

## Minutes of the Meeting of the Healthwatch Tameside Board

20 January 2015

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Kailash Chand (KC) Chair, Frank Downs (FD), Phil Spence (PS), Cllr. Gill Peet (Cllr. GP), Dorothy Cartwright (DC), Bernard Nagle (BN), Lyndsey Whiteside (LW) In attendance: Peter Denton (PD) Manager, Ben Gilchrist (BG) CEO, Julie Beech (JB) minute taker, Alvin Kinch (AK) Healthwatch England	Action
1.	<b>Welcome:</b> Chair welcomed Alvin Kinch, a development officer from Healthwatch England. Everyone introduced themselves.	
2.	<b>Apologies for absence:</b> Cllr. Lynn Travis as observer. Pamela Watt (PW), Janet Fenton (JF), Ian Young (IY), David Hoyle (DH), Hanif Malik (HM)	
3.	<b>Declarations of interest:</b> None	
4. & 5.	<p><b>Minutes of the previous meeting:</b> <b>Accuracy</b> – meeting confirmed minutes accurate.</p> <p><b>Matters Arising</b> – The notes below relate to outstanding actions. Other actions contained in the minutes of the previous meeting have been completed.</p> <p><b>Pharmacy meetings</b> – PW has confirmed there have not been any meetings. DC will be invited to the next meeting, when it is arranged.</p> <p><b>Problems regarding check-ups</b> – PD is still waiting for evidence, to be able to take this further. FD has checked and there is no proof for the story he had mentioned, and DC knows of two examples, but there is no proof for either and GP has denied it. DC may speak to PD or Healthwatch Officer (HWO) separately.</p> <p><b>Facebook</b> – this has not yet been done. The HW Officer who will look at this has been on compassionate leave.</p> <p><b>Care Together</b> – this is not yet on the website. Price Waterhouse Cooper (PWC) are looking into integrated care proposals at the hospital. This has overtaken activities.</p> <p><b>Arriva</b> – PD has been talking to CCG and NHS Blackpool. There is to be a focus group in Tameside for the community, regarding performance standards, prior to the next tender for the contract in April 2016.</p> <p><b>Healthwatch Oldham</b> – will be fully staffed from next week. PD is representing ½ million people across Tameside &amp; Oldham, instead of 220,000 (Tameside) in meetings. JB now to analyse local data.</p>	<p><b>PD/team</b></p> <p><b>PD</b></p> <p><b>PD</b></p>

	<p>Question – Are the data collection systems the same for Tameside and Oldham?  Answer – Yes, Oldham starting with the same as Tameside.</p> <p>Question – will there be a move toward Greater Manchester (GM) data collection?  Answer – probably not. There are two different approaches being used to gather patient experiences:  a) in the community – individual stories (½ of GM)  b) in forums, which tend to be the same people (other ½)  Channels to report and feedback are not always the same. PD is leading a piece of work on how staff (not managers or chief execs.) can network across GM effectively.  Discussion followed about Healthier Together/Devolution Manchester (Devo Manc).</p> <p>Question – with the collaboration with Oldham, where does that leave us?  Answer – as backfill, Karen’s hours have been increased, and JB has some extra hours for the research/analysis role. Everything will be reviewed at the end of March. A draft paper will be brought to the next board meeting. The working model has been set up for PD to continue either way - manager of Tameside &amp; Oldham, or manager of Tameside only.</p> <p><b>Work priorities</b> – up to March 2015, are on target. Need to develop next year’s plans by March/April.</p> <p>Question – What about young people?  Answer – PD and IY have not been able to meet yet. Will factor into next year’s planning.</p> <p>Yesterday there was a mini PLACE assessment at the hospital – the results are not yet available.</p> <p><b>Scrutiny</b> – following their review, HW Tameside have been asked to carry out Enter &amp; View visits in care homes. We have been asked to consider any variations in what we see between homes with high and low occupancy rates. Scrutiny are considering whether there is an over-capacity of beds.  A new 94 bed home is being built next to the hospital. There is no contract in place for the hospital to use it.</p> <p><b>GP appointments</b> – consider in next work programme from April 2015.</p>	<p>PD</p> <p>PD</p> <p>PD</p> <p>PD/IY</p> <p>PD/team</p> <p>PD</p>
6.	<p><b>Chair’s update:</b></p> <ul style="list-style-type: none"> <li>• Winter pressures on A &amp; E – there is a mechanism to deal with this. They almost met the 4 hour 95% target. This is a barometer of other services – i.e. social care budgets slashed, GP access problems (increased demand), less acute beds. There are a large number of doctors aged 55+, and there are recruitment difficulties, with not enough students choosing general practice.</li> </ul>	

