

## Minutes of the Meeting of the Healthwatch Tameside Board

27 January 2014

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Frank Downs, Lesley Surman, Janet Fenton, Cllr. Gill Peet, Pamela Watt, Phil Spence, Kailash Chand (chair), Bernard Nagle, Dorothy Cartwright Observers & advisors: None In attendance: Tony Okotie (Chief Executive), Peter Denton (manager), Julie Beech (minute taker)	Action
1.	<b>Welcome and Introductions:</b> all members introduced themselves. Pamela Watt was welcomed as a TMBC nominated board member, to replace Ruth Langley who left the authority. Pam is a member of the Public Health team.	
2.	<b>Apologies for absence:</b> Cllr. Lynn Travis, Adam Allen as observers	
3.	<b>Declarations of interest:</b> Phil Spence – Governance item 6	
4.	<p><b>Minutes of the previous meeting:</b> Apologies were made for forwarding the wrong minutes in advance of the meeting. Minutes of the previous meeting were handed out before this meeting started. A number of board members expressed concerns about procedures followed at the previous meeting regarding the appointment of the Shadow Board chair to the board. It was made clear no-one had any criticisms of his abilities. A discussion followed, the outcome of which confirmed the appointment. It was agreed that clear processes and procedures should always be followed in future.</p> <p>There was also a question about who has voting rights at board meetings. It was clarified that this was only the board members – not the Chief Executive and not any observers.</p> <p>A number of other topics that were not on the agenda were raised:</p> <ul style="list-style-type: none"> <li>• Expectation from some former LINK members that Healthwatch should be following up some of their projects.</li> <li>• Care Data proposals.</li> <li>• Clause 118 of the Care Bill going through Parliament.</li> <li>• Concerns around Continuing Healthcare assessments for Independent Living Fund recipients.</li> </ul> <p>It was agreed that the last point be addressed as an item of any other business at the end of the meeting and the other items be considered for future work planning.</p> <p>Any suggestions for potential work topics, please contact Peter Denton in the next 3 weeks.</p>	

	The meeting agreed the minutes from the November meeting were accurate.	<b>All board members</b>
5.	<p><b>Matters arising:</b></p> <p><b>Healthwatch Hub</b> – currently under review. Comments sent to Healthwatch England. Awaiting response.</p> <p><b>Greater Manchester Healthwatch Network</b> – Peter attended meeting last week, and has the dates for the rest of the year.</p> <p><b>Glossopdale &amp; Healthwatch Derbyshire</b> – they are now ready to sign the partnership agreement.</p>	
6.	<p><b>Governance Arrangements:</b></p> <p><b>Relationship with CVAT</b> – a paper had been circulated with the meeting agenda.</p> <p>There was a general discussion regarding how charges for Healthwatch from CVAT are arrived at.</p> <p>At the March board meeting, next year’s budget will be looked at and there will be an opportunity to discuss this in more detail.</p> <p>Finance will be reviewed at board meetings quarterly. The board noted the need to make sure that they have enough time to discuss health and social care issues, as well.</p> <p>The year-end accounts will be brought to the board when available, for board approval and signing off.</p> <p>Bank accounts:- all the money allocated to Healthwatch is treated as a ‘restricted fund’ within the CVAT accounts. This is a specific mechanism backed up by charity law which means the money is ring-fenced and cannot legally be used for any other purposes. Internal management accounts are produced for each part of the CVAT family including Healthwatch. This is a legal way of accounting, and there are strong financial controls in place.</p> <p>Discussion took place regarding whether this was good practice. Board agreed to the recommendation of no separate bank account for Healthwatch in the short term, but agreed that this should be reviewed again, at future finance discussions.</p> <p>Board members asked how these arrangements compared with other Healthwatch organisations around the country. Peter responded that apart from common branding, there was a great deal of variation with different organisations at different stages in the set up process and a number of different legal forms. Locally, there is a very mixed situation in all aspects of the contracts.</p> <p>Summary of recommendations (as presented in the paper for this agenda item) approved by the Board:-</p> <p>3.1 – no separate bank account for Healthwatch - accept but review again</p> <p>3.2 – do not TUPE staff into Healthwatch, retain as employees of CVAT family – agree</p> <p>3.3 – buy central services from CVAT – agree</p> <p>3.4 – purchase financial audit/accounts from Moss and Williamson as part of CVAT family audit – agree</p> <p>3.5 – appointment of joint CEO with CVAT – agree</p>	<b>PD</b>

