

Minutes of the Meeting of the Healthwatch Tameside Board

15 June 2016

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Kailash Chand (KC) (Chair), Murtaza Husaini (MH), Hanif Malik (HM), Dorothy Cartwright (DC), Pamela Watt (PW), David Hoyle (DH) In attendance: Ben Gilchrist (BG) (CEO), Peter Denton (PD) (Manager), Julie Beech (JB) (minute taker)	
1.	Welcome: KC welcomed everyone to the meeting. Everyone briefly introduced themselves.	
2.	Apologies for absence: Cllr Gill Peet (Cllr GP), Lyndsey Sims (LS), Pauline Mottram (PM), Frank Downs (FD) Cllr. Ged Cooney and Emma Varnem as observers.	
3.	Declarations of interest: None	
4. & 5.	Minutes of the previous meeting: Accuracy – meeting confirmed minutes accurate, with the exception of those listed as present. DC did send apologies, but was able to attend the meeting after all, arriving a little late. Minutes to be corrected. Matters arising: The item not covered by the agenda is: People who die at home – PD spoke to a representative of the Adult Safeguarding Board, who confirmed it is possible to identify whether a person would have benefitted from additional social care. DC provided examples of issues around home care she knew about. PD reminded the board about the Social Care survey. More completed surveys are needed – please ask anyone you know who uses home or residential care to complete it The survey can be accessed online or on paper (to be obtained from the Healthwatch team).	JB All
6.	Chair's update: <ul style="list-style-type: none"> • Attended the launch of Care Together event. Some really good aspirations. • At the last Council of Governors meeting at Tameside Hospital, there were some positive comments. A & E is improving – now almost in the top 10, instead of near the bottom and very poor). Still observing to maintain improvement. • Worried about the deficit at the hospital (as in most hospitals). • Concerned that the use of agency staff at the hospital is still too high. • The NHS 5 year national plan was launched a while ago. Now need to concentrate on local sustainability – GM Devolution, Care Together, Healthier Together. With the financial situation, worries that plans may not be achieved. 	
7.	Manager's update: <ul style="list-style-type: none"> • Working with T & G CCG (Tameside & Glossop Clinical Commissioning Group - to be called CCG for the remainder of the 	

	<p>minutes). They have some money from NHS England for a project about liaison psychiatry, looking at people with mental health issues who attend A & E with a physical health problem. They will be talking to 30 patients to discuss their experience of care. There will be follow-up work. Not all hospital A & E departments have RAID (rapid assessment interface and discharge). This money is available to hospitals to either set up this service or to review an existing service and make relevant changes/improvements.</p> <ul style="list-style-type: none"> • Care Together – there is a communication/engagement strategy which is consistent across the programme and has been approved by their board. Also a toolkit of resources is available, which Action Together & Healthwatch Tameside have had input into. Focus Groups will be held prior to the formal consultation between September and December. There is some worry/challenge over capacity to deliver, with Steve Allinson moving to Derbyshire, a CCG staff member being seconded to another project without any cover for the original role, and a third member of staff leaving, and no news yet of a replacement. • Today is World Elder Abuse Awareness Day. There is a co-ordinated set of media messages from TMBC and CCG, organised by PD in his role on the Tameside Adult Safeguarding Board. • At the Greater Manchester (GM) Health & Wellbeing Board last week, it was confirmed that Central Manchester University Hospitals, University Hospital of South Manchester and part of Pennine Acute Trust are combining to form a single Trust for the City of Manchester. CCG have contracts with Pennine Acute Trust (especially eye surgery at Rochdale Hospital) – need to be aware of potential problems. • Staffing – the workload is increasing, as awareness of Healthwatch increases, but the resources are not. The team is under pressure, and continuing to work well. The Board wish to minute their thanks to, and support of, the staff team. Question – Could volunteers be used to assist? Answer – We already do, with bits of admin. being dealt with. • CQC to do a re-inspection of Tameside Hospital in July/August. 	
8.	<p>Contract Update: BG confirmed he has been promised the paperwork for a 2-year extension at the current rate, but it has not yet been received. He is confident it will not be long.</p>	BG
9.	<p>Merger Update: Completed successfully – CVAT and VAO are now operating as Action Together. All Tameside staff are based at the Volunteer Centre. There have been some challenges, particularly around IT and phones, but these are nearly sorted now.</p> <p>Governance: Action Together have commissioned a legal report to provide an overview of the Action Together, Healthwatch Tameside and Healthwatch Oldham structure. FD represented the Tameside board at the meeting with the consultant. Details are being finalised and the report will be brought to the next meeting, along with proposals.</p> <p>We normally hold an election for board members at this time of year. With the review not yet concluded, we propose to put this process on</p>	BG