	<p>There are Integrated Care Options (ICO) for CCG, TMBC and the Foundation. The TMBC budget is reducing. A concern is whether this will give us the care we want. Salford are developing ICO. Their Foundation Trust is one of the best.</p> <p>Question – Ashton Primary Care Centre – can this be reviewed to see how it would affect use of A &amp; E? What impact is there? Answer – PD has raised this with PWC. It has limited car parking and public transport is poor. The location is a problem. Additionally, there are four GPs whose catchment area means patients have to walk past the hospital to get to their GP. These are all factors which influence people going to A&amp;E Need to use CVAT networks to collect stories over winter crisis.</p> <p>Question – Can they look at moving primary care into the new buildings in Ashton when TMBC move? They would then be near public transport and car parks. Answer – Cllr. GP is not aware this is being considered at the moment. Not sure there would be enough space. Need better transport to the existing Primary Care Centre. PD reminded that part of the HW response to Healthier Together was to highlight the danger of assuming that ‘closer to home’ automatically meant ‘easier to access’.</p> <p>Question – why are the number of visits to GPs increasing? Answer – people are living longer, lifestyle problems, chronic disease, and long-term health problems.</p> <ul style="list-style-type: none"> <li>Public health issue – we need to tackle this. HW has made the implicit decision to have a broad range for information signposting. Public health messages are sent out on Twitter, ebulletins and Healthwatch hour on Tameside radio. The challenge is that Tameside’s population is one of the unhealthiest in the country. HW will promote anything put forward by the Health &amp; Wellbeing Board.</li> </ul> <p>Question – is there any proof these campaigns are working? Answer – Healthwatch Champions could be used to try and help evaluate the Choose Right campaign. A questionnaire is being put together by the CCG for them to use to do this.</p> <p>Active Tameside are looking at new initiatives including 1 to 1 lifestyle advisors for six months, development walks jointly with Transport for Greater Manchester, and Salford University students are doing research on reducing medication.</p>	<p>PD/team</p> <p>PD</p>
7.	<p><b>Manager’s Update:</b> refer to tabled paper.</p> <ul style="list-style-type: none"> <li>If anyone is interested in getting involved with the Enter &amp; View visits of care homes, please contact JB.</li> <li>New volunteers – Sue has interviewed a number of people who have valuable skills, but who don’t fit the existing volunteer roles. A meeting has been arranged in early March, to discuss whether new roles could be developed and built into the work plan from April 2015.</li> </ul>	<p>All</p> <p>PD/team</p>

