

Healthwatch Committee meeting

12 June 2017

Healthwatch Newcastle annual report 2016–17 - paper 2

Presented by: Steph Edusei

Members of the Committee are asked to:

- Note the contents of the annual report and approve, or;
- Suggest final amendments to the report if required
- Delegate final approval of the report to the Chair and Chief Executive

All local Healthwatch are required to produce an annual report and submit it to the Secretary of State for Health and other organisations including Healthwatch England, the Care Quality Commission, relevant clinical commissioning groups and to their commissioning local authority. Annual reports must be submitted by 30 June 2017.

This paper contains the proposed Healthwatch Newcastle annual report 2016–17.

Committee members are asked to consider this report and approve it, or suggest amendments where necessary. Should any amendments be required, Committee members are also asked to delegate approval of the final version to the Chair and Chief Executive.



healthwatch
Newcastle

Healthwatch Newcastle

Annual report 2016–17



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Message from our Chair

This past year has been a busy but successful one for Healthwatch Newcastle

In January 2017 we became truly independent with the establishment of Tell Us North CIC (community interest company). The company had its first success when it won the Newcastle City Council contract to continue to run Healthwatch Newcastle. We were then successful in bidding for the Healthwatch Gateshead contract and see this as an excellent opportunity to build a strong Healthwatch team, working together on key issues where this makes sense and sharing expertise and skills.

Throughout this we have continued to focus on priorities identified through consultation with the public, and on meeting with communities that do not easily get their voices heard. Reports have been published on experiences of care homes and of children and young people with special educational needs and disabilities (SEND), and their parents/carers. Both reports were well received at the council's Health Scrutiny Committee, and we are pleased to say that the recommendations in our reports are being taken on board by service providers.

We seek out, listen to and share people's experiences of health and social care services by going out to meet with groups

wherever they may gather. This has included refugee and asylum seekers, black and minority ethnic communities, and people in prisons and Approved Premises (formerly known as probation or bail hostels).

As we look forward to the year ahead there will be many challenges facing the residents of Newcastle, with continued pressure on NHS and council finances. At Healthwatch Newcastle our role must be to ensure that the NHS and the council continue communicating with the public and involving residents in the service changes that they will inevitably have to make. With reduced staff it could be easy for this involvement to slip, but it is my belief that it is only by working with the public, particularly those who have experience of health and social care services, that new and improved forms of service delivery can be developed.

My thanks go to our Healthwatch volunteers and to Healthwatch Newcastle Committee members for giving up their free time to support our work, and to the staff team, who have developed a respected and trusted organisation in Newcastle.



Kate Israel
Healthwatch Newcastle Committee Chair

Message from our Chief Executive

This has been a very exciting year for Healthwatch Newcastle

We have been listening to more people than ever. I am very proud of our achievements in reaching a wide range of people and communities, who don't often come forward to share their views. Many people we have worked with this year live at the margins of society; they access multiple services and often have very complex needs. Listening to their experiences has helped us to gain a deeper insight into how services are meeting (or failing to meet) their needs and we are sharing these insights with service commissioners and providers.

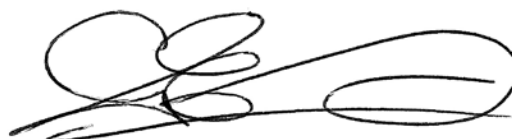
Our in-depth research work has been very well received and has influenced decision-making in both health and social care commissioning and provision. Last year's research on home care services was welcomed by Newcastle City Council and it incorporated most of our recommendations into the new home care service specification. Our research on GP access, which was published last year, is also informing Newcastle Gateshead Clinical Commissioning Group's work on extended GP access (seven day working).

We are in demand. Organisations are coming to us for advice and want us to be involved, from a very early stage, in the work that they are doing to review, improve and create services.

However, it hasn't all been plain sailing. We have been involved in discussions about the local sustainability and transformation plan (STP) from the beginning. Unfortunately, local and national constraints meant that engagement did not start until late in 2016 and was focussed on the draft version of the plan. We are continuing to work closely with the STP lead and other local Healthwatch in the STP area and are hoping to shape the ongoing engagement and discussion which is needed.

Towards the end of the year I was lucky enough to be invited to make a presentation to the Care Quality Commission board. I spoke about our impact and how we are making a difference to people, to services and to attitudes. Sir Robert Francis QC described it as 'inspirational' and the whole board was impressed by the work that we are doing in Newcastle. The presentation can be watched online at <http://tinyurl.com/ly666da>

I know that 2017–18 is going to be another challenging but exciting year. I am thrilled that we have the opportunity to work closer with our colleagues in Gateshead and make an even greater impact on service improvement.



