

Minutes of the Meeting of the Healthwatch Tameside Board (Part A)

29th July 2022

Venue: The Anthony Seddon Centre

Present:	Members:	Actions
1	<p>Welcome and Introductions:</p> <p>TMB welcomed members to the meeting.</p> <p>TMB and PD went to the unveiling of Kailash's plaque at Stamford House GP Practice - it was a beautiful ceremony with lots of lovely stories, and it was great to be there to represent HW. PD will email picture/article round to everyone.</p> <p>PD welcomed JR to her first meeting as Deputy Chair.</p>	PD
2	<p>Apologies for absence:</p> <p>Apologies received from Royce Goodier, Fleur Piacentini, Slawomir Pawlik, and Camilla Guereca.</p>	
3	<p>Registration of interests and declarations of interest to any agenda item:</p> <p>Registration of Interest forms: Still waiting for Fleur's form - Imogen will chase up. Fleur has already flagged that she is an employee of Pennine Care.</p> <p>Declarations of Interest: TMB Item 6 - TMB has been appointed Chair of HWinGM network. Heather Fairfield is Deputy Chair.</p>	IS

<p>4</p>	<p>Information - Minutes of the meeting held on 19 May 2022 Minutes The Minutes were accepted as accurate.</p> <p>Decision Log</p> <ul style="list-style-type: none"> • Imogen will chase up Fleur’s Registration of Interest form. • TMB and JR have discussed their new roles, but will endeavour to talk to other members via telephone to discuss with them before next meeting. • Postcards still need to be sent out/distributed (PD to send out/organise to be brought to September meeting?). • Date agreed for JWs induction - IS to send out meeting invites. • Workplan interactive session to be delayed until new manager is appointed - IS will look at booking both Anthony Seddon Centre rooms for elongated session in September. • Little feedback received on reports - working to improve this (especially in advance of HWE inspection). 	<p>IS TMB/JR PD IS IS</p>
<p>5</p>	<p>Information - Annual Report</p> <p>To formally note that the annual report was published by the June 30 statutory deadline, using delegated authority</p> <p>PD</p> <ul style="list-style-type: none"> • Annual Report was published with delegated authority. • It has been sent to HWE and Department of Health before the June 30th deadline - thanks to those who sent their thoughts/feedback. • Doesn’t change template to new HWE templates for report every year, to avoid unnecessary faff - new manager may change this though. <p>TMB</p> <ul style="list-style-type: none"> • Thanks to PD for getting this sorted and fulfilling HWT’s statutory duties. <p>Questions GL - have there been many comments? PD - report was shown to various providers, and received positive feedback.</p>	

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Information - Integrated Care System (ICS) update

PD has emailed slides round - thanks to Martin Ashton for presentation.

ICS Principles

- We have been involved in setting these.
- Focuses on working with community and being accountable to them - important to have at start, makes sure everyone will be working for the right things from the beginning.

Model

- 8 priorities relating to different stages of life (Lifecourse model).
- Hard to read - better version available on council website.

Vision

- 4 neighbourhoods - may have slightly different priorities between each one.
- Focus on keeping systems consistent across the area using a model - Tameside Provider Partnership deals with this.

Emerging Governance

- Strategic Partnership Board focuses on improving health and delivering high quality services.
- Health and Wellbeing Board has a wider remit (not just physical health - e.g. reducing inequalities).
- We now have HW representation at a higher level - seats on the Primary Care Commissioning Committee and Tameside System Quality Group (subgroups of the Strategic Partnership Board).
- Provider Partnership for Tameside - work with voluntary/community sector (including HW).

Strategic Partnership Board

- Chaired by new council leader.
- Clinical Lead for Place - Assad Ali.
- Other members include VCFSE reps (including HW).

Tameside Provider Partnership

- Turns strategy into action.
- No contractual agreement between Tameside H&C providers to work together but they have agreed to do it - voluntary alliance.
- Deputy Chair is a VCFSE rep - important to include voluntary sector at a high level.
- Based on collaboration rather than competition.

