Minutes of the Meeting of the Healthwatch Tameside Board

24 March 2014

Venue: Volunteer Centre, Ashton-under-Lyne

Present:	**Members: Cllr. Gill Peet, Frank Downs, Kailash Chand (chair), Phil Spence, Dorothy Cartwright, Pam Watt** **Observers & advisors: None** **In attendance: Ben Gilchrist (CEO), Peter Denton (manager), Julie Beech (minute taker)**	**Action**
1.	**Welcome and Introductions:** Everyone introduced themselves, and Chair welcomed Ben as the new Chief Executive	
2.	**Apologies for absence: Cllr. Lynn Travis, Adam Allen** as observers, **Janet Fenton, Lesley Surman, Bernard Nagle**	
3.	**Declarations of interest:** none	
4. & 5.	**Minutes of the previous meeting:** Most of the matters are included on the agenda. Other points to note: • On page 3, point 3.2 should read 'retain as employees of *CVAT* family'. • Comment made that 'Care in the Community' doesn't seem to be working (examples seen during PLACE assessments, and at Patient Participation Group). Agreed to meet separately to discuss and report back to April meeting. • Meeting arranged for next week to discuss bank accounts. Meeting agreed minutes accurate, with alteration noted above.	**PD & DC** **PD, BG, GP**
6.	**Chair's update:** • Met with Karen James at Tameside Hospital last month. Informal format – Karen is happy with progress so far, but is aware there are still huge concerns. • Lorenzo is the new IT system at the hospital. There have been teething problems, and some ongoing issues. Hospital aware and this is in hand. • Report from the latest CQC inspection of the hospital now published – copy handed out to meeting. There are still problems, but improving (2 board members confirmed they saw this at recent PLACE assessments). It was an unannounced 6 day inspection. **Question** – re: CQC report, is this about a programme in action, or are there things noted which the hospital were not aware of? **Answer** – a bit of both, mainly due to lack of funding. Many points are already in hand, but they are not there yet. There are general shortages of qualified nurses/doctors in Greater Manchester, and Tameside are currently expanding search for staff abroad. **Question** – do we know of any plans to move services from Tameside to elsewhere?	

	Answer – as far as we know, no blueprint has been agreed yet. PD is meeting Healthier Together representative shortly - will ask question, and will also ask Karen James at the next meeting. General comments raised: • CQC report – a board member has extra pages in the copy sent to her by the hospital, which includes red, amber and green alerts. Suggested that maybe this is because she is a governor, and these pages not for public release. • The next CQC visit will be in May, but will be unannounced. They are using 6 or 7 people for visits (used to be perhaps 2) over a longer period. • Need to keep hospital on the Healthwatch agenda for all meetings. • The hospital are producing a monthly snapshot of progress, which CQC have access to during visits. • PD meets regularly with CCG, who also monitor the hospital's progress.	**PD** **PD**
7.	**Meet Ben – new CEO:** Ben introduced himself. He was the manager of the Policy & Participation team at CVAT, and is looking forward to using his experience to work with Healthwatch. He is excited about the role of HW in Tameside. He recognises there is a financial challenge, but felt motivated to apply for the role based on the strength of the staff team, the volunteers and the board members. He is confident of what we can all do together. He used the phrase "catalysts of change", and feels there are opportunities for HW to play a big part. Ben is happy to speak to board members at any time, as are PD and KC.	
8.	**Operational Update: Paper 1** **Staffing and volunteers:** one HW officer has now left HW to take up a new role in the NHS. This is an opportunity to change the role description to include skills required for the advocacy function. It is proposed that Lesley Surman sits on the interview panel, using her knowledge and skills of complaints advocacy. HW recognises what a fantastic job the other HW officer has done in maintaining HW Champions sessions, despite the numerous health challenges faced by the volunteers in recent months. Only 5 sessions have had to be cancelled since August, out of 30 sessions per month. The board agreed. **Operational delivery and development:** Lesley met with Peter for a couple of hours recently, and they are due to meet again shortly, to discuss the new NHS complaints advocacy function. She has offered to provide support (particularly over the next few months). HW are moving to the Volunteer Centre this week and have a new phone number – 0161 667 2526. CVAT can forward mail and phone messages from Katherine Street. New postcards will be produced. Suggestion made that the move be announced in the Advertiser and Reporter.	**PD/LS** **PD/LS** **PD**

