Minutes of the Meeting of the Healthwatch Tameside Board

21 March 2016

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	**Members: Kailash Chand (KC) (Chair), Murtaza Husaini (MH), Pauline Mottram (PM), Hanif Malik (HM), Frank Downs (FD), Cllr Gill Peet (Cllr GP), Lyndsey Sims (LS), Dorothy Cartwright (DC)** **In attendance: Ben Gilchrist (BG) (CEO), Peter Denton (PD) (Manager), Julie Beech (JB) (minute taker)**	
1.	**Welcome:** KC welcomed everyone to the meeting. It is noted that Cllr Lynn Travis has new responsibilities within Tameside Council. In future, copies of papers are to be sent to Cllr. Ged Cooney, who has responsibility for the Public Health portfolio.	
2.	**Apologies for absence: Ian Young (IY), Bernard Nagle (BN), Phil Spence (PS), Pamela Watt (PW), David Hoyle (DH),** **Cllr. Lynn Travis and Emma Varnem** as observers.	
3.	**Declarations of interest:** None	
4. & 5.	**Minutes of the previous meeting:** **Accuracy –** meeting confirmed minutes accurate. **Matters arising:** Big Health & Care Debate – it was felt to be a successful event, with a good topic for discussion. Attendance was a little low, with a number of cancellations. FD commented on the venue being excellent. Evaluation forms gave positive feedback, with points to note being about the use of microphones and jargon. Agreed to circulate the feedback.	**JB**
6.	**Chair's update:** • Disappointed by the budget, with the pressures being faced by NHS and Social Care. • Tameside Hospital has been recognised for its success in learning from mistakes – this is a tribute to the current administration. • Hopes Healthier Together, the Integrated Care Organisation and GM Devolution are all co-ordinating work. • The junior doctor's dispute is not yet sorted.	
7.	**Manager's update:** • Healthwatch will have been in existence for 3 years next month. PD wanted to thank everyone for their contribution so far. • It is 2 years since Healthwatch Tameside took on the assistance with NHS complaints contract. 26 cases were inherited from ICA. Today there are 65 open files, with 25 new ones having been received since Christmas. • The impact of pressures on local government funding and adult social care have an impact on A & E. Less care at home leads to more people being ill. PD meeting people from the Kings Fund tomorrow to look at this. They are doing research. Working to reduce the number	

	of people with inappropriate presentation at A & E. There is no reduction in overall numbers, but more of the people need to be there. • Under the Locality Plan Tameside Hospital and social care are working together, with them all in the same building now, along with public health. • The number of completed social care surveys is low, so please can everyone push this. Question – Is there any data to confirm this is fact about A & E? Answer – The Kings Fund and front-line staff at the hospital recognise this, and a piece of work is being done to get the data. Question – What about people who die at home? Are there any indicators this is due to lack of social care? Would it be identified? Is there a baseline to measure the service reduction? Answer – There is a serious case review of people who die at home whilst in receipt of social care. Will ask the chair of the Adult Safeguarding Board about this. It is harder to identify new entrants with the change to the levels. Comment – other considerations are homelessness, bed-blocking and GP pressures. Comment – regarding refugees and asylum seekers, these are being provided with temporary accommodation in Denton & Droylsden but there are not enough services available.	**All** **PD/BG**
8.	**Contract Update:** At present there is only verbal confirmation of the contract being extended for another 12 months at the existing budget level. Will push for written confirmation.	**BG**
9.	**Merger Update:** This is proceeding with effect from 1 April 2016. There was a detailed meeting last week with a legal advisor, a representative of HW Oldham and FD representing HW Tameside. The meeting was about governance, and the legal advisors are to prepare a paper setting out the options, which will be brought to the next board meeting. Question – how will it work day-to-day and how will the Healthwatch Boards deal with Action Together? Answer – The local presence in Tameside and Oldham needs to be maintained. There are some similarities, but the two areas are not the same. The staff teams agreed to work as they do now, to retain the local knowledge.	
10.	**AGM:** This is to be merged with the next Big Health & Care Debate. The topic for the debate will be 'Care in Your Community' and will be at the end of June or early July. The Annual Report has a submission deadline of 30 June, but does not need approval from the membership – the board can approve at the meeting in June. The date of the AGM/Debate will be emailed to board members as soon as it has been agreed.	**PD/BG** **JB**