System priorities

- What are Tameside's priorities? - getting governance right, (reset of Neighbourhood model after Covid), better integration of MH services within neighbourhoods (Pennine Care identifying Network Lead for each neighbourhood, link between Primary Care Network MH specialists and Pennine Care), other priorities focusing on delays and different aspects of care (see PowerPoint sent by PD).
- Lots of improvements needed around Children's social care and SEND care - lots of poor OFSTED ratings etc. - getting timely assessments are crucial (we have worked with OKE to get parent's voices heard). PD pleased that this is a GM priority.

Questions and Comments

TMB - noted that Steven Pleasant and Brenda Warrington were key in developing the Lifecourse model, and suggested we think about this model when developing our workplan - which part of the model are we addressing with our priorities? This will allow us to track our impact more easily.

Thanked PD for a very helpful presentation. The new HWT manager will need help adjusting to this system, and this PowerPoint will be an important help.

PD - added that we are in leadership flux (new Council leader and Chief Exec, hospital Medical Director has left, Karen James stepping down as hospital Chief Exec, change of Cabinet members), which adds more uncertainty on top of the CCG disbanding - thankfully Assad Ali being Clinical Lead will bring the CCG knowledge over, and lots of other staff are also transferring over to the new system.

MB - we need to have confidence in this system because we are facing a lot of challenges (leadership flux, mental and physical health problems, cost of living crisis etc.).

TMB - thanked MB for raising this. Can we as a Board raise the issue of leadership flux and our concerns? Liz could raise this at the Tameside Strategic Partnership Board - Board agreed with this.

MB asked if PD will be attending the HWT September Board meeting?
PD - if new manager is appointed by then, PD will not attend.

PD informed Board that Jess Williams is moving to a new role as Head of Transition at GM Integrated Care Board - we have a lot to thank her for e.g. Covid vaccine rollout in Tameside (got everyone working together, targeted work to improve take-up, patient-focused) - her departure is a huge loss for Tameside.

MB - should we thank her formally on behalf of the Board for her work in Covid?

TMB agreed - PD will sort out.

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Information - Quarter 1 monitoring

This item is the one that Board members may want to host in future - let TMB know if you would like to do this.

PD provided an update on the team's activities:

- Some volunteers have unfortunately passed away - Kay on the case with finding new volunteers (some interest from Ashton College etc.) - also looking for existing volunteers in other community organisations who could act as a HW rep e.g. TASF, TGC, The Grafton Centre.
- Good to see outreach numbers getting back to pre-Covid levels.
- Outstanding complaints moving slowly - due to delays in other parts of the system.
- General Survey report has been published with delegated authority.

Questions and Comments

JR - is this a draft or final? There is a wording error on last page of graphs.

PD - they are final. These reports only really goes to Board, and are not in public domain, but we will feed that back to Julie anyway.

TMB/MB - very useful to see longer trend of data (now 5 years instead of 3).

<p>8</p>	<p>Discussion & assurance - Manager Transition PD has shared transitional report - TMB very impressed.</p> <p>PD gave spoken update on Manager transition:</p> <ul style="list-style-type: none"> • Document helps give interim manager some context to our work. • Workplan - delay until new manager is appointed (may have to change date of next meeting - TMB and LWW granted delegated authority to do this). • Mental Health survey open until September - aiming for approx. 100 responses. Report ready around Christmas. • Pat McKelvey (Commissioner of MH services) to develop statements about what service users want - we could ask key MH services if they are aware of these statements and whether they have taken these into account - PD will contact them in early August. • GM level priorities - TMB doing well coordinating 10 GM HWs. Focusing on mental health and children's services. • PD recommending that we agree to local integration of HWinGM network, to make things easier (Item 3). • Accessibly Information Standard - consider participating in this if staff have capacity - PD frustrated that this has taken so long to do when accessibility rights have been enshrined in law for years. We could do some useful work on this (ongoing issue to look into). MB/GL agree with PD. Good understanding of these issues on the Board thanks to experience of GL/FP/JW. <p>Board business</p> <ul style="list-style-type: none"> • Happy that we are in good hands with TMB/JR/LWW during interim period. • PD still part of AT so can help in an emergency - but doesn't want to intrude on new manager. <p>Questions and Comments: TMB - are Board happy with HWinGM's focus on Mental Health and Children's Services? Board are happy with this.</p> <p>TMB suggests we accept transitional report as it is. It will evolve and PD will add things when needed. Board agreed.</p>	<p>PD</p>
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Discussion - Risk register**Risk 6.2 - new file system**

