

## Minutes of the Meeting of the Healthwatch Tameside Board

21 July 2014

Venue: 131 Katherine Street, Ashton-under-Lyne

<b>Present:</b>	<p><b>Members:</b> Kailash Chand (chair), Frank Downs, Hanif Malik, Lesley Surman, Phil Spence, Lyndsey Whiteside, Pamela Watt, Dorothy Cartwright, Cllr. Gill Peet</p> <p><b>Observers &amp; advisors:</b> None</p> <p><b>In attendance:</b> Ben Gilchrist (Chief Executive), Peter Denton (Manager), Julie Beech (minute taker)</p>	<b>Action</b>
1.	<b>Welcome:</b> Chair welcomed everyone.	
2.	<b>Apologies for absence:</b> Cllr. Lynn Travis, Adam Allen as observers. Ian Young, Janet Fenton, David Hoyle, Bernard Nagle	
3.	<b>Declarations of interest:</b> None	
4. & 5.	<p><b>Minutes of the previous meeting:</b>  <b>Accuracy</b> – meeting confirmed minutes accurate.</p> <p><b>Matters Arising</b> –</p> <ul style="list-style-type: none"> <li>• Young People – HW officer talking to schools, academies and colleges re: project work in September</li> <li>• Training for CCG – proposal was accepted, but then existing contract checked and this has already been paid for elsewhere. HW not required to train.</li> <li>• ILF – JF will update at the next meeting. PD has checked with other Greater Manchester (GM) Healthwatch, whether this is a problem elsewhere. Response awaited.</li> </ul>	<b>HW staff</b>  <b>PD</b>
6. & 7.	<p><b>Healthier Together – Greater Manchester Briefing on the consultation:</b>            Short video shown, and the slides being used at Healthier Together public presentations. This GM initiative wants ‘best care’ for local residents. The formal consultation has started. Mention was first made at the LINK Hospital Event in 2012 (then known as Safe and Sustainable), and at other public events since.</p> <p>Question – Will PBR (payment by results) still apply and how will it work?            Answer – yes it will still apply, but lots of details still to be agreed.</p> <p>A copy of the consultation document will be forwarded to each board member when they reach the HW office.</p> <p>Question – is the full business case available online?            Answer – yes, there is a set of pdfs. The main document is approx.1000 pages.            HW need to give information to the public in language they will understand, without leading opinion.</p>	<b>HW staff</b>  <b>PD</b>

	<p>Question – what is the CCG doing to raise awareness in the community?  Answer – CCG is a commissioning body, with a fixed budget. It is the role of Healthier Together (HT) to publicise. In Tameside:  24 July – Key 103FM bus at Ashton market. (There will be street walkers in Glossop as the bus can't fit in the space allotted)  12 August – public event at Dukinfield Town Hall. Information is being sent to HW members soon. (14 August in Glossop)</p> <p>PD today met the consultant appointed by CCG to work on Care Together. They realise they need to put enough resources into the Care Together engagement to make it meaningful and effective.</p> <p><b>Proposal for HW Tameside involvement in Healthier Together:</b>  Questions – what is the capacity locally? Can HW GM work together to put together myth-busting information? Can we get the message out through other organisations, eg. Tameside Sports Trust, CVAT, etc.?  Answer – there are a variety of views across Greater Manchester re: Healthier Together. A Wigan MP has a 1 ½ hour debate in parliament tomorrow about this. The first half of the consultation period is about listening to views, and the second half about responding to what is heard. Resources will be shared within GM.  The Committee-in-common is the decision-making body regarding Healthier Together. This consists of the chairs and chief executives of the 12 CCGs in GM, and one representative from HW GM as an observer (and one reserve). A lot of the HT business is discussed in part B of the meetings, which are confidential. HW England have been advised.</p> <p>Questions – will HT create information sharing problems? There is already a problem getting statistics shared. Patients need to be able to take their records with them. We already know about the discharge problems.  Answer – There is still a lot of information to be unpicked from within the business case, to be able to understand what is happening.</p> <p>Question – should Healthier Together do a presentation to the board (possibly including Oldham too)?  Answer – suggest a board meeting in September – start with a presentation, follow with a discussion to agree the response HW board will send to HT, and conclude with a development session. Peter to write and request (chair will ring his contact).</p> <p>All the proposals and actions on Paper 1 are agreed.</p>	<p>PD</p> <p>PD/chair</p>
8. & 9.	<p><b>Work planning:</b>  <b>Healthwatch Oldham:</b></p> <ul style="list-style-type: none"> <li>• Thanks to LS for supporting the new HW officer dealing with NHS complaints.</li> <li>• PD – working in Oldham on Tuesdays, and will drop in at other times.</li> <li>• Secondment opportunities – refer to paper 2. These positions need to be in place by early August, to give a full 2 months cover. There</li> </ul>	