11.	**GP/Outpatient survey publication:** Report has been completed, and shared with partners. There have been a few minor tweeks, and comments have been included from the partners where provided. The draft press release will be shared with the CCG and Tameside Hospital, to give them opportunity to prepare for any questions/feedback when the report is published at the end of March. The key messages are about: 1. Communication and expectation management for appointments 2. Where there are variations in the way GP surgeries provide a service, whilst patients may have preferences about what they would like to see, they may not understand why it is like it is. 3. There is a role for pharmacies, 111 and minor ailments.	
12.	**Greater Manchester Devolution – GM level:** The GM Healthwatchs (GM HW) have almost completed the draft Memorandum of Understanding between each other for Boards to agree (in the same way as Tameside have an agreement with Derbyshire). PD/BG/KC to sort on behalf of the board. Last August there was a bid to fund infrastructure for GM HW to have a single point of contact for all Devo related matters. They have been asked to re-submit the bid, as there is now a small budget available. Healthwatch England (HWE) have set up a database for all the GM HW to access, for recording conversations, sharing papers, etc, at no cost. **Topics:** 1. **Mental health** – PM is one of the GM representatives. 2. **Healthier Together** – There are 4 single service footprints based around the 4 super hospitals. There will be a lead for each area with assistance from local HW. It will be at least 12 months before patients see any change to services. 3. **Taking Charge** – this runs to the end of March 2016. Every HW &/or CVS has been holding focus groups, looking at 3 questions. There is a survey for individuals to complete. This has been an opportunity to show how HW can access hard to reach groups. 4. **Vanguard** – this was an NHS project last year where CCGs around the country could bid for money to try out new ways of working, eg. 7 day access to GPs.	**PD/BG/KC**
13.	**Greater Manchester Devolution – Locality:** BG attends meetings regarding integration locally, championing HW involving public & patients. There are 4 workstreams: 1. Healthy lives 2. Locality at community level 3. Planned care 4. Urgent care Will ensure robust action. Tameside Hospital are consulting members about a name. Board members to ensure their names are included on the ebulletin list, for updates between board meetings.	**JB**

14.	**Priorities:** – refer to paper 1 The paper outlines the 4i model HW Tameside use, the finance arrangements, staffing (which is at full capacity) and the key work areas. Question – When will we be doing anything with nursing/care homes? Answer – We'll see what comes out of the social care survey first, then come back to the board. Question – What outcomes have we been given by the commissioner to deliver? Answer – there is no change. The contract is based around statutory functions. There are no numerical targets. The annual analysis of data collected is presented to the Health & Well-being Board. The GP/Outpatient survey demonstrates impact and includes responses from the CCG and hospital. Question – what about outcomes for people? Answer – For information signposting and complaints we gather data. How we measure success is a challenge. Have they been supported? Have they been given information enabling them to make an informed choice? It is harder to confirm whether a service has been changed as a result of feedback – we have no power to insist on change. Question – Priority A) – what does this mean? Answer - It is built into the contract that HW can gain extra funding by working for, say, the CCG to deliver a piece of work. We need to balance what the income might be against the cost of doing the work which may involve buying extra staff time to deliver it. Question – What criteria are used, what pragmatic approach in deciding whether to accept the work? Answer – Need to consider the time required, the implication of delivery in addition to core services, the net versus gross income, and weigh up whether this is our primary purpose or not. CVAT have been working this way for 4 years and review regularly. It is a small proportion of their total activity. Question – if it was a large proportion, would you bring it back to the board? Answer – Yes. We may be approached next year to run patient participation groups for Healthier Together, with each local HW leading the administration of the groups and helping with recruitment of members. A fee would be paid. If Tameside is asked, we would have to consider how we maintain our independence. If it is done right, we may do this, as it overlaps with our core purpose. Question – Recommendation 3e) – What else is out there? Answer – regarding information signposting, we may refer someone to Citizen's Advice Bureau (CAB), depending on the specialism required, or to PALS or for patient services to the CCG. They also refer to ourselves where relevant. For assistance with complaints, there is no-one else doing this.	

	Question – what happens if we don't do this? Answer – we would be in breach of contract. However we are currently delivering more than is required – the complaints part of the contract specifies 2 face-to-face meetings per case, which for many people is nowhere near enough. By the time they have explained what has happened, and collected the relevant paperwork together, etc. the contract requirements would have been used up, but the process hardly started. Comment – commissioners should be aware of this. Board agreed to the recommendations.	
	Any Other Business: 1) PD provided information about the work commissioned by HWE for a market research company to carry out deliberative research about health and care in GM. Meetings were held in Bolton, Stockport & Oldham with the delegates stopped on street corners and invited. Those who attended were paid £40 each. They didn't say anything that hadn't been heard locally. 2) PD invited to talk at national HWE conference about service change. More people are needed in early conversations who actually use the services. An illustration was used of a piece of work carried out in Leicester which was driven by the people who the service was targeted at, and it had double the impact.	
	Dates of future meetings To be confirmed	