



healthwatch
Newcastle

Annual report 2017–18

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Message from our Chair

It gives me great pleasure to present this annual report. The Healthwatch Newcastle team, supported by our volunteers, has reached out and met with a wide range of people in Newcastle upon Tyne.

We have ensured that those who do not have the loudest voices have had the opportunity to tell us about their experiences of the services they have used.

The team has met with people who are homeless, prisoners, have learning disabilities and people from minority ethnic communities, to name but a few. Their experiences have been used in discussions with health and social care service providers to find solutions to the issues, concerns and barriers that people have told us about. As a small staff team this would not have been possible without the invaluable help of our volunteers.

We have also done more in-depth work on our priorities for the year: NHS continuing healthcare, screening and vaccination programmes, and intermediate care. We have worked with Healthwatch Gateshead on continuing healthcare and carer's assessments, and in so doing have been able to make best use of our shared resources.

All of this work has been overseen by our dedicated Healthwatch Newcastle Committee. During the year Alison Walton stepped down from the Committee. Alison brought invaluable knowledge of children's social care whilst also acting as Vice Chair and she is a huge miss to our Committee. However, we have been joined by Terry Bearpark who brings knowledge of research,

service user engagement and the NHS, so is a very welcome addition to our Committee.

In the coming year, we face some big challenges. The NHS and Newcastle City Council are facing a year on year increase in demand for services, without the budgets to meet this increased demand. Whilst we see some positive signs of a growing desire among professionals to understand and act on the views of their service users and communities, we feel that many services still do not understand how to achieve this consistently in practice, particularly with reduced staffing levels.

The challenge for us all – Healthwatch, the NHS and social care providers – is to make sure that we continue to look outwards, talking to our communities and listening closely to their experience of the services that they use. The best services know their customers. They listen to what they like and what could be better, and they make changes where they are needed. Although we have seen some progress when it comes to services understanding and acting upon what people want, there is still a long way to go before this is commonplace. This is why we will continue to raise awareness of how people can have their say and encourage services to act on their users' views.

Finally, I want to say a very big thank you to our very committed group of volunteers, our staff team and the Healthwatch Committee members who all help to make Healthwatch Newcastle the success that it is.



Kate Israel
Healthwatch Newcastle Committee Chair

Message from our Chief Executive

This year has seen Healthwatch Newcastle go from strength to strength, completing research on NHS continuing healthcare, screening programmes and flu vaccinations, and on intermediate care.

We have also carried out smaller scale investigations into people's experiences of macular degeneration outpatient services offered by The Newcastle Upon Tyne Hospitals NHS Foundation Trust, investigated the health and social care experiences of people who are homeless, and supported NHS Newcastle Gateshead Clinical Commissioning Group (CCG) with consultation and engagement around GP practices.

Our team of volunteers (Healthwatch Champions) have not only supported our more in-depth research but they have also helped us to get out and about in communities to listen to lots of views. It is great to see how dedicated our Champions are and I am looking forward to their roles developing further over the coming months.

In the autumn we led some innovative work to support engagement on the future model of community mental health services in Newcastle and Gateshead. Our 'fringe' events allowed service users, relatives and carers, voluntary and community sector representatives and members of the public

to get involved in very intensive work. People taking part in the service redesign commented on how impactful this work was and we are looking forward to supporting further work in the near future.

We said goodbye to Committee member and Vice Chair Alison Walton in the autumn. Alison had been with Healthwatch Newcastle for over four and a half years and her knowledge – particularly on social care – and support were invaluable. However, we continue to have a strong Committee to steer our work and welcomed Terry Bearpark as a new member in March.

This has been our first year working with Healthwatch Gateshead as a sister organisation. This has required some change and flexibility but we are already noticing the benefits that working closely together, while maintaining our independence, can bring. Our NHS continuing healthcare project was completed across both areas, covering the entire CCG footprint.

I am really looking forward to the year ahead, starting work on our new priorities and looking to see what North of Tyne devolution, and a possible North East and Cumbria integrated care system, will bring. I know that we are up to the challenge.