Steph Edusei
Healthwatch Newcastle Chief Executive

Highlights from our year

We reached 238,700 people on social media



Our volunteers helped us with everything from information stalls to carrying out face-to-face research



We held 46 listening events for community groups



Our reports tackled issues ranging from resident involvement in care homes to hospital discharge



We spoke to over 250 people about special educational needs and disability (SEND)



We met hundreds of local people at our community events



Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and social care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

Healthwatch Newcastle staff team during 2016–17

- Luke Arend, Project Manager
- Melanie Bramley, Volunteer and Outreach Co-ordinator
- Steph Edusei, Chief Executive
- Deborah Hall, Marketing and Project Co-ordinator
- Rachel Head, Project Manager
- Beth Nichol, Finance and Administration Officer
- Andy Render, Project Worker (left in October 2016)
- Lyndsay Yarde, Project Manager

Healthwatch Newcastle Committee members during 2016–17

- Feyi Awotona
- Bev Bookless (Chair, stepped down September 2016)
- Anne Bonner (stepped down September 2016)
- Alisdair Cameron
- Neil Cameron
- Tim Care
- Lisa Charlton
- Sarah Cowling (stepped down September 2016)
- Simon Elliot
- Victor Gallant
- Kate Israel (Chair)
- Alison Walton (Vice Chair)



“Working with Healthwatch Newcastle is win win – you get to meet lovely people and use your head and your community benefits from your work.”

Judy Scott, Healthwatch Newcastle Champion

Healthwatch Newcastle Champions (volunteers) during 2016–17

- Susan Chan
- Karam Chand (resigned September 2016)
- Raisha Choudhury (resigned September 2016)
- Hapreet Dodd
- Paul Dutton (resigned July 2016)
- Lesley Freeman
- Debbie Garrity
- Barrie Gleghorn
- Corey Hogg
- Hazel Hyland
- Jen Johnson
- Louise Johnston
- Shumaila Kashif
- Aisha Khan (resigned September 2016)
- Allan Robinson
- Violet Rook
- Judy Scott (resigned January 2017)
- Cath Smart (née Gerrard)
- Jennifer Wang
- Steve Whitley
- Linda Woodcock

Our vision

“Our vision is to be Newcastle’s independent voice for outstanding health and social care services for all”

To do this we believe it is important that we...



Listen often and widely – to as many people as possible that use social care and health services in Newcastle



Speak loudly and clearly – to the people that plan, pay for and deliver services about the things that people are telling us



Work together and effectively – to influence services to improve when there are issues and to share their practice when they do things well

Our priorities

To choose our annual priorities we carried out a thorough process of analysis and consultation during spring 2016. This included analysing feedback from the public and examining local and national intelligence on health and social care issues from various sources including reports, providers and commissioners, and voluntary and community sector organisations.

We also asked delegates at our annual conference to choose their top priorities from a longlist. The Committee then decided on the following four priorities for 2016–17:

1. Care homes
2. Special educational needs and/or disability (SEND)
3. GP urgent care
4. Intermediate care

Mental health was the top preference for conference delegates. However, the Committee decided not to pursue mental health because the Newcastle Gateshead Clinical Commissioning Group (CCG) had just completed a large scale consultation on specialist mental health services (called ‘Deciding Together’). We were heavily involved in a consultation advisory group alongside user, carer and public involvement organisations; and service user and carer networks. This group made sure that local service users, carers and other stakeholders were involved in developing proposals and took part in the decision-making process.

We also plan to have an ongoing role in the next stage of the engagement around implementing the CCG’s decisions on mental health. We were aware that people had been actively involved in this process over the previous two to three years and therefore might not want to give further feedback on mental health services at this time.

Even though we did not make this a research priority for 2016–17, we have continued to make sure that mental health service users views are captured as part of our annual outreach programme.



We can
help you...

Are you struggling
with your health or social care?

Your views on health and care

Listening to local people's views

As the independent consumer champion for health and social care in Newcastle upon Tyne, we listen to views and experiences and share them with the people who make key decisions about our health and wellbeing.

This means that if local people have got something to say about hospitals, care homes, GP surgeries, opticians, dentists or any other services – good or bad – we listen so that everyone's views can be heard and taken into account.



This year we carried out public consultations at more than 20 stalls and community events, including Northern Pride, the Newcastle Mela, and Time and Tides (Walker Park). We also have a 'Bring an audience' scheme where we support voluntary and community sector (VCS) organisations to arrange listening events for their members and/or service users.

Our 'Bring an audience' consultations have helped us to reach out to a wide range of seldom heard people. This included ex-offenders; drug users; people living with HIV; asylum seekers and refugees; people from black, Asian and ethnic minority communities; homeless people and older people.