	<ul style="list-style-type: none"> <li>• Colonoscopy service – data we collected during 2014 relating to this service has been fed back to the hospital, who will include it in their review of the service.</li> <li>• PD and JF are to meet next week to discuss the Independent Living Fund (ILF) changes. A new Care Act is coming in, under which assessment criteria will be different.</li> <li>• Healthwatch England (HWE) – PD attended a meeting in London yesterday. Refer to tabled paper for details. Question – why is there such a tight timescale? Answer – PD got the impression it took a long time for HWE to get the go-ahead to spend the money, but then it has to be spent before the end of the financial year (in March). Have asked for there to be a testing period after this deadline. (BG arrived at the meeting)  Question – what will it look like? Answer – they are looking at the eight statutory activities of Healthwatch. Would there be merits of peer assessment or not? (PD suggested this might be an issue where an organisation hosts more than one HW, and wants to bid to host more.) He signposted to the NAVCA Quality Awards, to see if any learning could be gained there.</li> <li>• Primary Care Commissioning - PD attending CCG meeting this week, and will hopefully learn more.</li> <li>• PWC – PD has met one of the leads. There is a commitment to engage with local communities, although the timescale is tight.</li> </ul>	<p>PD/JF</p> <p>PD</p>
8.	<p><b>Quarterly Monitoring:</b> refer to Paper 2</p> <p>Highlights – over 1300 face-to-face contacts. All information signposting requests closed within five working days. Nearly 70% of website visits were from new users. Total visits are over 700. We are hoping to have 1000 Twitter followers by the end of the month. Complaints cases are almost balancing between new and closed cases each quarter.</p> <p>Question – can you give us a flavour of the types of complaints? Answer – colonoscopy, GP access, hospital appointment system (Lorenzo). Will figure into work for next year.</p> <p>Chair proposed that the board send thanks to all staff and volunteers. Unanimously agreed.</p> <p>PD and LW are still to speak about volunteers.</p> <p>There is an under spend of NHS dental spots in GM, up to the end of March. HW trying to find out if there are any extra slots in Tameside.</p>	<p>PD</p> <p>PD</p> <p>PD/LW</p>
9.	<p><b>Conflicts of Interest:</b> refer to paper 3 and attachments from HWE. Those referring to HW Tameside were put in place by the Shadow Board.</p> <p>AK spoke about the attachments. Anna Bradley (AB) had spoken to KC by email and phone. They are looking for feedback from the meeting regarding these drafts. They do not want to be 'Big Brother', but want to support local Healthwatch – offering guidance and advice.</p> <p>KC confirmed any conflicts are known – we are transparent, and they are dealt with at the time.</p>	

	<p>PS said all Healthwatch should adopt a Conflict of Interest policy. General discussion about actual wording followed. AK asked about the third attachment titled 'Political Activities'. PD had not received this. Copy to be forwarded to JB, to send out to all board members for comment. General discussion around scenario for conflict of interest.</p> <p>Question – can we add another example to our conflict of interest guidance form regarding council representatives?</p>	<p><b>AK/PD/JB</b></p> <p><b>PD</b></p>
10.	<p><b>Risk Register:</b> refer to paper 4  PD proposed a change – add a second set of scoring to show position after mitigating actions.  Alternative suggestion – could we use traffic lights?  PD to bring revised version to board in April. It will be reviewed monthly by PD and BG, with exception reporting to the board. There will be an annual review.  Let PD know if you have any comments or questions at a later date.</p>	<b>PD/BG</b>
11.	<p><b>Enter &amp; View:</b> refer to paper 5  The first visits as Healthwatch have been completed. PD asked:  1) Are the board happy to delegate sign-off of the report to PD, BG and KC, coming back to the board only if there are issues? Board agreed with this action.  2) What is the view of the board in allowing external stakeholders to add, say, 150 words to the report e.g. Tameside Hospital and CCG? Board agreed.  HW will share draft media releases with communications managers at both.  PD explained the E &amp; V process. There followed a discussion about the format of the report. Agreed HW needed to establish a baseline, and retain the format for comparison purposes in the future.  AK confirmed HWE have E &amp; V templates on the Hub.</p>	<b>PD</b>
	<p><b>Any Other Business:</b>  None</p>	
	<p><b>Dates of future meetings</b></p> <p><b>Monday 23 March 2015    2pm</b>  <b>Tuesday 28 April 2015    2pm</b>  <b>Friday 12 June 2015    10am</b></p>	