Steph Edusei
Healthwatch Newcastle Chief Executive

Highlights from our year

We reached over 250,000 people on social media



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



We held 49 listening events for community groups



Our reports tackled issues ranging from intermediate care to eye clinic services



We spoke to 298 people about screening and flu vaccination programmes



We met hundreds of local people at our community events





Who we are

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

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 who plan, commission and deliver services about the things people are telling us about.

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

Our priorities

We carried out a process of analysis and consultation during spring 2017 to choose our annual priorities. This included analysing feedback from the public and examining local 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 2017–18:

1. NHS continuing healthcare (a joint project with Healthwatch Gateshead)
2. Care leavers/young homeless
3. Screening and vaccinations
4. Mental health



Healthwatch Newcastle staff team during 2017–18

- Luke Arend, Project Manager (left in September 2017)
- Melanie Bramley, Volunteer and Outreach Co-ordinator
- Steph Edusei, Chief Executive
- Deborah Hall, Marketing and Project Co-ordinator
- Beth Nichol, Finance and Administrative Officer
- Rachel Wilkins, Project Manager
- Lyndsay Yarde, Associate

Healthwatch Newcastle Committee members during 2017–18

- Feyi Awotona
- Terry Bearpark
- Alisdair Cameron
- Tim Care
- Lisa Charlton
- Victor Gallant
- Kate Israel (Chair)
- Alison Walton (stepped down November 2017)

I enjoy volunteering with Healthwatch Newcastle, meeting residents from many communities in the city of Newcastle and helping to promote healthcare.

Encouraging individuals to ask questions on health and social care and connect with others is very worthwhile. Healthwatch does just that, and provides scrutiny on a topic which is close to people's heart, the NHS.

Violet Rook

Healthwatch Newcastle Champions (volunteers) during 2017–18

- Susan Chan
- Corey Hogg
- Hazel Hyland
- Louise Johnston
- Allan Robinson
- Violet Rook
- Cath Smart
- Steve Whitley
- Linda Woodcock



Your views on health and care

Listening to 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, residential 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.

The information we collect from the community shapes our work, our recommendations to local organisations, and our responses to consultations. Everything we do is rooted in the comments people share with us. Confidentiality is important and we ensure that anything shared with us remains anonymous.

We give everyone an opportunity to have their voice heard on health and social care. This is especially important for people who are generally unable to access the people making decisions or delivering services. To increase our reach we work with other voluntary and community sector organisations to talk directly with 'hard to reach' groups and individuals. We continue to have good relationships with key voluntary, community and faith organisations to share information, intelligence and experience to give those with seldom heard voices an opportunity to be heard.

This year we continued to work with Newcastle Elders Council, Newcastle Vision Support and Riverside Community Health Project, to name a few. We have successfully built up new relationships with organisations such as the Health and Race

Equality Forum (HAREF), Crisis Skylight and Grandparents Plus. We have also commenced work with organisations representing younger people, such as The Foyer (homeless 16–25 year olds) and the Albert Kennedy Trust.

HAREF and Healthwatch Newcastle have been working together to develop stronger links into black, Asian and minority ethnic (BAME) communities around health issues. Together we arranged an International Women's Day event which brought women together to have an opportunity to speak to Healthwatch about specific issues they have with the NHS and around their health.

Vicki Harris, Network Coordinator, HAREF

Further collaborative working is planned to ensure that we engage with more BAME communities, and that the collected intelligence feeds into the appropriate channels.

We recognise the importance of engaging with hard to reach groups and individuals, allowing strengthening of democracy and encouraging different communities to be more actively involved. Our aim is to aid early identification of potential health and social care issues and benefits, and help towards enhancing and improving services as well as cost savings in the medium to long term for statutory services.

Barriers to engagement

We recognise that, just as there are lots of hard to reach groups, there are also many reasons or ‘barriers’ why people do not engage. Some of these include:

- Cultural differences
- Gender
- Impairment/accessibility
- Lack of awareness of opportunities to engage
- Lack of trust
- Language
- Lack of confidence, motivation or resources (financial, knowledge or skills)
- Not knowing how systems work and what is on offer (for example, non-clinical options, who does what)



In the 2017–18 financial year we collected views from over 750 people through our engagement and project work. We visited more than 40 groups and attended 20 stalls and events to publicise our work and gather opinions from members of the public.

