

Healthwatch Board meeting

13 June 2016

Draft Healthwatch Newcastle annual report 2015–16 - paper 2

Presented by: Steph Edusei

Members of the Board are asked to:

- Note the contents of the draft annual report
- Suggest final amendments to the report
- Delegate final approval of the report to the Chair and Chief Executive

All local Healthwatches 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, NHS England, relevant clinical commissioning groups and to their commissioning local authority, including its Health Scrutiny Committee. Annual reports must be submitted by 30 June 2016.

This paper contains the draft Healthwatch Newcastle annual report 2015–16. This is a text only version and appropriate photos will be added to the final version.

Board members are asked to consider this draft and approve it or suggest amendments where necessary. Board members are also asked to delegate final approval of the final, fully formatted, version to the Chair and Chief Executive.

## Message from our Chair

It has been a real pleasure to reflect upon the last year. We are now three years old, but I feel maturing quickly. It has been a busy year as this annual report demonstrates.

We have published research reports on dental services and mental health issues for young people, delivered by our young peoples' group after they identified these as areas that young people have concerns with.

We conducted a piece of research with a new partner, Northumbria University, on access to GP services using a discrete choice methodology. This work revealed some interesting findings, including that different groups do not all want the same level of access or relationship with their GP. The findings are being discussed with GP colleagues.

Healthwatch across the country have a responsibility to ensure that people's experiences of health and social care services are heard and listened to. So we prioritised a project looking at care at home. The opinions of the people who have home care and their families are hard to hear as they tend to be isolated and vulnerable. The recommendations from this work have been well received by the commissioner at Newcastle City Council and are being used to influence the tendering process this year.

Recruiting a new team, strengthening the volunteer pool, introducing an online feedback centre and working in new ways have made for a busy but productive year.

So why do I say we are maturing? Actually, we are still a young organisation but have developed fruitful and trusting relationships. Our work seems to be taken seriously and the findings of our research and surveys are being used to influence service procurement and quality. We are finding our place in the system that provides and delivers health and social care. But there is always more to do and as always a priority has to be for us to continue to raise awareness of Healthwatch Newcastle and what it can do.

I would just like to take a look forward to this coming year. As always it looks challenging but a North East Combined Authority is on the horizon, the clinical commissioning group (CCG) already covers Newcastle and Gateshead residents. So our vision 'to be Newcastle's voice for outstanding health and social care services for all' is really important. Healthwatch Newcastle must ensure that the local voice is not lost but still heard and listened to in an era of wider area devolution and merged CCGs.

Our success is reliant upon our wonderful staff team, motivated Champions (volunteers), enthusiastic young people's group and talented Board. Thank you to you all for your passion, commitment and hard work, a lot of it on a voluntary basis.

Let's hope for even more success in 2016–17.

With very best wishes



Bev Bookless  
Healthwatch Newcastle Chair

## Message from our Chief Executive

I feel that this has been a year of change and growth. We said goodbye to two of our colleagues, Nicci Donnelly and Julie Marshall, as they moved on to new opportunities, but also welcomed three new members to the team, Luke Arend, Melanie Bramley and Lyndsay Yarde. We have also developed a new approach to our research work that has allowed us to look at a few topics in depth while still continuing to listen to our communities and work with our partners.

Our Young Healthwatch Newcastle group has been busy this year, completing its dental research (which also won a community grant from NHS England), undertaking research on young people's mental wellbeing in the city, and asking young people what their social care and health priorities are.

Our volunteer Champions continue to be a vital part of our organisation and we could not function without their dedication and knowledge. We have changed our structure to make sure that they have more support and have developed two new Champion roles – Research Champion and Community Champion – to help us in our work.

A new method of engaging with communities – 'Bring an audience' – has allowed us to listen to a wide range of people, including those that are seldom heard by public sector organisations. I am very proud that we have been able to amplify their voices and bring them face-to-face with the people that plan and pay for services (commissioners) and with those who deliver services. Public sector colleagues have told me that this has been the first time that many of them have heard those views expressed and have commented on how valuable they found the experience.

It was great to be able to share our approach to researching the experiences of people using home care with members of the local Healthwatch network at the Healthwatch England conference in June 2015. We got a wonderful reaction and I look forward to talking about our GP appointments research this year.

We are still a new organisation and 2016–17 will be a year of further change, but looking back over the last year I am confident that we are making a difference in the city, that we are respected by the people who make decisions about social care and health services in Newcastle and that we are on the right course to make sure that people's voices are listened to.



Steph Edusei  
Healthwatch Newcastle Chief Executive

# The year at a glance

This year we've reached 240,300 people on social media



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



We spoke to over 900 people about their preferences when making a GP appointment – one of our top priorities this year



We've held 7 listening events for community groups



Our reports have tackled issues ranging from the mental wellbeing of young people to home care



We've met hundreds of local people at our community events



# Who we are

We exist to make social care and health services work for the people who use them. Created under the Health and Social Care Act (2012) we try to make sure that the people who plan and pay for social care and health services (commissioners) and the people that provide those services seek out and listen to the needs, experiences and concerns of people of all ages that use their services. One of the ways we do this is to listen to local people, look for themes and patterns in what they tell us about services and, where necessary, to speak out on their behalf.