There are a number of potential barriers for people who may try to access services, including having had bad experiences in the past, service location and opening times, lack of awareness about what support is available and language barriers.



Through focus groups we have identified common themes on how access to services for seldom heard individuals and groups could be improved: better publicity and targeted raising awareness of services; respectful treatment of service users; establishing trust with service users; partnership working with other organisations; and harnessing service user involvement.

What we have learnt from visiting services

We did not identify any areas of our work during 2016–17 that required the use of Enter and View. Information about health and social care services was gathered in other ways, for example via our 'Bring an audience' events (see above) and our information stalls.



Helping
you find the
answers

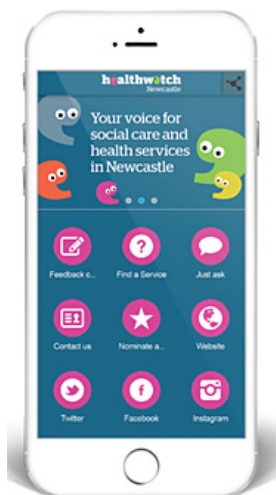
How we have helped the community access the care they need

We provide an information and signposting service – the ‘Just ask’ helpline – giving callers free, independent and confidential information about local health and social care services. We also help people make decisions on what to do if they are unhappy with their care or treatment or that of a friend or family member.



‘Just ask’ is available Monday to Friday, 9am to 5pm, by phoning 0808 178 9282 (free from landlines), texting 07551 052 751 or completing an online form.

We have an online feedback centre where people can search, rate and review all local social care and health services. Service providers can also provide a response to reviews. The feedback centre enables people to browse services and provide feedback at a time that is convenient for them. A paper leaflet is available for those who do not have internet access. This tool helps us to identify trends in the issues that are raised, and enables us to take appropriate action. Identifying these trends also helps us to set annual priorities.



We have also developed a Healthwatch Newcastle app, free to download, for Android, Apple and Windows phones and tablets. The app offers a convenient way for people to search, rate and review services, access our social media platforms, and nominate

people or organisations that are delivering great care for a ‘Healthwatch Newcastle Star’ award.

Case study: Making a formal complaint

A caller was concerned about the care of his 91 year old mother (an inpatient following a broken hip). Concerns included medicine management, poor relations with the consultant, unnecessary ambulance trips/waste of NHS resources, and a long delay in investigating her problem swallowing food. He felt that the deterioration in her condition was partly due to the standard of care and ultimately led to her death from pneumonia, acquired while she was in hospital.

The caller had already made an informal complaint via the Patient Advice and Liaison Service (PALS). We advised him to wait for the hospital’s response via PALS and to also prepare a formal letter outlining his complaints and concerns. Depending on the hospital response, he could then escalate the complaint and we encouraged him to call us back if he required further assistance.

Case study: Getting a support assessment

A caller rang asking for guidance on how to acquire aids to help her get around her home due to mobility issues.

We gave the caller the details for Community Health and Social Care Direct, and informed her that the service could carry out an assessment to see what support was available to help her live independently, and advise on equipment and aids to make life easier. A follow up call was completed by another member of staff and the caller was pleased with our information and signposting service.



Making a
difference
together

Have you
visited
CareHome
Real
What was it like?

How your experiences are helping influence change

Spotlight on SEND: early commitment to our recommendations



Special educational needs and/or disability (SEND) was a priority research area for 2016–17 and a report was published on 8 March 2017. Even though our report has only been published recently, we are pleased that the SEND programme board, which oversees the work on SEND in the city, has already begun to develop an action plan in response to our twelve recommendations. The board has made a number of important commitments as a result of the recommendations, including:

1. Implementing a single point of contact model in Newcastle, to address communication issues raised by service users.
2. Developing a 'who's who' guide of SEND providers and a 'Frequently Asked Questions' sheet to improve knowledge of available services and how service users can access them.
3. Agreeing to collate and report annually on which providers are attending Education, Health and Care plan meetings and review meetings, and whether up-to-date reports are being provided at the meetings.
4. Considering holding a summer term conference, exploring with schools how

to increase life skills training and preparation for adulthood.

We would like to thank everyone involved in this work for their support and collaboration in this research, and being proactive in response to our recommendations.

Home care commissioning

Further to Newcastle City Council's adoption of six out of ten recommendations from our 'Spotlight on home care' report last year, this research has continued to make an impact. The Elders Council of Newcastle (an older people's forum) was involved in the commissioning process for new home care providers by Newcastle City Council. The Elders Council utilised our home care report to help structure this feedback.