We continue our commitment to represent the diverse communities of Newcastle by building relationships with hard to reach groups and vulnerable people in order to widen engagement across the region. We use a wide range of engagement techniques: ‘Bring an audience’ listening events, focus groups, questionnaires, one-to-one interviews, and stalls at local conferences and events. Examples include:

- Homeless people – Crisis, The People’s Kitchen, Changing Lives
- Prisoners – HMP Durham
- Young people (aged 16–25 years) – The Foyer
- Adults with learning disabilities – Men in Action, St Cuthbert’s Care
- People with macular degeneration and other eye conditions – RVI eye clinic

We also engage with the general public by attending events and running stalls, for example, at local libraries.

Making sure services work for you

As a local Healthwatch we have a statutory power to ‘enter and view’. We can visit places that provide publicly-funded health or social care services to observe and report on services.

We did not identify any areas of our work during 2017–18 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’ listening events (see above), information stalls, online feedback centre, and through in-depth research work, such as NHS continuing healthcare.

Helping you find the answers

How we have helped the community get the information they need

We provide an information and signposting service – the ‘Just ask’ helpline – giving callers free, independent and confidential information about local social care and health services.

We can 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.



There is an online feedback centre where people can search, rate and review all local social care and health services. Service providers can 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.

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

These tools help us to identify trends in the issues that are raised, and enable us to take appropriate action. Identifying these trends

also helps us to set our annual work priorities.



We are proud to recognise the contribution that people and organisations make to the success of social care and health services in our city. Patients and the public are encouraged to nominate services for a ‘Healthwatch Star’ award. They receive a certificate and their details are published on our website.

Case study: accessing GP services when homeless

A local organisation contacted us on behalf of a homeless man, whose GP practice wanted to remove him from the list because he did not have a permanent residential address.

We spoke to the practice manager to see if a satisfactory solution could be found for this vulnerable patient. Following a dialogue it was agreed that the man could be registered using the GP practice address. This meant that the patient could receive continuity of care with a GP of his choosing.

The organisation got in touch on behalf of the patient to thank us for our help in finding a resolution to the issue.



Case study: appealing a funding decision

A woman rang us after her GP made an individual funding request for surgery, which was turned down. The patient appealed against this but was again refused funding. She believed that all the eligibility criteria had been met and wondered what her next step could be; she felt her condition could worsen without further treatment.

We discussed her options, including how to make a complaint and what she could expect from the process. We mentioned the Independent Complaints Advocacy service, should she require support with the complaints process. We also recommended the caller check the funding request criteria online and then confirm with her GP that she met the criteria before making a complaint. The patient was happy to do this herself and we offered to help find the necessary information if she could not locate it.

Case study: access to Community Mental Health

A former patient of the Newcastle Community Mental Health Team (CMHT) contacted us. She required a new referral as her medicines needed to be changed. Her GP

made a referral but it was then forwarded onto North Tyneside CMHT because the patient's practice is a member of North Tyneside Clinical Commissioning Group. The patient was disappointed; her preference was to attend Newcastle CMHT where she is known to that service and felt a re-assessment would not be required. She is also a Newcastle resident.

We called the GP practice manager on the patient's behalf to find out if she could access the Newcastle CMHT. The practice manager stated that although it is a North Tyneside GP practice, patients with a Newcastle postcode can use the Newcastle CMHT service. The practice manager did not understand why the patient's referral had been refused by the Newcastle CMHT.

We contacted Newcastle Gateshead Clinical Commissioning Group and Northumberland, Tyne and Wear NHS Foundation Trust about this. We shared the patient's experience and arranged for the patient to be seen at Newcastle CMHT. We have asked the trust to think about how this could be avoided in the future for other patients and are waiting for a response.

The patient was very pleased with the outcome.

Making a difference together

How your experiences help to influence change

Spotlight on SEND: experiences of special educational needs and disability reforms and service provision in Newcastle

In 2016–17 we completed research with the aim of better understanding service users' experiences of special educational needs and disability (SEND) services in Newcastle. We focussed on Education, Health and Care (EHC) plans, and this was the first time that people's views were systematically gathered since EHC plans were implemented.



