

Draft Minutes of the Meeting of the Healthwatch Tameside Board

18 November 2013

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Lesley Surman, Ruth Langley, Cllr. Gill Peet, Frank Downs, Dorothy Cartwright, Kailash Chand, Bernard Nagle Observers & advisors: None In attendance: Tony Okotie, Peter Denton	Action
1.	Welcome and Introductions: Welcome to the new board members at their first meeting. No introductions necessary as all members in attendance met at the board development sessions recently. Dorothy agreed to stand in chairing the meeting until Kailash arrived.	
2.	Apologies for absence: Cllr. Lynn Travis, Janet Fenton, Adam Allen	
3.	Declarations of interest: None	
4.	Minutes of the previous meeting: members of the Shadow Board agreed these were correct.	
5.	Matters arising: Healthwatch Hub: there are mixed feelings around local Healthwatch offices where the Hub duplicates data entry. We are waiting to see what happens. Greater Manchester Healthwatch Network: there is a Healthier Together meeting next week aimed at all Healthwatch across Manchester. We are struggling to get dates for meetings. Glossopdale: we have not heard from Healthwatch Derbyshire regarding signing the draft partnership agreement. There is a meeting of Glossopdale partnership next week, which Lesley attends. Meeting asked Lesley to report to that meeting that Healthwatch Tameside needs more notice of the dates of meetings. Meeting to be led by Healthwatch Derbyshire.	PD PD PD/LS
6.	Developing Healthwatch: Board Elections: The names of the new Board Members need to be formally recorded. Central Support to be asked to contact Companies House to update the list of Directors. Board Appointments: discussed the details on the tabled paper, which highlights the skills and experience gaps. Expression of interest forms to be sent out this week to unsuccessful nominees at the board election, details to be posted on CVAT and Healthwatch ebulletins and on the website, and if anyone knows of suitable candidates, please provide details and a form will be sent to them. Deadline for applications will be mid-December. Chief executive and Chair will review all applications received and bring a recommendation to the Board in January. A recommendation was made to the Board that the Chair of the interim Healthwatch Shadow Board be appointed now. He fills 3 out of 4	PD PD TO/KC

	<p>missing skills, and will give a clear connection with the CVAT Board. He is happy to serve on the full Board.</p> <p>The full Board will consist of five member-elected, two local authority appointed and five appointed people to fill the skills gaps, totalling twelve people.</p>	
7.	<p>Work Programme Planning: Kailash took over as Chair at this point.</p> <p>Strategic and Delivery Plan: the plan is quite large, so Peter produced summary slides to cover the main points, under the headings of:</p> <ul style="list-style-type: none"> Gaining Insight Influencing Quality Information Signposting Internal Systems and Processes <p>The Board agreed to take away the information, think about it, feed back any thoughts, and be ready to answer the questions noted on the agenda at the January meeting, so the Plan can be signed off on that date.</p> <p>Discussions included:-</p> <p>Is anything missing? Need to be sure Plan is representative of the membership and the population of Tameside. eg. young people. Response: about 12 months ago, LINK carried out a project jointly with Tameside College and other Youth projects, and we now have details of 30 – 40 young people on our database, who showed some interest. We need to find a way to engage with this group.</p> <p>Need to remember Glossop in Plan. Response: need to speak to HW Derbyshire about all cross-boundary work to make sure we cover all Tameside and Glossop together. Healthier Together looking at who commissions what and where. Eg. Public Health commissioned projects cover Glossop separately, ie. sexual health. Need to use partnership agreements. Review also looking at Greater Manchester level.</p> <p>Health & Social Care topics: These need to include flexibility, and should be chosen carefully – ie. where there is a chance of influencing a service. A list of potential topics is included on page 13 of the Plan, and includes messages received from the public and partners in recent survey.</p> <p>Comments:</p> <p>Hospital + discharge – changes should be monitored, but Healthwatch has little capacity before January. Proposal to be brought to the next meeting. The Hospital Improvement Board meets fortnightly. They need to be given some time to implement change before HW reviews. Chair felt MAU (Medical Assessment Unit) has problems which need looking at. PLACE in March – can we get information from there?</p> <p>PD to meet new Patient Experience manager next week.</p> <p>Care Homes - PD/KC met the Chair of Scrutiny 6 weeks ago. HW to follow up after the Scrutiny review has been completed, to avoid duplication of work.</p> <p>Patient Transport – reports suggest Arriva service is worse than NWS previously. It is 18 months since LINK looked at this, so perhaps need to repeat exercise to see how situation has changed. Think about cross Manchester influence.</p> <p>Access to GPs – need to think about the best time to pick this up.</p> <p>Healthier Together – there is to be a public consultation in January.</p>	<p>All</p> <p>PD</p> <p>PD</p> <p>PD</p> <p>PD</p>

