

Healthwatch Committee meeting
15 April 2020
Chief Executive update – paper 2
Presented by Steph Edusei

Members of the Committee are asked to:

- Note the contents of the report

Quality statement: All

Operational Update

The COVID-19 pandemic and resultant lockdown in the UK has meant that we have had to make sure significant changes to our ways of operation. Fortunately, we started planning for this in mid-February and were in initially in a strong position to work from home as four of the six staff already had remote access enabled on their work laptops. We also had an established way to divert phones which is used over the Christmas period. Plans were put in place to ensure that the remaining staff could get access to the network from home.

Unfortunately, when the UK government asked people to work from home if at all possible on 16 March, we had one member of the team on jury service and two on annual leave, which meant that some preparations took longer as staff had to collect equipment from the office etc. This was compounded by the fact that other organisations, that deliver services to vulnerable people, had not been as prepared and were making demands at the same time on the same IT support. We always knew that this was a risk factor and it has significantly impacted on our ability to get everyone connected to the network from home.

The team does now have remote access, although this can be unstable at times depending on several technical factors outside our control. We are continuing to connect with each other daily via telephone, Zoom online meetings and a WhatsApp group. It will take some time for this to settle down, however, and feel more ‘normal’.

Much of our usual work has ceased as most of the meetings that we attend have been cancelled and groups have been closed. Attention is now focussed towards community support and information and signposting. Further information on our current work will be shared below.

Our fortnightly radio show (repeated on the ‘off’ week) has been replaced by a weekly show that is currently focused on the various elements of the pandemic and its impact. The show content is aimed at informing the public about ways to stay safe and well, and on how they can get support and assistance for a range of issues from shopping to mental and physical wellbeing. The show, Health Matters, is available online (https://soundcloud.com/spice_fm) after it airs.

The team is currently working on our annual report. The submission deadline is 30 June; however, we hope to have a draft version of this complete for review by the committee by late April.

Staff changes

As you now know, both Felicity Shenton, deputy Chief Executive, and I are leaving the organisation at the end of April. This is entirely coincidental and unfortunate timing. The board of Tell Us North CIC have been working to make sure that there is senior leadership support in place and have appointed Cynthia Atkin as Interim Operations Manager. Cynthia has extensive experience in health and social care and has worked at a local and regional. She was the first Chair of Healthwatch Northumberland and has recently completed work as an independent Chair of NHS consultation events in South Tyneside and Sunderland. Cynthia's focus will be on supporting the staff across Newcastle and Gateshead to continue to deliver the Healthwatch mandate as well as maintaining key relationships and partnerships at a strategic level.

Jacqui Thompson joined us as Volunteer and Outreach Coordinator at the beginning of April. Whilst, this has been a strange start to her role, she is happy to be part of Healthwatch Newcastle and the team are doing everything they can to help her settle in.

Outreach

This quarter has been understandably quiet in terms of outreach as we haven't had a coordinator in post. However, Felicity has been overseeing this work and the team have helped to cover some events.

We attended the Chinese New Year celebrations and used this to encourage people to help us prioritise our projects for the year. The effectiveness of this was limited as many of the people attending were from outside Newcastle or Gateshead, so we need to consider if we do this event in future and what our objectives for it will be.

Rachel set up several priorities outreach stalls in a range of venues such as Newcastle college, West End Women and Girls, Newcastle Student's Union, Walker Activity Dome and within the RVI and Freeman Hospitals. However, as many of these were taking place in March, most were cancelled due to COVID-19 even prior to lockdown.

We have been able to recruit a new Champion, Robert Rendall, and have others who are currently in the recruitment process.

Jacqui joined us on 7 April and spent her first week doing a lot of reading and meeting the team. Her induction will continue for the next few week alongside us establishing what outreach and volunteer support will require during the pandemic. She will work closely with Beth Nichol, Volunteer and Outreach Coordinator for Healthwatch Gateshead, and will join the wider regional Healthwatch network of people in similar roles.

