

# Committee minutes

10am, 19 December 2018

Commercial Union House, Newcastle

## Committee members present

Kate Israel (KI)	Independent (Chair)
Terry Bearpark (TB)	Independent
Alisdair Cameron (AC)	Launchpad
Gill Clancy (GC)	Independent
Feyi Awotona (FA)	Independent
Alexandros Dearges-Chantler (ADC)	Independent

## Apologies

Victor Gallant (VG)	Independent
---------------------	-------------

## In attendance

Steph Edusei (SE)	Chief Executive, HWN
Beth Nichol (BN)	Finance and Administration Officer, HWN
Melanie Bramley (MB)	Volunteer and Outreach Coordinator, HWN
Rachel Wilkins (RW)	Project Manager, HWN
Lyndsay Yarde (LY)	Associate, HWN

## 1. Welcome and introductions

1.1. The meeting began with a round of introductions.

## 2. Apologies for absence

2.1. Apologies were noted from Victor Gallant. He has decided to step down and KI thanks him for all the support.

## 3. Minutes of last meeting and matters arising

3.1. The minutes for meeting were agreed as a true record.

### 3.2. Matters arising

3.2 - KI and Michael Brown (HWG Chair) met with Mary Bewley. SE had conversation of a proposal involving HW and looked at specification for this. 3.2 - Submitted bid for work. 1 Healthwatch to act as a coordinator across local Healthwatch. There will be a representative at the meetings who will feedback to other Healthwatch. Hoping to hear back early January.

3.2 Met with Mark Adams to discuss Deciding Together, Delivering Together. Very little is happening. Community delivering together. NTW is leading on providers' discussion. Children's mental health now has a single point of access, self or child referral, and online counselling via Kooth. This has caused waiting times to increase due to better access. Have been promised an update in January.

3.2 Met with Nick Forbes and Karen Kilgour regarding ICS discussion and engagement. There is going to be a closed meeting at February Health and Wellbeing Board meeting to discuss this

**Actions:**

**Committee to let SE know subject area interests to attend meetings**

#### 4. Chair update

- 4.1. KI discussed her attendance at the Wellbeing for Life Board and health joint Overview and Scrutiny Committee where the budget proposal and Delivering Together were discussed. She stated HWN had its own meeting about the budget proposals which was useful. Put comments in from last year and adult social care costs which could be a piece of work. The proposal consultation should be published in autumn and will impact other financial years. Green paper should be out end of March. They have consulted and involved service users. Threshold for getting service may be tightened.

**Action:**

**KI to write formal response to the council**

#### 5. Project updates

- 5.1. RW provided an update on the access to primary care work: 742 surveys have been sent. We have received 72 responses and still may receive more. Pharmacists are delivering medicine with surveys but RW doesn't think this approach is as effective.

ADC discussed the definition of housebound. RH stated she used the NHS definition where a person has a physical or mental health need who can't leave their home to attend appointments. This also includes care/residential homes. NHS England don't have a list of housebound patients and the local authority have a contingency plan but without detail. Only individual GPs have their own practice list. TB suggested the lack of information should be fed back.

RW also discussed they are completing mystery shopping activity where 56 calls have been made to services requesting information about home visits; 46 have been completed by a volunteer, Victoria Clarke (HWG Volunteer and Outreach Coordinator) and RW. Dentists were unable to provide information of other dentists who provided home visits, compared with opticians. Harry Malby will look at the survey and add any reviews to the feedback centre.

- 5.2. LY discussed the mental health work. This is a different approach where we subtracted out to other organisations who worked with groups who didn't have a voice or limited from Deciding Together. Focused on Universal Credit (CAB Gateshead), homelessness, drug abuse and criminality (Fulfilling Lives) and veterans (Forward Assist). There is also survey for the LGBT community. MB is focusing on the African community and a student from Northumbria University is focusing on mental health. Expecting mini reports to be sent by the end of December. MB held focus groups and on a one-to-one basis which helped to pick up on attitudes to mental health. Draft report will be emailed to the Committee.

## 6. Outreach update

- 6.1. MB stated over the past ten weeks she has attended seven events and stalls including search group and Newcastle University and spoke to lots of people. Held eight focus groups as part of mental health work and other projects. Currently focusing on men's groups. Already attended a garden group and a Scotswood men's group. A discussion around other men's groups were made, such as the Carers Centre, men's book groups, and the Pie Club. MB stated she has previously met with a Weatherspoon's manager to hold an event and he had to take it to head office; is yet to hear anything.

MB wants to work with Streetwise and discussed the work of East Riding Healthwatch, which she saw at Healthwatch England's conference. Hoping to visit to Excelsior school in February to replicate that work.

- 6.2. A discussion was made around the Young Healthwatch group. SE stated that it was a big challenging having a group. It only works with a youth worker running it as it is very labour intensive. It is more useful to have a subject and then recruit for that. Gateshead Youth Council could do research on our behalf.
- 6.3. MB stated that she is continuing to push the feedback centre and is attending a GP practice manager meeting to promote. SE stated that it is not just the role of the Volunteer and Outreach Coordinators to promote and all must do this on a regular basis.

## 7. Priority setting

- 7.1. SE discussed the process of priority setting. This is where the team pull together what it has heard, and SE asks stakeholders about future issues. A longlist is then sent to the Committee to cut down to top five. This then goes to public prioritisation and conference priority setting session. The team will then discuss the results and make a judgement call on what areas to focus on.

- 7.2. SE discussed the following suggestions:

Children and young people mental health - this is from a meeting with Chris Piercy. Changes started in March/April, will be 18 months later so could be a good time to see how things have changed.

Mental health - high amount of reviews on the feedback centre. Mostly negative feedback about access, waiting times and transgender service for young people.

GPs - also high on the feedback centre. Mostly access to services: booking, appointment availability, waiting time, patient choice. Have previously completed work on GP patient choice which could be repeated.

SEND - completed in 2016. CQC inspection found that providers aren't engaging with service users, Ofsted report isn't great either. Put forward our action plan but CQC didn't see a lot done. Similar to previous work/work with service users' voice to be heard. Could be paid for work.

Patient Participation Groups - approached by practices. HW Sunderland has previously created a handbook. Could mention to CCG with funding. Have health Champions who could look at development and work out how to make them more

useful for CCG and Healthwatch. GC stated a lot of people in PPGs would be happy to be involved.

Pulmonary rehabilitation - is not popular with the public. High levels of COPD and updated of service. Could complete work on why opportunities aren't taken up.

Home care - not time to do it. Review homecare work. New specification has been in existence two years in April.

Charges for services - two years after financial year there will be charges for services that were free. Not statutory free of charge, could get information in advice to help thinking.

Outpatient department - from meeting with Jackie Daniels. This is part of a ten year NHS plan. Planning on reducing outpatient departments, could focus on other ways to do it. Could deliver better or less volume of outpatient appointments.

## **8. Any other business**

8.1. None

The meeting closed at 12 noon.