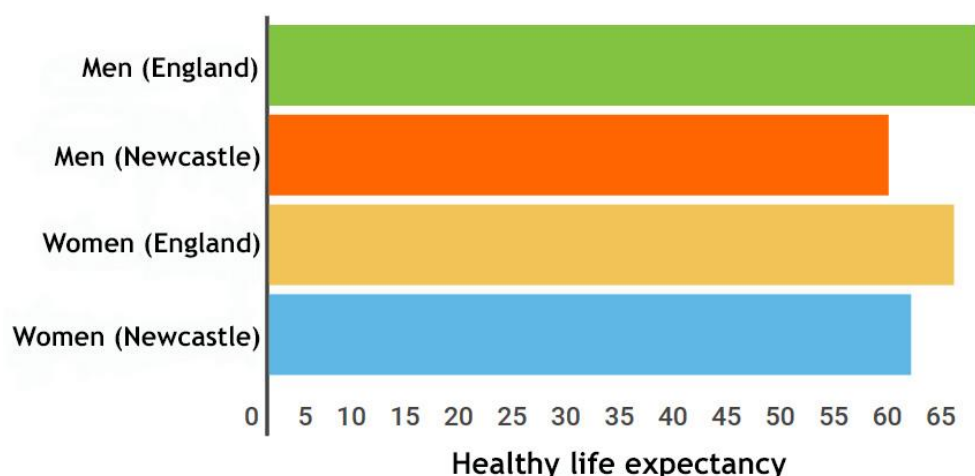
## Healthwatch Newcastle staff team during 2015–16

- Luke Arend, Project Manager
- Melanie Bramley, Volunteer and Outreach Co-ordinator
- Steph Edusei, Chief Executive
- Nicci Donnelly, Marketing and Communications Coordinator (left September 2015)
- Deborah Hall, Marketing and Project Coordinator
- Rachel Head, Project Manager
- Julie Marshall, Involvement Coordinator (left September 2015)
- Beth Nichol, Apprentice Administrator
- Andy Render, Project Worker
- Lyndsay Yarde, Project Manager

For information about the Board please take a look at the ‘Our Board’ section on [page ??](#).

Many services that people use in Newcastle are delivered or commissioned by organisations that cover larger areas, so we often work closely with our colleagues in other local Healthwatch as well as with partners in the voluntary and community sector.

We know that in Newcastle and the North East we have some very good social care and health services. We also know that, despite this, we still have poor health outcomes and large differences in things like life expectancy across the city. Life expectancy overall has increased but people in the North East are likely to live a longer part of their lives with a disability or life limiting illness. We believe that as people are involved more in the design and delivery of their care, care will become more people-driven and outcomes and experiences will improve.



From the outset, the involvement of local people as volunteer ‘Champions’ has been central to our work. There are a number of different ways in which volunteers can contribute, depending on their skills, interests and availability. They support us at events, carry out

surveys and visit care homes. We actively encourage people with differing life experiences and skills to work with us and welcome new recruits with varying degrees of time to help and support us – from those who regularly volunteer to those who want a more limited commitment.

### Healthwatch Newcastle volunteer Champions during 2015–16

- Susan Chan
- Raisha Choudhury
- Paul Dutton
- Debbie Garrity
- Hazel Hyland
- Aisha Khan
- Violet Rook
- James Trippett
- Steve Whitley
- Karam Chand
- Hapreet Dodd
- Lesley Freeman
- Barrie Gleghorn
- Albert Kaloma
- Allan Robinson
- Judy Scott
- Linda Woodcock

There are opportunities for further training and development, and regular Champion Network meetings where volunteers can meet socially, raise issues and receive updates about Healthwatch Newcastle developments and forthcoming volunteering opportunities.

This year we developed two new volunteering roles: Research Champions and Community Champions. Research Champions support us in developing research work, including the design, delivery and write up of research. Community Champions promote Healthwatch Newcastle within their community and gather the views of community members so that we can better understand their specific social care and health issues. A community may be based upon a geographical area, a certain protected characteristic (for example, age, ethnicity or sexual orientation) or any other group that can be easily defined (for example, people with a certain health condition or students).

Recruitment and training for the Research Champion role took place during autumn and winter 2015 and we now have nine volunteers trained to undertake this role. Recruitment to the Community Champion role took place during the early spring and by the end of March, two volunteers had undergone training and a further two were about to be trained. Our thanks go to all of our volunteers.

## Our vision

**“Our vision is to be Newcastle’s 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

During 2015–16 we had three key research priorities:

1. Domiciliary care
2. Dementia care and care for older people
3. Identifying priorities in primary care

Our project work was developed around these and resulted in two substantial research projects which have already begun to influence service planning and delivery.

## Listening to people who use health and care services

### Gathering experiences and understanding people's needs

It has been a busy year out and about in the city, hearing local people's experiences of services and holding a number of 'listening events'. These informal events give people from a wide variety of backgrounds the opportunity to share their views and raise any concerns about local services.