"The Elders Council received a request last year from Newcastle City Council commissioners to set up a moderation panel as part of the tendering process for home care contracts. The Elders Council developed a set of criteria by which to review these applications. These criteria were drawn up using the direct experiences of home care services by Elders Council members but were also informed by the recent findings of the Healthwatch Newcastle report."

*Julie Irving, Committee member,
Elders Council*

Newcastle City Council also invited us to present our findings to new home care providers in April 2017.

What does urgent care mean to me?

Following the publication of our 'GP appointments: what do Newcastle patients want?' report in March 2016, Newcastle Gateshead Clinical Commissioning Group (CCG) wanted to better understand how people defined the term 'urgent' and whether they defined it differently in different circumstances.

We collaborated with Healthwatch Gateshead to run a short survey with the public in our respective local authority areas during the summer and autumn of 2016. We asked people how quickly they expected to see a healthcare professional when the need was urgent, either for themselves, a child or for a vulnerable relative.



Overall we found that most people, most of the time, would expect to be seen by a health professional within two hours if they had an urgent health problem. If their young child or vulnerable relative had an urgent health problem an even higher proportion of people expected to be seen within two hours.

We found minimal differences when we examined the data by age, gender, ethnicity and postcode. However, there was a difference in the expectations of Gateshead residents when compared with

Newcastle residents. In general, a higher percentage of Gateshead residents expected to be seen within two hours irrespective of whether they, their child or their vulnerable relative had an urgent health problem.

When completing the survey face to face we also discovered that there was confusion about what was considered to be an urgent health problem. Our 'What does urgent care mean to me?' report recommended that Newcastle Gateshead CCG use this information to inform its review of urgent and emergency care pathways and give particular consideration to the differences that have emerged between expectations of Gateshead and Newcastle residents.

The report will make a contribution to the CCG's work on urgent care and extended GP access and has already led to the CCG undertaking further engagement about accessing GP services outside of normal working hours.

"This is a very useful report which we will use to inform our service developments."

Jane Mulholland, Director of Operations and Delivery, Newcastle Gateshead Clinical Commissioning Group

Read both reports in the 'Reports' section of www.healthwatchnewcastle.org.uk/about-us/documents

Working with other organisations

We have continued to ensure that we work in partnership with other organisations. This has included voluntary and community sector (VCS) organisations, other local Healthwatch, local businesses, and commissioners and providers of health and social care services.

Our 'Bring an audience' listening events with VCS organisations have continued to grow in popularity and have helped us to engage with people whose voices are seldom heard across the city.

Our Chief Executive's involvement in the city's System Integration Task Force has led to other members of the team supporting 'Design Lab' work on giving children an 'Amazing Start' in life and on making sure that people have a positive experience following discharge from hospital ('Homesafe').

We have continued to work closely with the Care Quality Commission, in regular information sharing meetings along with the local authority and Newcastle Gateshead Clinical Commissioning Group, and on an ad hoc basis. At the information sharing meetings we have shared observations from the care home visits we have undertaken as part of our resident involvement project, and also shared information the public has passed onto us.

All of our research reports are shared with Healthwatch England to help to inform national reports and research.

We continue to attend the Newcastle Health Scrutiny Committee and find real value in the debates there. We are regularly invited to contribute to the

discussion and give a service user and public perspective.

We have places for our Chair and Chief Executive on the Wellbeing for Life Board (Newcastle's health and wellbeing board) and actively contribute to the board's work and discussion.

How we have worked with our community

A large part of our role is to make contact with people in various ways and find out what issues are important across the city. We ask people about their experience of health and social care services and communicate the findings on how services are run to those with decision-making powers. We work with commissioners and providers of local services and try to influence them to take on our recommendations.



In autumn 2016 we were invited by North East Ambulance Service NHS Foundation Trust (NEAS) to carry out research on the organisation's behalf. The aim was to enable NEAS to promote and provide information on the range of services it offers, as well as ask people from BME communities why they did not apply for jobs in the service and what barriers they faced going through the recruitment

process. The research was carried out over an eight week period. We held focus groups with an Asian women's group, members of the Chinese community, a Roma group and an 'open' event for BME communities and spoke with 64 people in total.

"JET (Jobs Education and Training) has continued working with Healthwatch Newcastle again this year in a way that allowed our client group, and in particular BME women, feel included and listened to, while getting a glimpse into the mechanisms of shaping public bodies' policy and services through community consultation.

From my point of view I find it is always very easy organising activities together with Healthwatch as their staff are very understanding and accommodating, offering straightforward solutions to address clients' barriers. They ensure that the different professionals visiting the groups are well briefed and this makes my work much easier and the sessions more effective."

Eleni Venaki, Project Development Co-ordinator, JET (Jobs Education and Training)

By working in partnership, our research helped NEAS to understand the views and experiences of local BME communities and gain insight into the perspective of these communities. It also drew attention to areas where there was cause for further investigation and where future work should be focussed.