Our report represented the views of young people, parents and carers and aimed to support the continuous improvement of SEND services. This report included recommendations for commissioners and service providers and can be read on our website at

www.healthwatchnewcastle.org.uk/about-us/documents.

Following the publication of our report, an action plan was developed by the SEND programme board in August 2017 to ensure the implementation of our recommendations. Some actions were agreed to be taken forward, including:

- Ensuring each family has an allocated single point of contact
- Production of a 'who's who guide' and 'frequently asked questions' to explain the roles and responsibilities of all the professionals that families may come into contact with during the EHC plan process
- An annual attendance register at EHC planning meetings, to hold providers to account and seek improvements regarding attendance at EHC meetings
- A process to monitor if providers are submitting up-to-date reports to EHC meetings
- Revision of the post-16 plan template so that it focusses on Preparing for Adulthood (PfA) outcomes

We hope to see continued actions, based on the views we gathered and recommendations we made.

The future of Grainger and Scotswood GP practice and Ponteland Road Health Centre

In August 2017 we were asked by NHS Newcastle Gateshead Clinical Commissioning Group (CCG) to support the engagement activity for the consultation on the future of these two practices.

We ran two public meetings (one for each GP practice) in a venue local to the practices to ensure that as many people were able to attend as possible. The events were publicised via social media and in our newsletter, and included in a letter sent out to each patient registered at the practice.

We also attended seven active community groups in the practice areas to ask people for their views and encourage them to complete the survey. Our volunteers and

staff also spent some time in GP practice waiting rooms encouraging people to complete the CCG's consultation survey.

In total we gathered views from 69 people, which were detailed in a report for Newcastle Gateshead CCG. These views were used to help the CCG decide on the future of the two GP practices. It decided to:

- Look for a new provider (tender) for Ponteland Road Health Centre.
- Look for a new provider (tender) for the Elswick site of Grainger Medical Group and close the branch site (Scotswood).

Unfortunately, the CCG could not secure a provider to run Ponteland Road Health Centre beyond 31 March 2018. So it has now closed.

Spotlight on intermediate care

In the summer of 2017 we completed work on intermediate care services and this led to some changes in services. This work is highlighted in a case study below (see page 14).

Working with other organisations

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

We work closely with our VCS partners, particularly when organising our 'Bring an audience' listening events. During 2017–18 we held almost 50 listening events, working with groups as diverse as Crisis, Newcastle Vision Support, Gay Men Tyneside, Walker Women, South Mountain Chinese Older

People's Association, Teenage Kicks and Monkchester Community Centre Men's Group. As our links with VCS organisations across the city continue to develop and grow we can engage with more people whose voices are seldom heard.

We have good working relationships with Newcastle City Council and sit on a number of its strategic and operational groups, including the Wellbeing for Life Board, the Health Scrutiny Board, the SEND programme board and the care home managers' meeting.

Newcastle City Council has also supported our research projects. As part of our intermediate care work we wanted to talk with people who had recently been in receipt of reablement services. Council care staff agreed to approach people, ask if they would like to take part in a survey about the care they had received, and gain consent for us to contact them. Once consent was gained their names and contact details were passed to Healthwatch Newcastle staff who then contacted them to arrange a convenient time to talk.

In addition to attending a number of Newcastle Gateshead CCG boards and steering groups, we have worked closely with our CCG colleagues on several projects. We designed and implemented a way for service users, relatives and carers and members of VCS organisations to become more involved in the redesign of community mental health services (Deciding Together, Delivering Together). We were involved in the CCG's listening exercise, where we helped gather people's views and experiences of urgent care services as part of an ongoing service review. We worked closely with the CCG on its patient consultation about the future of two local GP practices (covered in more detail earlier in this report – see page 10).

We were also approached by the CCG and asked to support a local GP practice to improve its patient engagement following a poor Care Quality Commission (CQC) inspection. We met with the practice manager and his assistant and were able to make some immediate suggestions to develop engagement. We also agreed to carry out a patient survey and the results were shared with the practice and the CCG.

