Minutes of the Meeting of the Healthwatch Tameside Board

9 June 2014

Venue: 131 Katherine Street, Ashton-under-Lyne

| Present: | Members: Kailash Chand (chair), Frank Downs, Hanif Malik, Janet Fenton, Bernard Nagle, David Hoyle, Dorothy Cartwright Observers & advisors: None In attendance: Ben Gilchrist (Chief Executive), Peter Denton (Manager), Julie Beech (minute taker), Karen Whitworth (Healthwatch officer) | Action |
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| 1. | Welcome and Introductions: Everyone introduced themselves, and Chair welcomed David as a new board member, and Karen as a new Healthwatch Officer. (Karen then left the meeting.) | |
| 2. | Apologies for absence: Cllr. Lynn Travis, Adam Allen as observers. Lyndsey Whitehead, Pamela Watt, and Phil Spence | |
| 3. | Declarations of interest: None | |
| 4. & 5. | Minutes of the previous meeting: Accuracy – on page 3, Enter and View recruitment will be in June, but training not until September. | |
| | Matters Arising: Thanks to LS for sitting on the interview panel for the Healthwatch Officer post, from which KW was appointed. Young people – comment: we need to remember the academies, and not just contact the LEA. Board agreed. Item 11 – the proposal for training has been put to CCG, and with a | PD |
| | • Item 11 – the proposal for training has been put to CCG, and with a few minor amendments, has been accepted. This will be income generation for Healthwatch over the next few months. | PD |
| 6. | Chair's update: 1) The press release for the Greater Manchester patient transport survey was this morning. This can be compared to the LINK survey in 2012. With the contract awarded to Arriva, it was expected things should improve, but they have actually deteriorated. Chair feels strongly that real noise needs to be made about this – people in high places have already been made aware. | |
| | Question: why are services so bad? Answer: there are a number of possible reasons. It is a private company – are they cutting corners for profit? NHS Blackpool CCG is responsible for the North West contract, which is split into 5 blocks including Greater Manchester (lead by Stockport CCG). | |
| | Last Thursday the CCGs and Arriva attended a meeting of all Greater Manchester Healthwatch representatives, to discuss the report. From a Tameside perspective, many of the questions are the same as those asked in the LINk survey, so a direct comparison can be made. If | |

a media response is not received by the end of the week, we should PD push from a Tameside view locally. Miles of Smiles is available to assist those who need help, but don't meet the ambulance criteria. They are currently unable to meet the high volume of requests, and need more funding. In the LINk survey, they had a much higher satisfaction rate than the ambulance service. Question: do Healthwatch have any clout to get change? Answer: Healthwatch can't insist on change, but can influence. Question: when is the patient ambulance service next out to tender? Answer: it is a 3 year contract w.e.f. 1/4/13. CCG have confirmed that next time, they will give more consideration to the needs of the public before awarding. Not all of the blame should go to Arriva - CCG have some responsibilities too. PD This subject is on the agenda at the next local CCG meeting. Comment: the Public Services (Social Value) Act 2012 requirements are not being met. ΑII Conclusion: Healthwatch is not happy or satisfied with the situation, and we need to keep an eye on what happens, and keep pushing for action. 2) **Healthier Together** – there are a lot of uncertainties around the positions of local and specialist hospitals. Tameside General Hospital is a local hospital – what services will it lose? The reality is that Healthwatch needs to challenge, to make sure changes work for the residents of Tameside. Discussion followed concerning the changes already happening to the diabetes service, and problems being caused. Healthwatch needs actual patient stories, but apparently they are too afraid to speak out in case they are struck off register. Issue to be raised again with CCG and PD/KC Tameside Hospital, during regular meetings. PD attends the Patient and Public Impact Committee, concerning changes being planned. Question: How are the public asked about what impact any proposed changes would have on them? Answer: Healthwatch not convinced (following discussion) that full

Answer: Healthwatch not convinced (following discussion) that full consultation is being made in all cases. COPD service is going through changes – according to the Breathe Easy (local voluntary group) chairman, they have been engaging with groups around this change, but may not listen to the comments. Focus groups appear to use a scattergun approach. PD will challenge at the next meeting, and recommend plans are not approved unless the public, who may be affected, have been involved in discussions.

Reminder that solid evidence is needed for Healthwatch to move any issues forwards – specific patients and stories.