Read our report to NEAS in the 'Reports' section of www.healthwatchnewcastle.org.uk/about-us/documents

Our Healthwatch Champions (all volunteers) make a big difference to our work. For example, they increase the amount of people we are able to speak to in our community. This means we get a better understanding of what is working well for people and what could be improved.

Volunteers help us to reach seldom heard people, who are often most in need of social care and health services. Our volunteers help us with our research projects and run stalls to promote our work at events such as Newcastle Pride and Mela 2016. They also assist at 'Bring an audience' events.

Examples of where Healthwatch Champions have supported us this year include:

- HMP Durham listening event
- JET maternity services listening event
- Changing Lives listening event
- Pottery Bank Community Centre Women's group listening event
- RVI Eye Clinic surveys
- International Community Day stall
- Chinese New Year stall
- City Library stall
- University Students Union volunteer recruitment event

The simple truth is that we could not do what we do without volunteers. Our Healthwatch Champions play a vital role in a range of ways, including research, acting as a champion in the community or helping out with administrative tasks.

It starts
with you



Case study: Spotlight on SEND

Special educational needs and/or disability (SEND) was chosen as a research area during 2016–17 after being prioritised by members of the public and attendees at our 2016 annual conference. The reasons for highlighting this area of work were:

- Those with SEND are a vulnerable group, who often require high levels of support from multiple providers
- SEND provision is going through major reform and, as implementation was started two years ago, it was an opportune time to gather service user feedback
- This is a group whose views are often not well represented
- We wanted to provide service user feedback on the Education, Health and Care (EHC) plans and services, in order to improve services

We initially scoped the issues faced by service users and people providing SEND services in several ways: holding four focus groups with service users; running an online poll for service users to share issues; and conducting one-to-one interviews with SEND providers, commissioners and support organisations.

We then ran two questionnaires: one for young people aged 16–25 years who had an EHC plan or Statement, and a second one for parents and carers of children and young people between 0–25 years with an EHC plan or Statement. Special schools, the voluntary and community sector and Newcastle City Council helped us to distribute and publicise the questionnaires and more than 200 parents and carers, and over 50 young people, responded. This equates to a 14% response rate, which is a

good representative sample and high for a paper questionnaire.

The resulting 'Spotlight on SEND' report was published in March 2017, and included 12 recommendations. The SEND programme board, a strategic group with membership from all key organisations including the council and providers of services, is developing an action plan in response to those recommendations. The board has already made a commitment to implement some of the recommendations:

1. Implementing a single point of contact model in Newcastle, to address communication issues raised by service users.
2. Developing a 'who's who' guide of SEND providers and a Frequently Asked Questions sheet to improve knowledge of available services and how service users can access them.
3. Agreeing to collate and report annually on which providers are attending EHC (Education, Health and Care) plan meetings and review meetings, and whether up-to-date reports are being provided at the meetings.
4. Considering holding a summer term conference, exploring with schools how to increase life skills training and preparation for adulthood.

We are very encouraged by the council's stance and interest in listening to feedback from SEND service users. We look forward to seeing the implementation of these changes, plus other recommendations from other providers being adopted.

Read 'Spotlight on SEND' in the 'Reports' section of www.healthwatchnewcastle.org.uk/about-us/documents

Case study: Involving residents in their care

Throughout the summer and autumn of 2016 we sent surveys for care home residents, their relatives and home managers to all 47 of the city's care homes for older people. We wanted to find out how residents and their relatives are involved in decisions about their own care and wider decisions about how their care home is run. People were also able to complete the surveys online.

We chose to look into their involvement for the following reasons:

- Under the Care Act 2014 there is a legal requirement to involve
- It forms part of the Care Quality Commission (CQC) and National Institute for Health and Clinical Excellence (NICE) best practice guidance
- It is a good indicator of quality
- The recent publication of the CQC report 'Better care in my hands' (2016)
- It has not been the focus of research by other Healthwatch in the region and would therefore add to local knowledge

In addition to the surveys, Healthwatch staff and volunteers visited 12 homes to gather further views and information.

The 'My home, my say' report collated the views of more than 150 care home residents, relatives and managers, and our own observations. It also highlighted many examples of best practice that we found across the city, and included three case studies of particularly innovative examples of involvement. The report made the following recommendations for care homes:

- Develop an organisational culture which believes that involvement is both valuable and viable

- Put in place policies and procedures that ensure that involvement happens as a matter of course
- Provide staff with the skills, training and time to enable them to involve all residents in ways that work for them

"NHS Newcastle Gateshead Clinical Commissioning Group welcomes this report as it will help us to continue to develop and transform services for care home residents across Newcastle Gateshead as part of our care home programme.