	hold until the governance has been agreed. The board agreed to this proposal.	PD/BG
10.	<p>AGM: This is to be held on 11 July at 5.30pm. The venue is New Charter, Ashton. Parking will be available onsite, and details will be sent to everyone who books a place.</p> <p>The next debate will follow the AGM at 6pm and the topic is 'Care in your community'. The speakers have yet to be confirmed – they have been invited but not responded.</p> <p>Check Volunteer Centre Glossop are on the mailing list to receive an invitation.</p> <p>The annual report is being written. The format is to include less facts and figures and more case studies. Content has been provided by the team showing examples of our work. It has to be filed by the end of June. A draft will be emailed to board members for feedback next week.</p>	<p>PD</p> <p>JB</p> <p>PD</p>
11.	<p>Report #takingcharge: see paper This was a GM Devolution initiative. In each local authority area, the Healthwatch &/or CVS were given 3 questions to ask people in hard-to-reach groups. It was short notice, but HW Tameside and CVAT held 8 focus groups, plus 2 in Glossop, averaging 10 people per group. We were asked to have 80 conversations, but actually had 129. It is hoped this will lead to more GM level engagement.</p> <p>Now need to dig deeper into the data. We have also been sent full data from the surveys, by the central analysis team.</p> <p>Comment: a high level of conversations and a good range of comments. Comment: one message is that until mental health is sorted, people can't think about other issues.</p> <p>The optimum time for learning about health is after a relative has had a stroke, heart attack, etc. PD is pushing for this to be built into care pathways, so that family members are included, and referred for a health check-up if necessary.</p>	<p>PD</p>
12.	<p>Greater Manchester Devolution – GM level: Healthier Together – PD been contacted by the lead for implementation and engagement of the single service model in Stockport. There is to be patient & public engagement in respect of implementation. Wants to talk about the terms of engagement with Healthwatch. There will be a small working group which either PD or BG will attend.</p> <p>GM Devolution – BG confirmed Taking Charge work was positive. We have a number of links with the various conversations. The most structured is the GM Voluntary Sector reference group. We also have a place on the Strategic Partnerships Board (covered by Healthwatch Bolton), other meetings attended by KC, and the Action Together work. There are a lot of opportunities for the voluntary sector and Healthwatch. We need to prioritise appropriately. Capacity will be a challenge. There is a push for GM level resourcing. John Rouse has</p>	

	been appointed to lead the Health & Social Care integration activity (he has overseen the Healthwatch England contract). The reality is there will be a big impact on the workload, plus locality work and integration.	
13.	<p>Greater Manchester Devolution – Locality: Healthwatch are involved with the engagement activity for Care Together. This is being built on the model we use with our Healthwatch Champions. Work is progressing, and there is good partnership work. Things are moving/changing rapidly and we need to be flexible and responsive with a limited resource.</p>	
14.	<p>Priorities 2016/17: The board has previously agreed to have GM level work as a priority. There is not much room to take on extra projects. We need to be flexible and bear in mind where we can influence. Comment – we need to be seen to be responsive and relevant.</p>	
	<p>Any Other Business: Debate evaluations – it was agreed at the last meeting that a summary of the evaluations for the previous debates would be provided to board members. Copies were handed round.</p>	
	<p>Dates of future meetings To be confirmed – dates will be in September and November, and will be sent out as soon as possible.</p>	JB