That's brilliant – really interesting and thank you so much for facilitating this.

Katharine McHugh, Portfolio Manager – Primary Care, Newcastle Gateshead CCG

We have continued to work closely with the CQC in regular information-sharing meetings with the local authority and Newcastle Gateshead CCG, and on an ad hoc basis. At the information-sharing meetings we have shared observations from care home and home visits we carried out as part of our intermediate care project, and we have also shared information that the public has passed onto us.

Work has always been shared with Healthwatch England and this has been fruitful for us. In August 2017 our 'Spotlight on home care' report was referenced in Healthwatch England's report, 'Home care services: what people told Healthwatch about their experiences'. It was also mentioned in Healthwatch England's December 2017 'State of support for the Healthwatch network' letter. The letter highlighted our work as an example that can be used to help councils understand how to make full use of the insight local Healthwatch can offer.

We also submitted 'Spotlight on home care' for the Healthwatch England award in the 'Engagement in service improvement' category. Our work was highly commended. You can read the 'Spotlight on home care' report on our website at www.healthwatchnewcastle.org.uk/about-us/documents.


How we work with our community

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 to those with decision-making powers on how services are run. We work with commissioners and providers of local services and try to influence them to take on our recommendations.



We owe a large part of our success to the voluntary and community sector which supports Healthwatch staff and volunteers by actively allowing us to attend, participate and engage with existing groups.



As far as The People's Kitchen is concerned, Healthwatch Newcastle involvement has been a welcome move – clients feel that someone is listening to their concerns and there is hope that their problems can be resolved. Our clients are disadvantaged in many ways and often do not get the opportunity to air their views.

Healthwatch staff are friendly and empathetic, which helps clients to speak frankly and openly. Keep up the good work.

**Peter Samuel,
The People's Kitchen**



Our interactions with this sector allow us to build strong links by attending networking events, such as the health and wellbeing forums. These relationships are really valued as they enable us to build up good working relationships and clear lines of communication, as well as providing an effective signposting database for both health and social care services.

Involving our volunteers

We also owe a large part of our success to our volunteers (Healthwatch Champions), who are supported by our Volunteer and Outreach Coordinator, Melanie Bramley. Champions are vital in helping us to meet our objectives. We value the knowledge,

skills, experience and ideas which local people from diverse communities can contribute in order to shape our local health and social care services and help us fulfil our statutory duties.

In return, we offer the opportunity to make a difference, gain valuable experience and develop skills. This year some of our Champions have attended training in areas such as visual impairment awareness and transgender awareness. Our Champions have also had an opportunity to gain knowledge and understanding about the different religions and beliefs of our region's multi-cultural population. Visits have included attending Jewish, Muslim and Sikh sites of worship and talking with members of these communities.

In the past year, volunteers have been involved in a broad range of projects including engaging with the public at events and conferences and helping to run stalls at regional events such as the Newcastle Mela, Newcastle Pride and Chinese New Year celebrations.

Many have also supported us with our project work. They played a vital part in our care homes project by helping us carry out questionnaires in care homes across Newcastle.

Champions also helped us gather opinions on cervical, bowel and breast screening from a broad range of the community. During autumn 2017 over 200 people (fitting the relevant criteria including age, gender, etc.) were consulted through focus groups, one-to-one interviews and surveys to gather data on screening attendance rates and barriers to screening. Our volunteers were involved from an early stage in this project, helping us to devise surveys, identify key community groups and facilitate focus groups.

It starts with you

Case study: intermediate care

Intermediate care is short term health or social care intended to help people live independently for as long as possible. Intermediate care services can either be home based (where care is provided in a person's own home) or residential (where care is provided in a care home or community hospital).

Health and social care partners in Newcastle carried out a review of intermediate care services. The aim was to develop an intermediate care model that better reflects the needs of a population that is increasing and getting older. We contributed towards the review by looking at:

- The experiences of people currently receiving different types of intermediate care.
- Whether people felt that the intermediate care services they received had a positive impact on their wellbeing.
- Their ideas about how services might be improved.

