

# Minutes of the Meeting of the Healthwatch Tameside Board

15 September 2015

Venue: 131 Katherine Street, Ashton-under-Lyne

<b>Present:</b>	<b>Members:</b> Kailash Chand (KC) (Chair), Cllr. Gill Peet (Cllr. GP), Phil Spence (PS), Hanif Malik (HM), Frank Downs (FD), Dorothy Cartwright (DC), Pamela Watt (PW) <b>In attendance:</b> Ben Gilchrist (CEO), Peter Denton (PD) Manager, Julie Beech (JB) minute taker	<b>Action</b>
1.	<b>Welcome:</b> KC welcomed everyone to the meeting	
2.	<b>Apologies for absence:</b> Ian Young, Lyndsey Sims, Bernard Nagle, David Hoyle <b>Cllr. Lynn Travis and Emma Varnem</b> as observers.	
3.	<b>Declarations of interest:</b> None Annual declaration of interest forms were completed by all board members present. Copies will be sent to the other board members for completion.	<b>JB</b>
4. & 5.	<b>Minutes of the previous meeting:</b> <b>Accuracy</b> – meeting confirmed minutes accurate.  <b>Matters arising:</b> <b>Greater Manchester Social Value Network</b> – not yet completed, due to time constraints.  <b>Added Value Examples</b> – staff team pulled together examples, some of which were included in the Annual Report.  <b>Devolution Manchester</b> – DC has put name forward to get involved. PD will advise when an opportunity arises.	<b>PD</b>    <b>PD</b>
6.	<b>Chair's update:</b> <b>Tameside Hospital</b> – KC recently appeared on BBC North West following publication of CQC report.  <b>Care Together</b> – KC opinion is it looks good in principle. Much more still to be done. Reminder – Healthwatch will be supportive, but will challenge the process on behalf of the people of Tameside, if needed.  <b>Manchester Devolution</b> – KC has been involved on behalf of the BMA (British Medical Association). 250 people attended a discussion last week, and he was on the panel. He is supportive, but personally has some concerns. There was also a webinar in the Mayor's Parlour, which was informative. KC wants to see health inequalities addressed by Manchester Devolution.	
7.	<b>Manager's Update:</b> refer to tabled paper.  <b>Staff</b> - Discussion about staffing hours.	

	<p><b>NHS Complaints service</b> – discussion about increase in the number of cases being handled. Karen is very good at the job and we are delivering a service above minimum contractual requirements. Healthwatch have provided stability (previously ICA had a 6 month rolling contract), and we have a local town centre location which is accessible. Lesley Surman provides clinical supervision for Karen for 4 hours per month.</p> <p>Question – what is the minimum contractual requirement?  Answer – two appointments per client. Some cases involve meetings in the office, phone calls and resolution meetings over several months (or years). This cannot be done effectively with only two appointments per client.</p> <p>Question – if we are using underspend to support additional staffing for this function, what is the long-term sustainability for Healthwatch?  Answer – BG provided an update on contract negotiations so far.</p> <p>Suggestion – can we triage complaints, using volunteers for simpler cases? Perhaps offer some kind of advocacy or counselling course leading to a qualification?  Response – there is a challenge finding the right volunteers. We need to remember the confidentiality issues, and continuity for people using service (it works best if they see the same person every time).</p> <p>Comment – with the changes proposed in health and social care in the coming years, we don't know what impact this might have on complaints.</p> <p>PD confirmed there is a national review around complaints. Healthwatch only provides an NHS Complaints service. Social care is not eligible. What happens when the services are joined together into one jointly commissioned pathway or service?</p> <p>Board acknowledges all the work Karen does, and wants their thanks to be passed on.</p> <p><b>Volunteers</b> – are now becoming more self-sufficient, as discussed on the tabled paper. Sue has been using the time released to do more targeted outreach. There will be a Healthwatch stall at the Tameside Hospital Open Day on Sunday 20 September from 11am to 3pm. All board members are welcome to join us.  The board expresses their thanks for the work Sue does.</p> <p><b>Priorities</b></p> <ul style="list-style-type: none"> <li>• The big piece of work we will be focusing on over the next few weeks is bringing together the 2015 data (from all our sources) which is about staff, appointments and communication at GP surgeries or hospitals. The survey closes on Sunday 20 September. Both the primary care team at the CCG and the hospital are interested in seeing the results. They want to see how what we find can be used to shape improvements.</li> </ul>	<p><b>PD/JB</b></p>
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	<ul style="list-style-type: none"> <li>• Big Health &amp; Care Debate – this was started at the AGM. We want to help the public understand what is happening and why. The next debate will be in October/November about local GP and pharmacy services. The vision is for 5 minute presentations from each service, followed by discussion. There could be audio/video recordings which are linked to our website for people who can't attend.</li> <li>• The Contingency Planning Team (Price Waterhouse Cooper) will be publishing their report this week, about the proposed Integrated Care Organisation (ICO) in Tameside. Healthwatch will need to stay aware through the planning stages, and should make this one of our priorities. There needs to be a dual focus on improving services and maintaining engagement with the public.</li> <li>• PD has concerns that there could be possible future cuts to the social care budget due to local authority funding pressures. Discussion about what Healthwatch could do to make sure people are aware of consultations, especially those who are affected by any changes.</li> </ul> <p>BG suggested two actions:</p> <ul style="list-style-type: none"> <li>○ Healthwatch Tameside explore the options with Healthwatch England.</li> <li>○ All board members support engagement opportunities as they develop.</li> </ul> <p>CVAT will be holding at least one large event for the voluntary sector audience, but other people are welcome to attend also.</p> <p>Request – can a simplified explanation be put together for Healthwatch Champions to take out into the community?  Comment – need to make sure not leading people to fill out questionnaires in a certain way. Must focus on the vulnerable in society being given the opportunity to speak out.  Suggestion – put this briefing on Facebook, perhaps the town pages?</p>	<p><b>PD/BG</b></p> <p><b>All</b></p> <p><b>All</b></p> <p><b>PD</b></p>
8.	<p><b>AGM, Annual Reporting &amp; Elections</b></p> <p><b>Annual report</b> – was submitted and is available on the Healthwatch Tameside website. Copies were emailed to board members. Paper copies available at the meeting.</p> <p><b>Elections</b> – Five nominations were received for two board places. The closing date for voting is 18 September 2015. Currently looking for an independent overseer for the ballot paper count. We use the Single Transferable Vote system. Board will be advised of successful candidates.</p> <p><b>AGM</b> – feedback comments can be emailed to the office. Comments received – thought-provoking, challenging. The Tameside Reporter had a full page article.</p>	<b>PD/JB</b>
9.	<p><b>Contract Update</b>  BG provided an update to the board about ongoing discussions. There is a statutory responsibility to commission the services.</p> <p>Question – will Devolution Manchester change anything?</p>	