	<p>3.6 – approve CVAT scheme of delegation for Healthwatch – agree</p> <p><b>CEO appointment:</b> Following the resignation of Tony Okotie to take up a new post, the CVAT Chief Executive role has been advertised. Twenty applications have been received and short-listing will take place at the end of the week. The Healthwatch Chair will represent Healthwatch in the interview process. An announcement is expected in mid to late February, but realistically no-one is likely to be in post until April/May. Peter Denton will have day-to-day responsibility for Healthwatch, with regular contact with the Chair, as an interim measure.</p> <p><b>Board appointments:</b> There are two local authority nominated directors, five directors elected by the membership and up to five additional appointments to fill skills gaps. One of these has been filled, and there are up to four more still to fill. Five people have shown an interest, and are meeting the chair and manager on 7 February. Recommendations from these interviews will be brought to the board for approval.</p>	<b>KC/PD</b>
7.	<p><b>Funding 2014/15:</b> The 3 year business plan that was previously agreed will have to be changed. TMBC initially indicated that they expected a cut of at least 20% to the funding for 2014/5. After much discussion, the proposal is to keep funding at the current level, but to take on the NHS complaints advocacy function which is currently included in a GM commissioned piece of work. This would secure staff roles at current levels. The service specification would need to be re-negotiated to include this.</p> <p>Members asked what this advocacy function would involve.</p> <p>Peter responded that it was to support people who want to go through the formal NHS complaints process. There are 5 levels, from providing a self help information pack to arranging an advocate to assist in meetings. Healthwatch will not be representing people, just supporting people to speak for themselves or referring people into other services if they felt that formal representation was required.</p> <p>Members asked what level of caseload is expected.</p> <p>Peter answered that currently there were about 100 cases per year, with the active caseload being about 30 outstanding at any one time. This represented approximately 7 or 8 new cases each month. It was likely that this would increase with the raised profile that came with local based service provision (in Tameside rather than from Manchester)</p> <p>(Cllr. Peet left the meeting to attend another meeting elsewhere)</p> <p>There were discussions about the type of advocacy required and potential roles for volunteers. Lesley Surman has expertise in the area of advocacy and it was agreed that she and Peter would meet outside of the meeting to look at the proposal in more detail.</p> <p>The Board agreed to take on the advocacy function. During the development of the service, the expertise of the board members will be</p>	<b>PD/LS</b>  <b>PD to lead</b>

	<p>used.</p> <p>Healthwatch staff left the room for a few minutes, to give the board an opportunity to contribute comments regarding the annual appraisal of Peter Denton</p>	
8.	<p><b>Work Programme Planning:</b> A paper on this had been distributed with the agenda. It was noted that the plan will have to change to allow for the new advocacy function. Peter provided updates on live projects.</p> <p>The board thanked Peter for the work involved in putting together the draft plans. They are accepted as a work in progress, and will be reviewed in March.</p>	PD
9.	<p><b>Monitoring Data:</b> A paper with the quarter 3 Healthwatch contract monitoring data had been circulated with the agenda. Peter highlighted key achievements and challenges:</p> <ul style="list-style-type: none"> <li>• Success of Healthwatch Champions in promoting Healthwatch, collecting patient stories and initial information signposting</li> <li>• Quick response times and good quantity of in-depth information signposting requests</li> <li>• Effective partnership working with CCG and Tameside Hospital</li> <li>• Challenges in terms of resourcing levels</li> </ul> <p>The report was noted and staff were thanked for their work.</p> <p>If anyone has any suggestions how this information can be converted into a useful format for use outside this meeting, with members of the public, they will be gladly received by Peter.</p>	All
10.	<p><b>Quarter 3 Management Accounts:</b> Tony Okotie proposed this item be deferred to the next meeting. They are normally available approximately 5 weeks after quarter end (i.e. start of Feb). In future, quarterly detailed management accounts will be provided.</p>	PD
	<p><b>Any Other Business:</b> <b>Social care</b> Janet Fenton provided an update on the changes to the Independent Living Fund, and how this affects local authorities and funding, especially dual clients (receive ILF and Direct Payments), following recent court cases involving the government. Funding for 2015/6 still to be agreed.</p> <p><b>Thanks</b> The board thanked Tony for his work with Healthwatch Tameside, and wished him all the best in Liverpool.</p>	
	<p><b>Next Meeting:</b></p>	

	<p>Board members have been asked to highlight which days of the week/times they are generally available. Meetings to be arranged to suit as many members as possible as follows:-</p> <p>1<sup>st</sup> month of each quarter – to match contract monitoring dates March - budget discussions May/June – annual report and accounts Exact details to follow as soon as possible.</p>	
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