- Was red and is still red - was supposed to have changed but is still red for a short time.
- PD conflict of interest - dealing with changeover to new system is part of his new job.
- New system rolled out on Monday - a couple of very minor glitches but seems to have gone well overall.
- Still have data stored in various places because of working around old system - part of Peter's job to ensure all data is saved into the new system. Risk will remain red until all data is saved in new system. This risk should be at 2 or 3 by September meeting.

Questions and Comments

MB - is confident in new system knowing that PD will be sorting it.

Risk 4.1 - Loss of key staff

- Manager transition - score hasn't changed much, as mitigating factors are in place.

8.3 - Monitoring data

- HWE Quality Framework - will be having assessment in October. TMB and PD have reviewed how much of self-assessment document we have done so far - about 60% done, plan in place to complete rest.
- HWE have asked if we want to defer to later in the year - TMB suggests keeping original date even if we do it without a manager, as a few weeks delay won't change much, but wanted to check with Board. LWW happy to let PD be involved in that discussion. TMB will bring Quality Framework to September Board meeting to discuss with Board members - Board agreed to stick with original date.

Questions and Comments

JR - 1.2 funding mitigating actions - should be 'on their behalf' instead of 'non their behalf' - PD fixed.

JR will email any other corrections over to PD.

JR

<p>10</p>	<p>Information & Decision - Healthwatch in Greater Manchester Network update</p> <p>TMB gave a spoken update on the HWinGM network:</p> <ul style="list-style-type: none"> • Had meeting on Wednesday. • Now submitted 3 documents to ICS GM - Case for Support (£300,000 over 3 years to appoint SPoA and support extra workload), Draft Partnership Agreement (how 10 GM HWs will work with ICS), Role description for SPoA (role will be known as Chief Coordination Officer) - TMB will meet Warren Heppolte soon to discuss progress of these documents/decisions. • Received Representation Framework - if they ask for GM HW rep but no one can attend, we have agreed to find someone from individual HW Boards - all HW have been asked to brief their Board and ensure there is no problem with this. • Mental Health and Children's Services - agreed to focus on thresholds for treatment (are they too high, what is the pathway of treatment etc. - identified gap in MH threshold care in 2017 report), real time waits for treatment, transitional care, looked-after children (including children up for adoption and after adoption) - asked those who were not present at last meeting to confirm they are happy with this. • Will be hosting meeting with Louise Ansari and Sir John Oldham on October 19th. <p>Questions and Comments</p> <p>MB - clearly big problems with adoption process, this would be good to look at.</p> <p>PD - HW remit has always included children's health and was extended to include children's social care in 2013, but not aware of many HW doing work in this area - exciting to start something new.</p> <p>Scheme of Delegation</p> <ul style="list-style-type: none"> • SP wanted a framework of how delegation works (what is delegated and to whom). • It is specified in the GM workplan that each HW must have their own Scheme of Delegation agreed with their Board (template produced but may be small tweaks e.g. financial limits, authority) - makes things easier and more transparent. • Board signed off Scheme of Delegation. 	
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11	<p>Any other business</p> <p>TMB - Offered thanks to PD for his contributions - he has been a phenomenally strong leader in Tameside and across GM. She gave thanks on behalf of all of us. She stated that it is now up to the Board to welcome in the new manager and continue what Peter started.</p> <p>PD - happy to hear that the Board are happy with his work. He said he has learnt a huge amount and is very grateful, and he is happy that new perspectives and ideas will be coming in.</p> <p>MB - Noted that she has worked with Peter for many years and he has always been exemplary - always helpful for new Board and Staff members. Thanked him personally for help and friendship over the years.</p> <p>GL - She has known Peter for many years, and he is very reliable and approachable. He will be missed!</p>	
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