

# Draft Minutes of the Meeting of the Healthwatch Tameside Board

27 September 2016

Venue: Volunteer Centre, Penny Meadow

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| Present: | <b>Members:</b> Kailash Chand (KC) (Chair), Murtaza Husaini (MH), Hanif Malik (HM), Dorothy Cartwright (DC), Pamela Watt (PW), David Hoyle (DH), Frank Downs (FD)<br><b>In attendance:</b> Ben Gilchrist (BG) (CEO), Peter Denton (PD) (Manager), Julie Beech (JB) (minute taker)  |                         |
| 1.       | <b>Welcome:</b> KC welcomed everyone to the meeting  |                         |
| 2.       | <b>Apologies for absence:</b> Cllr Gill Peet (Cllr GP), Lyndsey Sims (LS), Pauline Mottram (PM)<br><br>Cllr. Peet has stepped down as a council representative, as she is now the chair of a Tameside Council Scrutiny panel.<br>Pauline Mottram has resigned as a board member, having moved out of the area. A letter of thanks is to be sent to Pauline.<br><br><b>Cllr. Ged Cooney and Emma Varnem</b> as observers.   | <b>JB</b>               |
| 3.       | <b>Declarations of interest:</b> None<br><br>The annual declaration of interest forms were handed out during the meeting. Thanks to board members who completed them. Forms will be sent to the remaining board members. Please can these be completed and returned to JB as soon as possible.   | <b>JB/Board members</b> |
| 4. & 5.  | <b>Minutes of the previous meeting:</b><br><b>Accuracy</b> – meeting confirmed minutes accurate.<br><br><b>Matters arising:</b><br>The AGM and Debate happened in July. The annual report was filed. All other items are covered by today's agenda.  |                         |
| 6.       | <b>Chair's update:</b> <ul style="list-style-type: none"><li>Had a meeting with the new chair of the Tameside Council Integrated Care and Wellbeing Scrutiny Panel, Cllr Gill Peet, this morning. Discussed the Integrated Care Organisation (ICO) bringing primary, secondary and social care together. Scrutiny have a few areas on their radar:<ul style="list-style-type: none"><li>With the financial deficits faced, it is hoped that the ICO will not be financially driven. We need the best care and to be sustainable for the future. Engaging with stakeholders is very important. Efficiencies will be available if the ICO works well.</li><li>There is pressure in all areas of care to resolve the issues facing patients in a hospital bed who are ready to be discharged. These issues need looking at and resolving, to release hospital beds.</li><li>Mental health is very important.</li></ul></li><li>Had a meeting with Karen James at Tameside Hospital. The hospital continues to improve, but there are further improvements that they are looking to make. The CQC have been and seem happy with what</li></ul> |                         |

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|    | <p>they saw – we are now waiting for the report. A &amp; E has improved. They have a new name - Tameside and Glossop Integrated Care NHS Foundation Trust.</p> <ul style="list-style-type: none"> <li>• Had a meeting with Steven Pleasant. In addition to his role at Tameside Council, he is also the interim Chief Executive at Tameside &amp; Glossop Clinical Commissioning Group (CCG). Alan Dow remains as the chair.</li> </ul>   |           |
| 7. | <p><b>Manager's update:</b></p> <ul style="list-style-type: none"> <li>• CQC have carried out their inspection at Tameside Hospital to see what improvements have been made. Informal feedback is positive.</li> <li>• The Care Together programme is using volunteers from the community. Sue Pomfret has been assisting by sharing the model used by Healthwatch Champions.</li> <li>• The staff team recently completed a short report for Donneybrook GP Practice. The practice had collected feedback from patients, but felt they would like independent feedback. HW Champions carried out three visits at times when people have appointments, standing outside talking to patients as they left. Staff did the same after an open surgery. We collected feedback from 85 patients. This was formulated into a thematic report with quotations, and sent to the practice. The following day, a number of posters were put up in the waiting room, some noting changes being made to making an appointment.</li> <li>• An issue was notified about a student about to start university who went to his GP for a meningitis ACWY vaccination. The GP refused to do it, and said to get it done when he arrived at university. PD was at a meeting at the CCG the next day and raised this. Reminders have been sent to GP practices, as this vaccine is being promoted as necessary before leaving home.</li> </ul> |           |
| 8. | <p><b>Contract Update:</b></p> <p>BG confirmed the contract had been extended and a confirmation email had been received. The lead commissioner at Tameside Council is meeting with the lead commissioner at Oldham Council to discuss collaborative commissioning of contracts, including Healthwatch in both boroughs. BG does not expect this to change the shape of the Healthwatch Tameside contract. Funding has not been agreed. Any changes would not be this financial year, or the start of the next. Timelines are unclear but it is likely to be next autumn before any new contracts are in place.</p> <p>At a Greater Manchester (GM) level, local Healthwatch have talked about joining together within GM Devolution. BG has made it clear to GM Healthwatch this is not the best way to achieve place-based activity and current discussions suggest joint working arrangements rather than a single GM contract are the most likely outcome from these conversations.</p>   | <b>BG</b> |
| 9. | <p><b>Legal Status after Merger:</b></p> <p>Further to the comments in the minutes from the board meeting in June, paperwork will not be available until the next Healthwatch Tameside board meeting. It has been agreed there is no requirement for each Healthwatch to have a separate legal identity. Healthwatch can retain</p>   |           |