Projects

Children and young people's mental health

The work that Rachel led on children and young people's mental health services and, in particular, on the knowledge of and experience of the single point of access, self-referral and the Kooth online counselling services is now complete. The report is currently being finalised and proof-read. This has been slightly delayed as it was understandably difficult to get a response from health services during March as they started to experience planning and

delivery pressure due to coronavirus. We have decided that we will do a soft launch of this report for several reasons:

1. We believe that it will be helpful in promoting the Kooth service and self-referral processes and that there will be significant need for these at this time
2. We understand that the NHS focus is on service provision relating to coronavirus and COVID-19 and therefore, expecting responses to our recommendations at this time is both unrealistic and irresponsible
3. We are keen to support our good relationships with the NHS as these are essential to maintaining our role as an independent critical friend
4. There is a significant risk that the important messages within the report will be lost at this time

We have commissioned a local company, Roots and Wings, to do some animations promoting the key themes as we felt this would appeal to children and young people. They are currently developing some GIFs (very short animated image files) that can be used separately on social media and joined to produce a slightly longer animation (around a minute). They are also producing some still images that can be used in the report and its promotion.

Supporting patient participation groups

GP practices are incredibly busy at the moment and patient participation groups (PPG) are not considered a priority service. Lyndsay has had discussions with the practices and PPG members involved in the pilot of the Participation in Practice Award and we have agreed to postpone any assessments until September at the earliest. However, we're keen to make sure that PPGs continue to get support and are aware that many PPG members will be at home and have less to do than usual. Therefore, Lyndsay is in the process of contacting pilot participants to see if they would like some support and development over the next few months and to ask what that might look like. If they would like to continue with some work, without adding to practice workload, we will work with them to develop a programme of support.

It is looking increasingly likely that the second Healthwatch PPG forum that we had planned for 20 May will also be cancelled. We knew, when we booked this that there was a risk that it would not take place. Lyndsay and I have discussed ways that we may be able to do something virtually in place of this face to face forum as, even if lockdown has been lifted it probably won't be advisable to hold a gathering of 50+ people, many of whom will be in high risk categories, at this time.

Healthwatch conference

We feel that this is not the time to be planning a conference as that will divert resources from the pandemic response. We also are unclear what the situation will be in September. Therefore, we have taken the decision to postpone our conference which was due to held in September 2020.

Strategic update

The meeting of the Wellbeing for Life Board (Newcastle's Health and Wellbeing Board) that was due to take place in late April has been cancelled. I have suggested that we could use this time to discuss the pandemic response with a focus on the non-clinical elements and social isolation. It would be helpful to review this a month into lockdown and see what seems to be working and where things need to be put in place. We await a response to this suggestion.

Health and the council have been reviewing the structure and format of the Wellbeing for Life Board and have made some initial proposals that would transform it into more of a 'select committee' type of approach. This would allow experts to be added for individual meetings depending on the subject matter. There is also a suggestion that membership be reduced to one place per organisation. Healthwatch Newcastle currently has two places. We have expressed some concerns about the proposals, particularly as the reduction in representation means that whilst individual organisations have one representative, this and statutory requirements mean that the council and the NHS would have multiple representatives. Alexandros and I have expressed our concerns about this. I have had some initial discussions with the council officers involved in the board about how we could ensure that Newcastle residents are more involved in the work of the board. I will, of course, ensure that Cynthia is fully briefed to continue this discussion.

Our work as coordinating Healthwatch for the Integrated Care System was funded to March 2020 and has therefore ended. I approached the NHS in February to ask them to outline their plans for involvement after I leave in April, as I agreed to continue this work until that time. They are still working on their approach but, again, I suspect this is not a priority at the moment.

We are aware that the ways we engage with our communities must change at this time. We also know that our use of social media could be a lot more effective and extensive. Whilst social media is not the only way of engagement and that many people do not use it, it is our key form of communication and engagement at the moment. We are in the process of finding someone to review our current use of online communication, including the website, social media and our e-newsletter. The aim is for them to advise us on how we can maximise our reach and impact at this time, and that this will also inform us on how we further develop our marketing, engagement and communications post-pandemic.