PD

7. Manager's update: Staffing: KW is the new Healthwatch officer. Volunteers: four volunteers have been nominated (based on hours volunteered in the past year) for Tameside Volunteer awards. One has been nominated for an Outstanding Achievement Award. **Healthwatch Oldham:** refer to paper 1, including appendix 2. Question: whilst reviewing the engagement of young people, will Healthwatch Tameside get embroiled in politics? Answer: We only intend to review, not get involved in actual engagement. The numbers may change from those in the paper, as discussions continue. Will give £8 – 10,000 income generation. Tameside hours will be higher than in the past 3 months, with a full staff team, plus additional advocacy support, so local Healthwatch delivery will not be affected. Question: can PD fit everything in? Can someone cover some of his work for Tameside? Answer: BG will cover statutory partnership working, and LS has agreed to provide support for complaints and KW. Concern: losing PD to poor health would be to the detriment of Tameside. At this point in the discussion, board members proposed assisting PD, where relevant, eg by attending meetings on his behalf, to represent Healthwatch. Conclusion: important to assist Healthwatch Oldham, but agreed that PD/BG any problems would be brought back to the board. **Tameside Hospital:** Healthwatch received the annual request to comment on the Hospital Quality Accounts. The response is in appendix 3. Tameside Hospital Action Group (THAG) carried out mini Enter & View visits (using some of the LINk questions). Healthwatch is still looking at the report, and will respond, with a copy of the response being sent to the board. Healthwatch will be carrying out Enter & View visits in early PD 2015. Tameside Hospital have requested £14.3M extra funding to meet requirements. Monitor are reviewing the situation, as the hospital is in special measures, and a report is expected by 18 June. There are cashflow issues. Hospital has had previous funding requests granted. 8. **Annual Report:** Draft text – refer to copy provided. There are 6 pages of requirements of what must be included in local Healthwatch reports. Question: under the finance section, whilst being sensitive to the commissioner, but honest to the public, how does the board want to word the amount of money allocated to Healthwatch Tameside by TMBC, compared to what was provided by the government? Response: Complete honesty and transparency, but include explanations. Bring in the national context. Don't want to be passive aggressive.

| Operational activity and outcomes: each will follow the model of the Patient Opinion section. | |
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| Information signposting: there are 7 case studies to include. | |
| Aware: appears light on engagement with the public, but 500 stories have been gathered, analysed and shared. Examples will be included, where change has been made as a result. | |
| Aim to finish report by the end of the week. Will print 100 copies for AGM, board members, statutory bodies and anyone else who asks. A pdf version will be available to download. | |
| The report has to be filed with the Department of Health and Healthwatch England. | |
| Request: Include one-liners, eg. 'We're here to listen & take action'. People often don't read the detail, so need to get message across. | PD |
| 9. AGM: The Expo is on 30 June, and is a drop-in event from 3-6pm, with the AGM at 5pm. Formal invitations have been sent to chairs and chief executives of statutory organisations. There will be a birthday cake to celebrate the first year of Healthwatch Tameside. There will be a brief presentation of the highlights from the report. Awards will be presented to volunteers. There will be a number of stalls, including providers of home-care and intermediate care, local providers of services and a voluntary sector stall. | |
| Approx. 4000 invitations have been sent out, including Healthwatch ebulletin, CVAT ebulletin, paper flyer to Healthwatch members without email address and in CVAT newsletter. Flyers taken by board members to distribute. DH to distribute electronically through New Charter networks. Media to be contacted later in the week. Anyone who can help on the day, to contact HW Officers. | PD |
| 10. & 11. About urgent and emergency care Care Together – the case for change: | |
| King's Fund video watched: about urgent care, why the health and care system is changing and why it is so complex. The video gives context to the 'A Case for Change' paper. | |
| Reminder – changes to health and social care is a major work stream for Healthwatch Tameside during the next year. | |
| Care Together paper – paragraph 11 page 5 update – the latest finance figures are £74M shortfall against spend of £320M. | |
| JF updated board regarding ILF clients, the position with TMBC and potential long-term problems. PD will remind about ILF issues at meetings he attends. | PD |
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| | PD is attending a meeting at the CCG on Wednesday. To look at how the CCG engage with the community and Healthwatch about Care Together. Concern: the 3 big organisations not looking at stories and solutions to these problems. Response: between all the board members, we have a great deal of experience. We need to collect evidence, and keep putting pressure on. We might not get the total change we want, but keep chipping away at | All |
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| 12. | Any Other Business None | |
| 13. | Dates of future meetings | |
| | 30 June – drop in 3pm to 6pm Expo (AGM at 5pm) – St. John's Church Centre, Dukinfield 21 July – 6pm to 8pm board meeting – Katherine Street | |