	<p>Answer - areas of health and social care will be prioritised in the planning. Healthwatch is probably low down the Devolution priority list. There are many conversations still to be had. There is a need to keep service provision local (example – the complaints service has been used more since it was localised). On the ground knowledge is vital. PD is involved with the Healthwatch Greater Manchester network.</p>	
10.	<p><b>Risk register update – Healthier Together</b>  Discussion held about the reputational risks to Healthwatch if any decisions are taken to judicial review. Healthwatch Tameside needs to remain at arm's length from decision-making. Healthwatch supports and encourages public engagement without leading the public in any one direction.</p> <p>It was agreed to add this to the Healthwatch risk register so that it was part of regular risk monitoring processes.</p>	
11.	<p><b>Tameside Hospital – refer to papers 2 and 3</b>  Feedback from the hospital – Healthwatch recommendations from the Enter &amp; View follow up visit will be included within the improvement plan.</p> <p>Discussion about the CQC report. Noted that there were 5 red sections in the overview 12 months ago. Now there are none. 'Critical Care' and 'Well-led' have changed from 'inadequate' to 'good'.  Question – there were 14 hospitals in Special Measures, including Tameside. How many are still in Special Measures?  Answer – there are several remaining from last year, plus others have been put into Special Measures since.</p> <p>Comment – there is a change in culture at Tameside Hospital. They are less defensive.  KC has worked with both the old and current leadership teams at the hospital, and there is a great difference in the way they work.</p> <p>BG explained what happened at the Quality Summit held last week. There was positivity from the CQC about what has been done and what is still to be achieved. They commented on staff commitment, leadership and thanked Healthwatch Tameside for the role they played. Point made that Tameside Hospital are not just trying to tick boxes – they want to make care better by doing things right.</p> <p>Thanks to the Healthwatch team and volunteers for the good work completing the Enter &amp; View visits and report.</p> <p>Comment – an example of Added Value is the work with the hospital. Eric Morton (from Monitor) is going to recommend other hospitals engage with their local Healthwatch as a result of the way he saw us working with Tameside Hospital.</p>	
12.	<p><b>GM Devolution – refer to paper 4</b>  Process is moving quickly. There is a clear approach, with different local authorities leading on specific areas.  PD is worried that he doesn't know about the locality plan details for Tameside, but does know what is happening in Oldham, where a public</p>	

	<p>event is being held in 5 weeks' time. PD is having conversations in Tameside, especially regarding engagement with the public.</p> <p>PD and KC met Giles Gilmore, the new director of strategy &amp; partnerships at Tameside Hospital, yesterday. Jessica Williams is the new programme director for Care Together implementation.</p> <p>Question – what is the timetable for the locality plan to be published? Answer – the plan may be confidential. In Oldham, key elements have been pulled out for public engagement.</p> <p>Question – could this be included in the Healthwatch Big Care Debate in the autumn? Answer – possibly.</p> <p>Question – as this is a partnership document, who is responsible for organising? Healthwatch have been asking for a seat on the Comms Engagement Group for Care Together for the last 18 months, but it has not yet happened.</p> <p>Board accepted all recommendations.</p> <p>PD comment – there is a PHD student at Manchester University looking at access to primary care. She is working with Tameside &amp; Glossop CCG &amp; Healthwatch are included in the steering group.</p>	<p><b>PD</b></p> <p><b>PD</b></p>
13.	<p><b>Big Health &amp; Care Debate</b> Plans are for a debate in the Autumn (probably in Mossley) and one in the New Year. The first will look at GP access and pharmacies, and how they can work together. Also include the locality debate. The second will look at Mental Health (Pennine Care) or Urgent Care.</p> <p>Refer to Manager's update above for more details.</p> <p>KC would like to cover health inequalities and public health. The Healthwatch historical underspend will cover the cost of the events.</p>	
14.	<p><b>Using our 2014 data</b> – refer to paper 5 Follow-up work has already started with the survey, which is due to be closed at the weekend. The detailed report has been taken to the Public &amp; Patient Impact Committee and the Quality Committee at the CCG. It will be taken to the Health &amp; Wellbeing Board at TMBC next month, with a proposal to produce the report on an annual basis, and use it as part of the evidence base for the Joint Strategic Needs Assessment.</p>	
	<p><b>Any Other Business:</b> None</p>	
	<p><b>Dates of future meetings</b>  <b>To be confirmed</b></p>	