	<p>will be joint working across Tameside &amp; Oldham for 'changes to the health &amp; care system' projects.</p> <p>VAO (Voluntary Action Oldham) have put in a formal bid to host HW Oldham (in the same way CVAT host HW Tameside). This bid includes sub-contracting some of the delivery to HW Tameside, which would lead to review of job roles, etc, particularly for the manager.</p> <p>Question – what is the contingency plan if there are no volunteers for the secondment?  Answer – will be approaching tomorrow other Tameside organisations, and other HW in GM, with the opportunities.</p> <p>Question – what type of tender was it?  Answer – competitive. We don't know who else has put in a bid.</p> <p><b>Patient Transport survey update:</b>  The report was published. It has been presented to Tameside CCG Quality Committee, where the local issues were highlighted. Still waiting for a response. PD asked whether they think it is right for patients that a service can meet its contractual requirements, but 5000 patients across GM were 15 minutes late for their appointment?</p> <p>There has been an increase in performance since the survey was carried out – statistics are available.  Question – why do we need to rely on surveys, which only get a small number of replies? Can we get data direct from Arriva?  Answer – There is some limited data recorded by Arriva.  Question – how does Glossop fit in?  Answer – HW Derbyshire were invited to distribute surveys, but none were received.  Since then the staff member responsible for Derbyshire has left, and they are currently relying on HW Champions.  Suggestion –separate discussion to be held about Glossop and GM.</p>	<p>PD</p> <p>PD/LS/KC</p>
10.	<p><b>Review of AGM</b>  Thanks to the staff and all who helped to organise.  Volunteers – were really pleased to get the certificates and recognition.  Comment – there was a good blend of content.  Steven Pleasant (TMBC) confirmed at the time, and again later, that it was a good event, and gave positive comments.  Venue – learn from the event that it was not the best place to choose for an Expo – turnout low, so not much happened.</p>	
11.	<p><b>Performance monitoring data</b>  (refer to tabled paper)  Good to see HW Champions being recruited.  An award has been received from HW England for outstanding collaboration in producing the Transport survey report – each local HW in Greater Manchester received a certificate.</p> <p>Question – 1.5 establishing a database – where is this up to?  Answer – There is pack of information which the HW Champions use, and which is on the website. The website also has links to other useful websites. Updated regularly, as required.</p>	

12.	<p><b>Board elections:</b> (refer to paper 3) There is nothing in the governance documents which specifies exactly what procedures to follow. As this is a new board, propose a year of stability, then follow the steps shown in the paper regarding elections.</p> <p>Board agreed the proposals.</p>	
13.	<p><b>Chair's update:</b> The current position regarding Tameside Hospital was discussed.</p>	
14.	<p><b>Operational update:</b> <b>Dementia</b> – HW officer looking into training Dementia Friends, and whether this is suitable for HW Champions, with their contact with the public. I.e. to be dementia friendly. Also talking to the health improvement team.</p> <p><b>CAB</b> are offering training in face-to-face contact for HW Champions, especially regarding confidentiality. We need to check contact of training, and be careful, as HWC do not give advice. Need to manage this potential risk.</p> <p><b>Tameside Hospital</b> – latest CQC report was released a day early, so HW media statement not ready. However, no calls received. Still in special measures, regarded as 'inadequate'. Out of 40 criteria (8 service areas and 5 domains in each), 15 were green, 18 were amber, 5 were red and for 2 there was not enough data to rate. At the summit the Friday before, all the bodies recognised the improvements made so far. They expect at the next inspection in 6 months' time, the hospital will change to 'requires improvement', when special measures are likely to be removed. The Hospital Improvement Board meets on a monthly basis for monitoring. The Quality Surveillance Group in Greater Manchester has single agenda meetings to study the performance data from the hospital. There is therefore a mechanism in place (both internal &amp; external) to drive the improvements forward. There has been a challenge (to meet a Keogh requirement) in appointing middle grade and senior consultants, as there is a shortage available. Also, nurses employed from Italy are experiencing delays in getting all the correct paperwork, and are therefore not allowed to work as nurses, only assistants.</p> <p><b>Pharmaceutical Needs Assessment</b> – regarding possible changes PD sits on the steering group. There is to be a public consultation (still at draft stage). Will send details to HW members with the Healthier Together papers, if it is ready in time. Re: Glossop – Derbyshire are behind Tameside in the process.</p> <p><b>Looked after children</b> – BG attended this meeting. There are concerns whether their health &amp; care needs are being met. Maybe this could be included within the Young People project?</p>	<p><b>HW staff</b></p> <p><b>PD</b></p> <p><b>PD</b></p> <p><b>PD</b></p> <p><b>PD</b></p>

	<p><b>Patient records – hospital</b> – the main IT technical issues have now been resolved. Any problems now are due to the way systems and processes are used. CCG have changed from considering it an IT risk, to a patient care risk and concern. PD will be attending a meeting soon.</p> <p>Comment – people don't know where to go to complain.  Response – HW Tameside have ordered 10,000 postcards, some of which will be distributed to GPs, clinics, the hospital and pharmacies.  Question – What about Glossop? Can they be dual-branded with HW Derbyshire?  Answer – need to think about the best option.  Question – Can they be translated into other languages?  Answer – discussion followed. Maybe work with community groups to agree best way forward? Could posters be produced? Every hospital has to have an interpreter. Further thought required.</p>	<p><b>PD</b></p> <p><b>HW staff</b></p> <p><b>PD</b></p> <p><b>PD</b></p>
	<p><b>Any Other Business</b>  None</p>	
	<p><b>Dates of future meetings</b>  Brief discussion. There is no one time which suits all. Best times and days to be rotated. List of dates to be provided as soon as possible.</p>	<p><b>HW staff</b></p>