"The CCG is committed to working with our partners including Healthwatch on continuing to implement and evaluate new ways of working with care homes, building on the work we have achieved during the past two years, ensuring that residents are at the heart of our work and that staff are fully engaged with residents having their say at every stage of their care."

Emily Colman, Newcastle Gateshead Clinical Commissioning Group

We celebrated the launch of the 'My home, my say' report at an event on 1 March 2017. Thirty care home managers and other social care professionals attended to hear our findings and to celebrate the many examples of best practice we had identified. A care home manager who attended the event told us "Lots of best practice was shared which will help us to up our game".

Read 'My home, my say' in the 'Reports' section of www.healthwatchnewcastle.org.uk/about-us/documents

Case study: Hospital discharge for older people

Homesafe includes a range of organisations across the health and social care sectors in Newcastle that come together to better understand the experience of older people returning home after a hospital stay. The work is part of the wider systems integration work underway in the city. The Homesafe group tested out three key questions:

1. Were patients and carers fully prepared for the hospital discharge?
2. Was the patients' experience as they expected?
3. Are there any improvements we can make to enable patients to be more confident in managing their care when they go home

A GP practice in the east of Newcastle contacted all of its older patients, who had been discharged from hospital during a specific time period, to seek their permission to take part in this work. The practice then sent contact details to us and we carried out telephone surveys, using a standard set of questions, with these patients to understand their experience of hospital discharge. Interviews took place during autumn 2016 and people were contacted in the first week after their discharge, and again in the third and seventh weeks. In total, 27 patients were surveyed. Newcastle Carers Centre replicated this interview process by collecting the experiences of patients' informal carers: ten carers were interviewed.

We found that most people had an overall positive discharge experience, however, a significant minority had a negative experience. Issues included:

- Delays in discharge
- A lack of information on discharge, both for patients and carers
- Patient transport – long waits and uncomfortable vehicles

These issues were fed back to the Homesafe group and are now being addressed by relevant organisations. A project report is also being pulled together by Newcastle Gateshead CCG.



In addition, both Healthwatch Newcastle and Newcastle Carers Centre noticed that many of the patients surveyed commented on how much they appreciated getting a phone call asking about their discharge from hospital. As a consequence of this, Newcastle Royal Voluntary Service (RVS) has been funded by the CCG to contact recently discharged older people from a number of GP practices across the east of Newcastle; and work is currently underway looking at how this might be rolled out further.

Our plans for next year



Healthwatch
Your
voice
counts

Comments to us at:
11 Cavendish Square
London W1G 0AN
020 7616 3800
www.healthwatch.org.uk

Telephone Number:

Healthwatch

Members of the public and delegates at our conference were presented with a shortlist of potential research topics and asked to rank them in order of priority. The staff team discussed the results of this prioritisation exercise and made recommendations to the Healthwatch Newcastle Committee.

The Committee agreed the following areas as our research priorities for 2017–18.

NHS continuing health care



This was ranked second highest in the public/delegate prioritisation. The Committee agreed this will be joint work with Healthwatch Gateshead (HWG) as this will be an

excellent subject to focus on across both areas and will give us the opportunity to combine data collection from Newcastle Gateshead CCG and acute hospitals with patient and relative feedback.

Care leavers/young homeless



This was ranked highest in the public/delegate prioritisation and was added to the original shortlist following Newcastle Council's

budget proposals. We have since discovered that these budget proposals are not going ahead this year. However, we know that we have not heard from this group of young people and the Committee therefore decided to prioritise this area.

Screening and vaccinations



This was ranked fourth highest in the prioritisation exercise. There is significant variability, and in some cases very low uptake, of cancer screening and vaccinations across the city.

The Committee agreed that this should be a research priority.

Mental health



This was ranked third highest in the prioritisation exercise. Mental health was primarily on the shortlist because of long waiting

times. Service providers are working with the CCG to improve children and young people's services following engagement done under the 'Expanding Minds, Improving Lives' programme and the CCG is about to start moving towards delivery of the 'Deciding Together' decision for adult mental health. The Committee decided that research into this area might be better after this work has been implemented.

However, one potential area for research would be the physical health of people with mental ill-health. The Committee agreed that, time allowing, we will focus our research on people's experiences of ill-health prevention services (for example, smoking cessation and exercise programmes) and gain an understanding of how these services could be presented to support and encourage mental health service users to benefit from them. This will be joint work with HWG.

Podiatry services

This was the lowest ranked priority. The Committee agreed that we will not make this a research priority, but it will become an area we focus on for engagement.