During summer 2017 we spoke with people who received intermediate care services within their own homes, and visited residential homes providing intermediate care services to talk with residents.

Overall, we found that people were very happy with their intermediate care services, with 80% of participants stating that their care package had a significant positive impact on their overall wellbeing. Our report was shared with the health and social care partners involved in the service review. It contains recommendations linked to areas

where people's responses were not so positive, including:

- Services need to ensure that patients and/or their families are always involved in the decision to refer to intermediate care services.
- Intermediate care services need to be more widely publicised.
- Information, both verbal and written, should be available for patients and their families prior to them receiving the service.
- Any issues tended to occur at transition points and so service providers need to be mindful of this when supporting patients to access, and move on from, intermediate care services.

This is an excellent piece of work – thanks to you and the team for all your work on this.

Ewan Dick, Directorate Manager of the Medicine Directorate of The Newcastle upon Tyne Hospital Trust

The report was very positively received by those involved in the service review. It was presented to the Intermediate Care Steering Group and we have been invited to a subsequent meeting to discuss how learning from the report can inform the group's future patient engagement. Adult social care has already started to implement some of the recommendations within the reablement service and in its work with home care providers. It is now visiting patients in hospital to talk to them about the reablement service and is in the process of designing new publicity materials.

Case study: cervical, breast and bowel screening programmes in Newcastle



One of our priorities for 2017–18 was to gather views about the cervical, breast and bowel screening programmes in Newcastle. This was a priority because data was showing that uptake was low in Benwell and Scotswood, Elswick, Westgate, Ouseburn, Byker and Walker.

We wanted to find out:

- Why people in these areas do or do not take part in screening programmes
- The barriers to taking part
- How these barriers could be overcome

We used our community engagement expertise to speak to people in these low uptake areas. We heard from 199 people in these communities via focus groups, one-to-one interviews and surveys.

We worked with multiple community groups as part of this research, including the South Mountain Chinese Older People's Association and Newcastle Chinese Healthy Living Centre.

At one of the focus groups the Healthy Living Centre asked us for help inviting a speaker to talk to them about bowel screening. We put the group in touch with the people who could provide this and a conference on bowel cancer took place in May 2018, with approximately 60 people in attendance.

We hope that this action will lead to the group being better informed about breast and bowel cancer and the screening programmes and that they will be able to make informed decisions about being screened.

We wish to thank you for your kindness and support. Our link with Healthwatch Newcastle will assist the Chinese community to become better informed.

Sow Fong Cole, South Mountain Chinese Older People's Association

Our 'Attention on prevention' report was published in March 2018. We hope that this will lead to some changes in screening services locally and that we will be able to report on this next year. You can read the report on our website at www.healthwatchnewcastle.org.uk/about-us/documents.

Our plans for next year

Our priorities for 2018–19 were chosen after a public prioritisation process. Healthwatch Newcastle Committee members agreed a shortlist of potential priorities based on:

- Feedback we had received from service users, relatives and carers and members of the public
- Feedback from people who plan and provide local services
- National themes and trends

We then asked members of the public to prioritise the topics. This was done online and at our face-to-face events. We also asked delegates at our annual conference to help us prioritise, as well as to identify potential focusses for each topic. This resulted in the following priority order:

- Mental health services
- Access to primary care by housebound people
- Impact of austerity on health and wellbeing
- Home care
- Transforming care for people with learning disabilities and autism
- Prescriptions and dental charges
- Low take up of pulmonary rehabilitation

Our Committee then used all this information to inform their final choice of priorities.

Our top priorities for next year



Mental health



Access to primary care by housebound people



Home care

We will be doing further work to scope the exact topics and methods for our work and will involve key stakeholders, including service users, their relatives and carers.



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 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 media.
- Information gathered from health and social care providers and commissioners.

Decision-making procedures

We use the process described in the flow chart on page 18 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.

