

Minutes of the Meeting of the Healthwatch Tameside Board

21 January 2016

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Kailash Chand (KC) (Chair), Dorothy Cartwright (DC), Pamela Watt (PW), Murtaza Husaini (MH), Pauline Mottram (PM), David Hoyle (DH), Hanif Malik (HM), Frank Downs (FD) In attendance: Ben Gilchrist (BG) (CEO), Peter Denton (PD) (Manager), Julie Beech (JB) (minute taker)	
1.	Welcome: KC welcomed everyone to the meeting. Everyone introduced themselves.	
2.	Apologies for absence: Ian Young, Bernard Nagle, Cllr Gill Peet (Cllr GP), Phil Spence (PS), Lyndsey Sims (LS) Cllr. Lynn Travis and Emma Varnem as observers.	
3.	Declarations of interest: None	
4. & 5.	<p>Minutes of the previous meeting: Accuracy – meeting confirmed minutes accurate.</p> <p>Matters arising: MH raised the issue of car parking charges at Tameside Hospital. Discussion followed about various options. All agreed that hospitals need to raise awareness of the options available for parking.</p> <p>The 2014 data report was taken to the Health & Wellbeing Board by BG and accepted.</p> <p>Tameside Council Budget Consultation – PD advised he had looked at the document, but it was too complicated to summarise without being biased. PD to feed back to the council. BG confirmed over 1000 responses were received.</p> <p>The other outstanding items are covered later in the meeting.</p>	
6.	<p>Chair's update:</p> <ul style="list-style-type: none"> • Tameside Hospital – A & E has been in the news this week, for not meeting targets. Will discuss situation with Karen James at the next meeting. Question – does anyone know how many people use 'out of hours' service? Answer – discussion followed about this being incorporated into the NHS 111 service, and the reasons why people might not use the service. Various board members had personal experiences to share. These were good experiences at Tameside Hospital. BG reminded the board that personal experiences were good to use as examples, but the board meeting was not intended for discussion of personal issues. • Healthier Together – the judicial review has concluded and there will not be any change to the designated specialist hospitals. 	KC

	<ul style="list-style-type: none"> • Junior Doctors strike – at Tameside Hospital all junior doctors continued with emergency care during the strike. • Health & Care Debate – subject of the debate is Urgent Care. There is a flyer for everyone to take away. 	
7.	<p>Manager's update:</p> <ul style="list-style-type: none"> • March meeting – we will be discussing the topics to be included in the work plan for the next year, and also review progress against last year's plan. • Monitoring – highlights were summarised, including over 1700 face-to-face contacts in the last quarter, the community groups visited, engagement opportunities promoted, number of stories collected, number of surveys completed. <p>Health & Care Debate – the evaluations completed after the last debate were really positive, particularly about the effectiveness of the chair, keeping to time and topic. Videos of the speakers' talks from the last event are on the website.</p> <ul style="list-style-type: none"> • Complaints – there are almost twice as many active cases as when Healthwatch started supporting people making complaints. Karen has been given a few extra hours to help with this workload. • Team – PD commented how dedicated and hard-working the rest of the team are, and wanted to formally thank them. • Social Care survey – this is the next survey. If anyone has any comments on the draft, email JB asap. We hope to have the survey live at the beginning of February. 	All
8.	<p>Contract Update:</p> <p>BG updated the board on the current position. A 12 month extension at current budget levels is expected, although paperwork still awaited.</p>	BG
9.	<p>Merger Update:</p> <p>BG explained they are still waiting to hear from the Charity Commission re: setting up the new charity. All boards will then be brought together to discuss details. The budget for Healthwatch Tameside is ring-fenced. Consultation has begun with staff, and job descriptions are being updated. No changes are anticipated for the Healthwatch Tameside Board.</p> <p>Question – What role will BG have in the new organisation?</p> <p>Answer – BG will be Deputy CEO of the new organisation, with Liz Windsor-Welsh the CEO. His role within Healthwatch will still exist, with the current arrangement of 1 day per week. BG expects he will continue in that role, but it has not yet been confirmed. Further discussion to be held at the next meeting.</p> <p>The name of the new merged organisation will be Action Together.</p>	BG
10.	<p>Big Health & Care Debate – the next debate in the series will be on 11 February at 2pm, at Denton Methodist Church. The subject will be Urgent Care.</p> <p>Confirmed speakers are Brendan Ryan plus a colleague from Tameside Hospital, and Christine Craig and Sandra Whitehead from Adult Social Care. North West Ambulance Service are still to confirm. The presentations will be no more than half an hour, followed by questions. Discussion about advertising for the event.</p> <p>Question – Could we invite a junior doctor to face questions at a future event?</p>	

	<p>Answer – We need to bear in mind any political issues. Maybe cover it by a question looking at staffing shortages?</p> <p>The next debate, in May, will be about ‘Care in your community’. Tameside & Glossop Clinical Commissioning Group (T & G CCG) also want to do some locality engagement around this topic.</p>	
11.	<p>Greater Manchester Devolution – GM level:</p> <p>All Healthwatch are working together across GM. A joint database is being put together for anyone who attends meetings to record what is said, to be able to co-ordinate across all the different meetings. A memorandum of understanding is being drafted. GM Healthwatch have a non-voting seat on the GM Devolution Strategic Partnership Board, which will become the GM Health & Well-being Board.</p> <p>There are to be 3 engagement events by mid-March – covering integration, self-management agenda, & primary care. Tameside is in the south sector. A bid for funding has been made.</p>	
12.	<p>Greater Manchester Devolution – Locality: - refer to tabled paper</p> <p>In the coming year CVAT and Healthwatch will be facilitating/enabling a series of focus groups for people who don’t usually have a say. A bid for a small amount of funding has been agreed for this, with groups receiving a small amount of money for taking part. We are expecting to get some strong messages.</p> <p>Question – will interpreters be available?</p> <p>Answer – BME groups will be among those targeted, so yes, if needed. The time-line is tight, with completion by the end of March. Confident that target can be reached.</p> <p>There will also be some GM events, which we will promote.</p> <p>As part of the Locality Plan, there is a Model of Care Steering Group, which BG attends (with cover from PD or a CVAT colleague). BG is also part of the Healthy Lives work stream.</p> <p>BG is pleased to see there is a full conversation about engagement. Tameside is well-positioned with the Locality Plan.</p> <p>Question – What about Pennine Care?</p> <p>Answer – They have attended meetings. They cover a number of boroughs. The services they provide have been included within the process.</p> <p>Suggestion from PD – send a copy of the Locality Plan to board members. At the March meeting, the board think about how much time Healthwatch should spend on this in the work plan.</p>	PD/BG
13.	<p>GP/Outpatient Survey:</p> <p>Draft summary provided to the board – this will not be made public. The detailed report will focus on positives to motivate change. The report will be presented to GPs, T & G CCG (Quality Committee, Patient & Public Impact Committee, Primary Care Commissioning Group, Local Improvement Group), and Tameside Hospital in February/March for responses before it is made public.</p> <p>Recommendation to the Board: that BG and KC approve and sign off the report, without bringing it back to the Board.</p>	
14.	<p>Any Other Business:</p> <p>Healthwatch England – there are changes to the leadership model, and Healthwatch England is to be a part of the CQC. There will be a new</p>	

	Director of Healthwatch England responsible to CQC instead of the Department of Health. Questions have been raised about the independence of Healthwatch nationally.	
	Dates of future meetings 21 March 2016 - 2pm	