Our people

Decision-making

We want to make sure that the decisions we take are based on sound evidence and our processes are transparent and open.

We gather broad-based information through widespread engagement with service user groups, members of the public, the voluntary and community sector (VCS) and local and national statutory organisations.

The following information is used to decide which topics to prioritise:

- Issues raised by the public through Healthwatch Newcastle and other public engagement events
- Issues raised through our online feedback centre (where all feedback we receive from service users of health and social care services is logged)
- Information provided via our Champions (volunteers)
- Information gathered and shared by the local VCS or other local Healthwatch
- Information gathered from relevant national and local reports, and the media
- Information gathered from health and social care providers and commissioners

Decision-making procedures

We use the process described in the flow chart overleaf to help us make decisions about our work and priorities.

If further information is required to make a decision then the most appropriate method will be used to collect this, for example, asking partner organisations (VCS) for additional information, or during Healthwatch events or Enter and View visits.



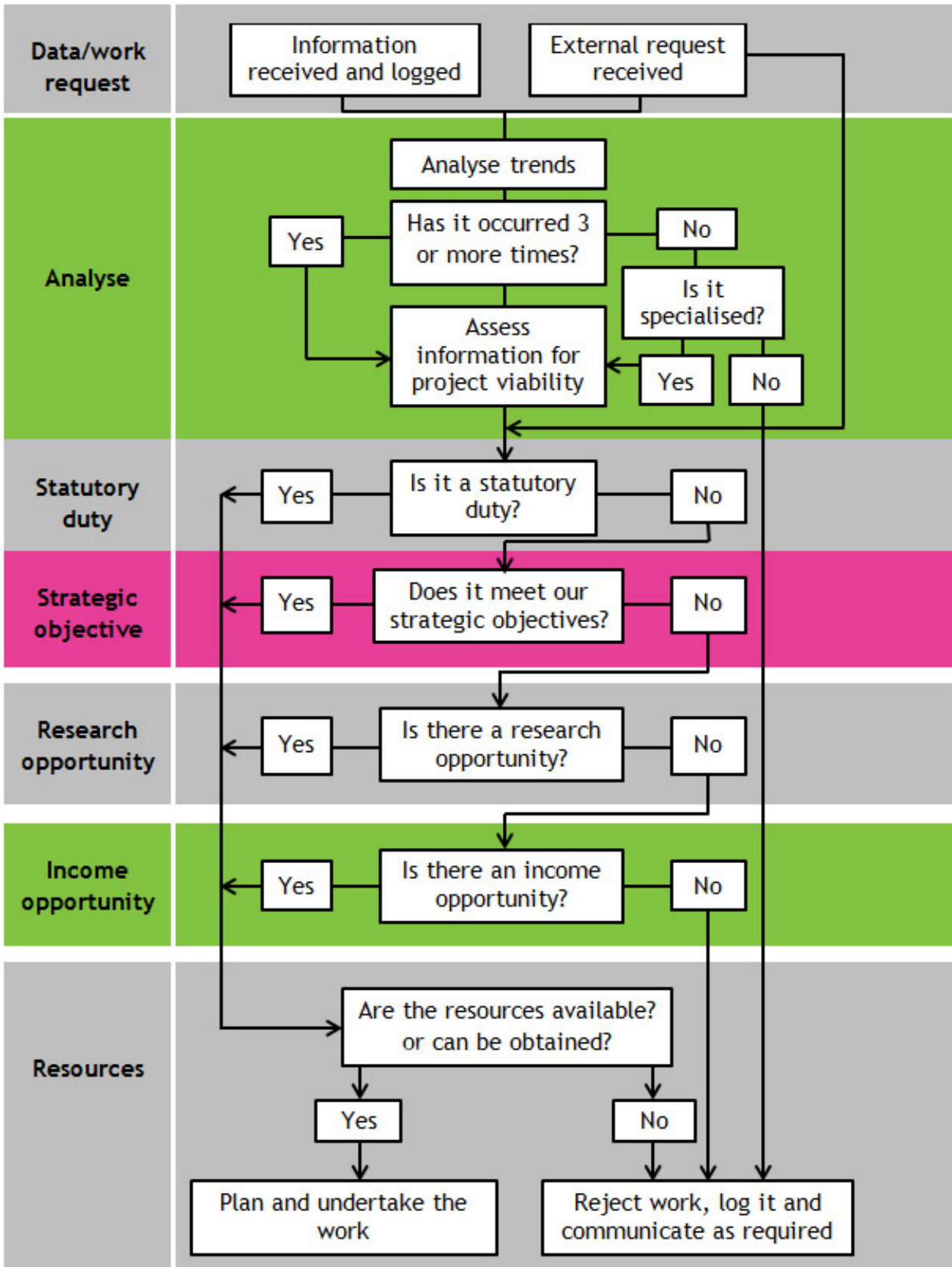
Deciding on annual research priorities

To choose our annual research priorities we:

- a) Produce a longlist of topics based on the intelligence we collect
- b) Present the longlist to the Healthwatch Newcastle Committee for review and shortlisting
- c) Share the shortlist with the public via our events and online and ask them to prioritise the topics
- d) Ask delegates to prioritise the topics at our annual conference
- e) Use prioritisation by the public and conference delegates as a guide for the Healthwatch Newcastle team to prepare a final priority list for the Committee to approve
- f) Ask the Committee to review and challenge the list and finalise our priorities

Our 'Decision-making procedure' document explains in more detail how we make decisions. This can be found at www.healthwatchnewcastle.org.uk/about-us/documents under 'Policies and procedures'.

Decision-making procedure flowchart



Role of the Board, Committee and the executive in decision-making

Healthwatch Newcastle has been run by Tell Us North CIC since 1 January 2017. The Tell Us North CIC Board, Healthwatch Newcastle Committee and executive all have different roles in decision-making:

Tell Us North CIC Board

The Board holds final accountability for all aspects of Healthwatch Newcastle and Healthwatch Gateshead. The Board provides strategic leadership, promotes good governance and accountability on all contractual, legal and financial duties of Healthwatch Newcastle. It approves the Tell Us North business plan, the selection of annual specific research topics, and has an overview of the financial management of the organisation.

Healthwatch Newcastle Committee

The Board delegates certain functions to the Healthwatch Newcastle Committee, including a budget and responsibility for setting Healthwatch strategy to achieve the objectives and goals. The Committee also make decisions referred to it by the executive.

The Committee refers issues to the Board if they are outside its delegated limits.

Executive

The Chief Executive, assisted by the recently appointed Deputy Chief Executive, undertakes the day-to-day running of Healthwatch Newcastle and implements the operational strategy and annual research projects as approved by the Committee and Board. In the majority of cases, day-to-day decisions will be taken by the executive and updates provided to the Committee and Board.

How we communicate decisions

We hold Healthwatch Newcastle Committee meetings in public at least twice a year, where anyone is welcome to attend as an observer. Service users and members of the public are welcome to write to the Chair of the Board, Committee Chair or Chief Executive to raise an issue or question. Openness and transparency is a key principle to us.



Decisions taken are reported at Committee meetings and the minutes are published on the Healthwatch Newcastle website. We also share key decisions using the following means:

- On social media platforms, including Twitter and Facebook
- In our monthly newsletters
- Relevant meetings attended
- Direct email to relevant VCS organisations and other stakeholders

How decisions are published

To meet the statutory requirement that any 'relevant decisions' must be published, we ensure that Committee minutes set out the decisions taken and reasons for any decisions and that these are published on the website.

How we involve the public and volunteers

Involving the public in our work is an integral part of everything we do. We are passionate about working with members of the public, patients and their carers, to help us:

- Learn from the experiences of patients and carers
- Make sure that services are sensitive to people's needs and preferences
- Enable the public to review the quality of the services they receive, and in turn report to Healthwatch England, which then informs government bodies, including Parliament, about our findings

We can also ask the health and social care regulator, the Care Quality Commission, to take action when we have special concerns. We achieve this by:

- Listening closely to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services



We ask members of the public and key stakeholders to help prioritise our work for the following year at the annual conference. We also ask our volunteers to promote this in their local communities by circulating leaflets where people can rank a shortlist of priorities in their order of preference.



"I am very pleased that Wah Hong Project is now linked with Healthwatch Newcastle. The link has bridged us and the Chinese Community to the wider service providers. A strong hand never comes amiss. We are no longer the missing link!"

Sow Fong Cole, Trustee/Secretary,
Wah Hong Project

The shortlist of priorities is initially drawn up from feedback gathered over the previous 12 months. This intelligence is gathered from the general public through our feedback centre, conferences and stalls, focus groups, etc. We also take into account key health and social care issues raised both at a local and national level by statutory and voluntary and community organisations.



Our finances

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		208,070
Additional income		14,908
Total income		222,978
EXPENDITURE		
Operational costs		32,701
Staffing costs		176,904
Office costs		28,969
Total expenditure		238,574
Net expenditure		(15,596)
Balance brought forward 1 April 2016		41,739
Balance carried forward 31 March 2017		26,143



Contact us

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If you require this report in an alternative format please contact us at the address above

We make this annual report publicly available by 30 June 2017 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Newcastle Gateshead Clinical Commissioning Group, the Health Scrutiny Committee and our local authority.



We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.