	The service specification has almost been agreed (just a few paragraphs to complete), and HW will be ready to deliver from 1 April. Will include clearly advertised opening hours in the spec. The active files are being delivered by 1 April. **Health and social care hot topics:** **Care Data:** Healthwatch England and British Medical Association have both made comments, and implementation has been delayed by 6 months. We need to make sure this is done on a sound basis. It has not been explained very well to the public so far (not helped by the media). The proposal is for Peter to work with CCG and other partners, to put together perhaps 2 sides of A4, to give a simple explanation to all of what it means, and to help the public make informed decisions. Also need to make clear the differences between a patient's Summary Care Record and Care Data. Patients need to opt in or out of the correct ones for them. Need to consider the useful purposes of Care Data and how to prevent mis-use and fraud – need to get this right. Want document to be jointly branded with partners for impact. **Lorenzo:** one example of problems is that multiple discharge letters are being sent out, but they may not all contain the same information. This could be serious if the wrong ones are thrown away (as duplicates). CCG are looking into this. **Pharmaceutical Needs Assessment:** PD has agreed to share patient stories, and to use HW networks to publicise surveys. PD to attend meeting. **Independent Living Fund:** Janet Fenton will feed back to the next meeting. **Care Together:** this is the new name for the joint initiative in Tameside to integrate health and social care between TMBC and CCG. **Healthier Together:** recently contacted HW – to meet PD shortly. **Greater Manchester Healthwatch network:** there is European funding available, which HW are looking at to research/produce a smartphone app. Will assist engagement with young people particularly. Approx. 4 other HW in network interested – may be an opportunity to generate income? **Non-emergency patient transport service:** now provided by Arriva. Survey of users carried out across Greater Manchester in January & February. Many of the questions are the same as those used in the LINk survey in 2012, so should be able to compare with those results. The board accepted all the recommendations.	**PD** **PD** **JF** **PD** **PD** **PD**
9.	**Appointment of additional board members: Paper 2** Comment by board member – at the last meeting discussions were held regarding holding appointments on both CVAT and Healthwatch boards. One of the proposed new board members is also a CVAT board member.	

	Reply – he would be representing the BME community on the HW board, not CVAT. The board agreed with this, and as discussed at the last meeting, he will declare an interest where appropriate. There is a 3 year cycle for elected board members, with 1/3 standing down each year. There is nothing in the governance papers about how this works at the end of the first year. Does the board agree Peter should research options and bring to the June meeting? All recommendations accepted.	**PD**
10.	**Finance report: Paper 3** Question – If meetings held at the Volunteer Centre, does that save money, with the building being owned? Answer – all meetings charged out to teams in the same way, regardless of location. Question – when move to VCT originally announced, one of the reasons was a £2000 saving. The amount in Paper 3 is nearer £1200. Answer – this is only a budget, and may be more. **Bank Account**: Gill Peet meeting Ben and Peter to discuss. Report will be brought to future meeting. All recommendations accepted.	**PD/BG/GP**
11.	**Budget 2014/15: Paper 4** The details are noted in Paper 4. For information, between 2010/11 and 2015/16, the local authority income is dropping by 42% - there is a similar gap between the money allocated by government and what HW Tameside actually receive from TMBC. The funding agreement states that local HW can generate additional income itself – the local authority have agreed to this. Peter carried out ½ day training at CCG last week, which will be income. There is the possibility of more sessions. Any work at the hospital which is above what the spec. states, can also be charged for. There may also be opportunities within the Greater Manchester HW area. When seeking additional funding, the commissioner has a role to help/support HW Tameside with this. Peter and Ben will be spending time looking for opportunities to generate income. HW Tameside is a separate legal entity so can bid for the same funds as CVAT. A board member reminded board to watch out for “mission drift” when looking for income. The LINk underspend will run out soon, so forward planning essential, to ensure funds are in place before there is a need. A longer term aim would be a 10% income generation target. Board agreed income built up now should be put in a reserve pot for the future. Peter confirmed this would be a restricted fund, not to be used by anyone else in the CVAT family.	**PD/BG**

	Healthwatch England have published information about the differences between money received by local authorities and what is actually allocated. This includes data for allocated monies to local HW per head of population in each area. Question – does it include data per head for monies allocated to council? Answer – no, but it was calculated using the same formula as the social care allocation. Need to monitor finances regularly. PD meets CVAT finance manager monthly, and will report to board quarterly. All recommendations accepted.	**PD**
12.	**Dates and times of board meetings:** At the last meeting availability forms were completed. There is not one day/time when the whole board is available. Suggested alternate between daytime and evening. Mondays are generally convenient, so re-arrange meetings on this basis. **AGM**: Need to file annual report and accounts by the end of June. Proposed AGM on 23 June, however neither chair nor CEO available. Proposed venue of St. John's church hall accepted, and a time of 3 – 6pm, with the AGM at 5pm agreed. To check whether venue available on 30 June, and if not, try other Mondays in June.	**JB** **PD** **JB**
13.	**Strategic Plan – Paper 5** This has been updated to include Advocacy Function. The updated pages are: Page 4 – function 7 reworded Page 5 – diagram updated to make details clearer Page 7 – 1a) 'enablers' now includes support for complaints Page 8 – added c) and d). May not be able to include active cases. Page 9 – added bottom bullet point in b) Page 11 – in a) added SHIP, and challenge of staff vacancy Page 14 – added shop front location to 'enablers' Page 17 – included advocacy question in decision tool Appendix 2 – need to review, and perhaps revise. Suggestion to cluster groups together.	**PD**
14.	**Any Other Business:** Question – how are we going to publicise the change of venue? To look at: • Media • New materials – cards, etc. • Ebulletins/newsletters – including those issued by CVAT • Peter to talk to Sue Vickers (manager at VCT) about HW branding on the windows.	

	• Laminated posters for HW Champions • 'HW has moved' cards • Invite partners to meet HW (perhaps 1 month after move?)	**PD**
	Next Meeting: To be confirmed.	