	<p>Topics already working on (agreed by the Shadow Board): Refer to pages 24 – 48 of the plan. Hospital Transport – meeting already held with Tameside Hospital. Signposting – HW Officer working on this. Mental Health – meeting being held later this week. Young people – HW Officer looking at. TASP – already working on, only taking one day per/month.</p> <p>Insight: Healthwatch Champions – at least 4 expressions of interest received already for training in January. Question – are we aiming too high to get 20 Champions – would 15 be more realistic by March? Response – it's a challenging target, but want to push for 20. CCG keen to work with Healthwatch, including performance data sharing. Question – do stakeholders know how to access Patient Opinion and Care Opinion? Response – part of the work for next year.</p> <p>Influence: Already meeting acting Chief Executive of the hospital monthly, and quarterly meetings arranged with Chair of Scrutiny. Monthly opportunities to engage directly with partners – suggestion: need to feed back to people what that influence has gained. Public events – Healthwatch contract states two must be held each year, including AGM. Both hospital and CCG have said they are interested in a joint event with HW. Look at possibility and a sharing of the cost. Question- should this be Influence and/or Information? Need to be clear when planning and evaluating.</p> <p>Information: Need to improve networking with other providers – HW Officer has started working on this. Suggestion – the follow-up system should be a % rather than a number, to give true feedback about the service.</p> <p>Internal: IT systems review – think about Healthwatch Hub. Make sure Patient Opinion, etc. are fit for purpose.</p> <p>Thank you to everyone who attended the planning/development sessions.</p>	<p>PD</p> <p>PD</p> <p>PD</p> <p>PD</p> <p>PD</p>
	<p>Half year performance monitoring: Information included on Paper 2. This is sent to the local authority, but HW feels Board should see what is being reported first. On page 5, information about website access is interesting. The numbers are good, so it is important the website is kept up-to-date. For information, Healthwatch England is providing free upgrade to the website-in-a-box. They take a snapshot, to be able to do the work, so for the time-being only important changes/updates will be made, so content is not lost.</p>	<p>PD</p>
9.	<p>Any Other Business: Dates of meetings: recognise there are new members and their availability is not known. Agreed to set a date for January meeting – when the full board is in place, will collect information from each person, and see what works best, possibly varying the days and times of future</p>	

	<p>meetings. Probably need to look at meetings in January, April, July and October before the quarterly reports are finalised, plus March to cover the budget and early June (annual report deadline is end of June).</p> <p>Thanks: Ruth is leaving the local authority at the end of December, so will also be leaving the board. The meeting wished to express sincere thanks to Ruth, who as a founding member of the Shadow Board, has been to all meetings to date. Healthwatch needs to formally ask local authority who the replacement will be.</p> <p>Papers: agreed these will be sent out earlier in future – at least a week in advance</p>	<p>PD</p> <p>TO/PD</p> <p>PD</p>
10.	<p>Next Meeting:</p> <p>Monday 27 January, 6.00pm, 131 Katherine Street (to be confirmed)</p>	<p>All</p>