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|     | operation of a separate board, without the need for the expenses associated with a legal entity.   | <b>BG</b> |
| 10. | <p><b>Tameside and Glossop Integrated Care NHS Foundation Trust:</b><br/>Tameside Hospital NHS Foundation Trust has formally changed its name to Tameside and Glossop Integrated Care NHS Foundation Trust. It is still an NHS Foundation Trust, but has changed to recognise the ICO.<br/>Comment: Hope this provides opportunities for patient-centred care.<br/>Response: the ambition is to reduce inequalities. New outcomes and outcome measures are being developed.</p>  |           |
| 11. | <p><b>A &amp; E Pressures and actions:</b> see paper<br/>PD attended the Greater Manchester Urgent and Emergency Care Task group event a couple of weeks ago, the information from which is shown in the paper. Particularly:</p> <ul style="list-style-type: none"> <li>• There are more critically ill people attending A &amp; E, as well as people who could be seen in a more suitable setting.</li> <li>• There are huge variations across GM in Delayed transfer of care.</li> </ul> <p>Comment: this could be due to differences in recording of information.<br/>Comment: Approximately 18 months ago Tameside Council commissioned New Charter (through Housing Advice) to help with discharge if people were homeless or there were problems with housing.<br/>GM wide – commissioners and providers do get the message that if there is a problem in one place, the knock-on effect impacts other places, so they need to work together. They are now looking at continual improvement methodology, rather than the performance management approach which had been used previously.<br/>There are a number of changes being tested in different parts of the region. Learning from these will be shared across Greater Manchester.</p>   |           |
| 12. | <p><b>Greater Manchester Devolution – GM level:</b></p> <ul style="list-style-type: none"> <li>• Healthier Together is going ahead as part of the GM Health &amp; Social Care Partnership (known as this since April). The focus is general surgery (mainly abdominal). There is not enough money, not enough staff, and not enough demand for each existing hospital to provide best quality care, so four single service areas have been created, each with a lead hospital – Tameside is with Stockport, with Stepping Hill as the lead hospital. The highest risk patients will be treated at the lead hospital, and then transferred to their local hospital as appropriate. There is a different pace of change in each area, depending on staff recruitment needs, how far the lead hospital is from meeting the agreed clinical standards, and whether any improvements need to be made to the facilities.<br/>There was a patient engagement meeting last week (PD &amp; BG not available to attend) looking at the terms of reference for the patient voice group.</li> <li>• 7 day access to primary care has been running as a 12 month trial in Glossop, Hyde and Ashton, where evening and weekend appointments can be booked through your GP. Recommissioning the service needs to start before the evaluation of the trial has been completed, and savings need to be made. It is likely that the trial contract will be extended (on a slightly different specification) for a short period before the new service goes out to tender.</li> </ul> |           |

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|     | <ul style="list-style-type: none"> <li>• Jon Rouse is the new Chief Officer for the GM Health &amp; Social Care Partnership. His previous role included the commissioning of Healthwatch England, so he knows, understands and supports Healthwatch locally. BG heard him speak a couple of weeks ago, and the core response was about engagement with patients, who are the 'lens' through which we do work. KC confirmed Jon is also a champion of mental health.</li> <li>• Taking charge feedback – BG has chased for this.</li> </ul>   | <b>BG</b> |
| 13. | <p><b>Greater Manchester Devolution – Locality:</b><br/> Tameside is one of the first areas in the country with a single commission for adult social care, CCG and public health – a single team and single budget. There are hugely ambitious targets for the first 5 years. Nationally, we are being watched to see what learning there could be.</p> <p>Nationally there is an initiative for NHS providers to produce a Sustainable Transformation Plan which is seen as the best way to minimise deficits. In Tameside this is effectively our Care Together plan. Pre-consultation engagement has taken place for Care Together, with the formal statutory consultation expected in the next few months.</p> <p>Action Together has produced a report for Care Together on the pre-consultation engagement work, including reference to Taking Charge, Healthwatch data and the deliberative events which had been organised in GM by Healthwatch England.</p> <p>BG thanked the team for their input.</p> |           |
| 14. | <p><b>Any Other Business:</b><br/> DC brought to the attention of the board:</p> <ul style="list-style-type: none"> <li>• Privatisation of the kidney dialysis unit at Tameside Hospital, by NHS England.</li> <li>• Change to drugs used in breast cancer treatment announced recently.</li> </ul> <p>FD commented:</p> <ul style="list-style-type: none"> <li>• He is the HW Champion (HWC) at Brooke Surgery. They had recently received a 'good' report from their CQC inspection, including a mention of the HWC.</li> <li>• On flu jab day in September, he spent the day talking to patients and raising the awareness of Healthwatch.</li> </ul>   |           |
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|     | <p><b>Dates of future meetings</b></p> <p>The next meeting is Monday 21 November, at 6pm. The venue is the Training Room at the Volunteer Centre, Penny Meadow.</p>  |           |