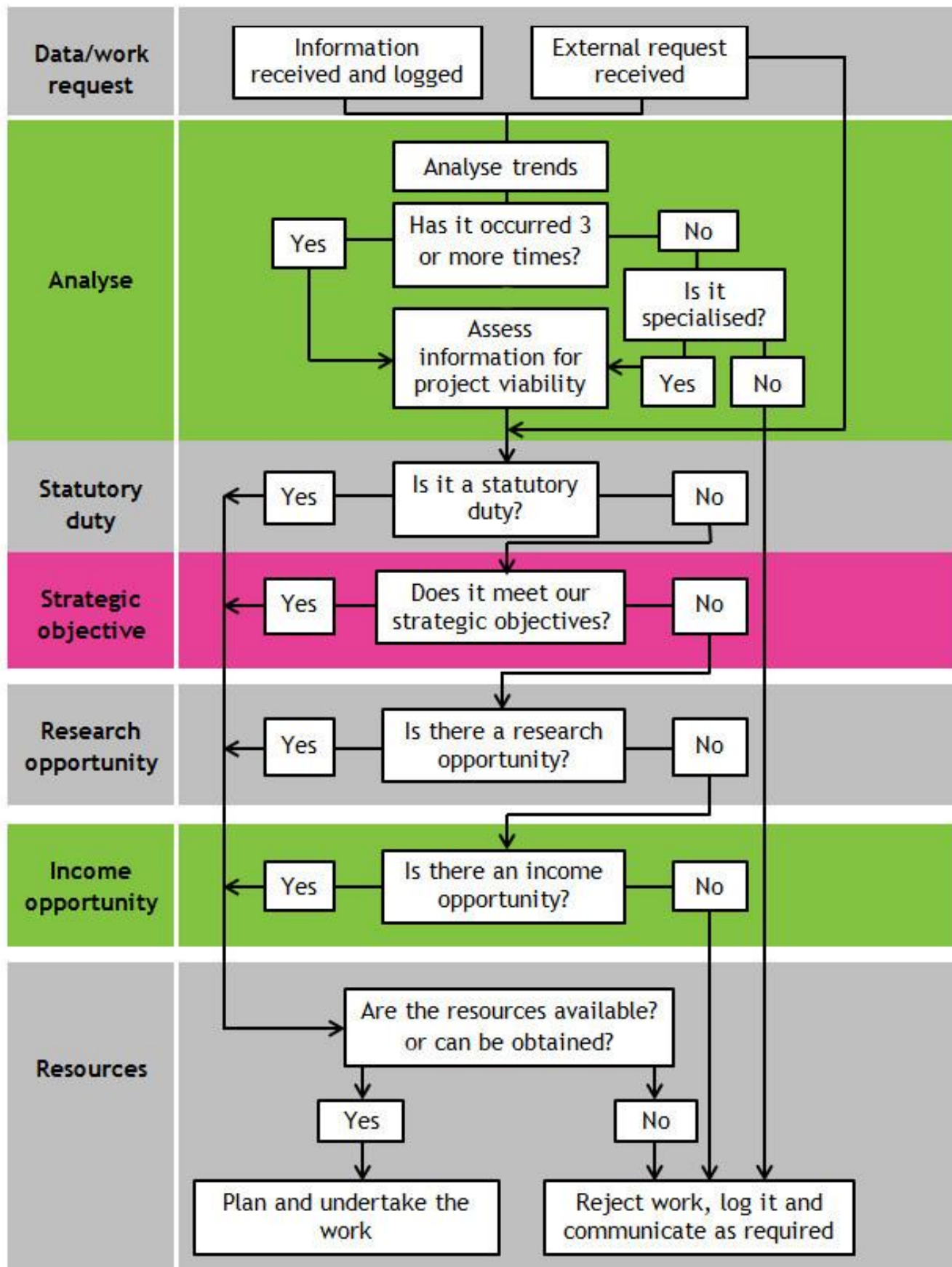
Deciding on annual research priorities

To choose our annual research priorities we:

