2015 2pm Monday 23 March 2015 2pm Tuesday 28 April 2015 2pm Friday 12 June 2015 10am</p>	