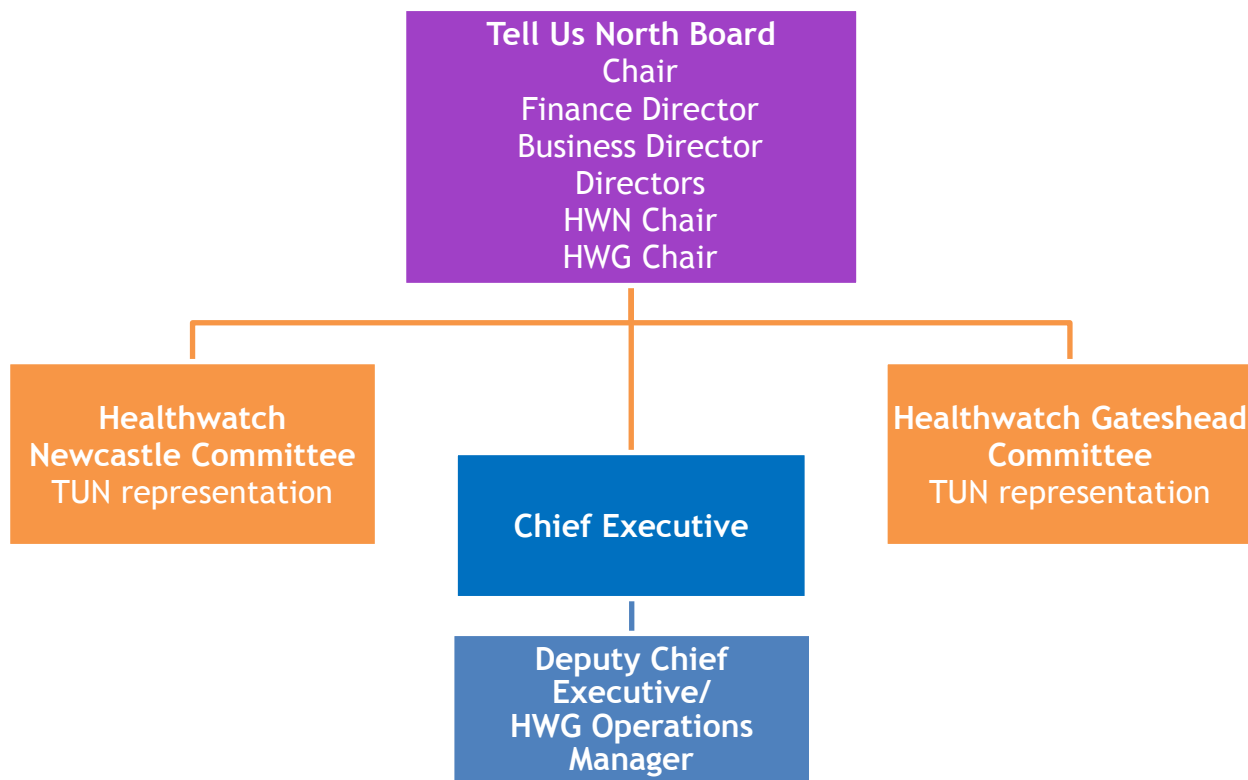
- a) Produce a longlist of topics based on intelligence we collect.
- b) Present the longlist to the Healthwatch Committee for review and shortlisting.
- c) Share the shortlist with the public via our events and online and ask them to prioritise the topics.
- d) Ask delegates to prioritise the topics 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 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 makes decisions referred on from the executive.

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

Executive

The Chief Executive, assisted by the 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 Committee meetings in public at least twice a year, where everyone 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 for 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 or other stakeholders

How are decisions 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 our website. Relevant decisions include:

- How we undertake our activities
- Which health and care services we look at as part of our activities
- The amounts spent on activities
- Whether to request information
- Whether to make a report or a recommendation
- Which premises to 'enter and view' and when they are to be visited

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 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 choose our priorities for the following year, including at our annual conference.

We also ask our volunteers to promote this in their local communities by circulating flyers where people can rank a shortlist of priorities in their order of preference.

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		208,869
Additional income		7,290
Total income		216,159
EXPENDITURE		£
Operational costs		22,913
Staffing costs		133,008
Office costs		46,300
Total expenditure		202,221
Net expenditure		13,938
Balance brought forward 1 April 2017		26,143
Balance carried forward 31 March 2018		40,081

Contact us

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If you require this report in an alternative format please get in touch with us at the address above

We make this annual report publicly available by 29 June 2018 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, 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.

healthwatch
Newcastle