In June 2015 we held a listening event with Healthwatch Gateshead and the Regional Refugee Forum where we heard about the social care and health issues of refugees. The event revealed that mental wellbeing was a major concern for this group and as a consequence we held a follow up event in October to bring together members of the refugee and asylum seeker communities with people who plan and provide mental health and care services in Newcastle and Gateshead.

**“When (I) becomes (we) the illness becomes Wellness and your continued support to our organisation has proven that again and again. Thanks so very much for your wonderful and continued support for our members and always taking our concerns on board related to health issues.”**

**Nida, Peace of Mind**

In November 2015 we ran our annual Healthwatch Newcastle listening event. Members of the public took part in round-table discussions with representatives from nine local social care and health providers and planners. A number of issues came up several times:

- Access to and discharge from services
- The quality of service provided
- Isolation
- Communication
- Lack of services
- Concerns about the future

A report, 'Healthwatch listening event 2015', was produced and shared with the relevant service planners and providers (read it at [www.healthwatchnewcastle.org.uk/about-us/documents](http://www.healthwatchnewcastle.org.uk/about-us/documents)). We hope that they will use the information gathered to inform and improve their planning and delivery decisions.

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. We recognise that local organisations work with all parts of the community, as well as with



specific groups such as older people, BME groups and people with learning difficulties, and have developed valuable expertise and trusted relationships. We pay for the venue, refreshments and any other reasonable expenses to enable people to attend.

Our thanks this year go to JET, Better Days, Disability North and Search for bringing an audience to our listening events. The information collected is vital in ensuring we gather the opinions of all people, including those who are seldom heard. The information is then shared with commissioners and providers, along with recommendations on how services can be improved.

Our 'Bring an audience' scheme has allowed us to build strong and lasting relationships with VCS organisations and their members and they have attended other events held over the year.

A number of information stalls were held across Newcastle, asking for feedback on health and social care matters and talking about our work. Venues included local libraries, health and leisure centres, shopping malls, supermarkets and churches. We also attended large community events such as Northern Pride and the Mela festival.

Through all these activities we can build a clear picture of people's experience of social care and health services and together help change things for the better. Engaging with the community is a vital part of our work.

## What we've learnt from visiting services

We did not identify any areas of our work during 2015–16 that required the use of enter and view. Information about social care and health services was gathered in other ways, for example via our listening events and information stalls.

Anchor has worked with Healthwatch Newcastle a few times over the last 12 months with visits to one of our care homes and housing locations. Our staff found it a great learning experience finding out more about Healthwatch Newcastle and how they can help our customers. Through the interaction with our customers and their relatives Healthwatch was able to find out about their experience of health and social care and also find out more about what life is like living in a care home. I think all found these meetings hugely beneficial and would be happy to meet regularly in the future to keep the relationship going.

David Wood, Anchor

We have held engagement events in care homes, in recognition of the difficulties that care home residents might have in visiting different venues. Our engagement events are open to residents, their relatives and care home staff, and the care home management receives a summary report of the things that people have shared with us. If we have the permission of the care home, we also publish these on our website (read them at [www.healthwatchnewcastle.org.uk/about-us/documents](http://www.healthwatchnewcastle.org.uk/about-us/documents) under 'Care home notes').

## Giving people advice and information

### Helping people get what they need from local health and care services

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 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.

An online feedback centre was launched at the end of 2015. People can search, rate and review all local social care and health services online, and providers can also give a response to each review. The feedback centre enables people to look for services and provide feedback at a time that is convenient for them. A paper version is available for those who do not have internet access. This tool helps us to gather a higher volume and better quality of reviews and comments than before.

The feedback centre also includes a powerful sentiment analysis of social media and other online data. This is especially important as many people do not complain or raise issues formally with providers, commissioners or organisations such as Healthwatch, but will comment on their experiences on social media such as Twitter and Facebook.

Together, the feedback centre and sentiment analysis help us to identify if there are any trends in the issues that are being raised, and enabling us to take appropriate action. Identifying these trends also helps us to set annual priorities.

#### **Case study on breakdown in GP relationship**

We received a phone call regarding a GP surgery in the west end of Newcastle. A man rang on behalf of his partner whose relationship with her GP had broken down since April 2014. His partner went to the GP because she had glass in her head but she was told she was mentally ill, which she disagreed with.

The practice also refused to comment on issues with lymph nodes, which a hospital had identified. The patient suffered from panic attacks and needed a medication prescription but said the GP refused to talk to her. We recommended they should make a complaint to the practice manager but they declined. Therefore a referral was made to North of Tyne PALS on their behalf.

#### **Case study on quality of information**

A woman who had undergone breast cancer surgery called us. She had an implant in her that she wasn't aware was going to be left forever. Her husband accompanied her on all her visits and was not aware of this either. She requested a removal but the surgeon said this could not be done for reasons of his Hippocratic Oath. However, when she had a private consultation the same surgeon said he could remove it.

We advised the caller to contact the RVI Patient Relations department and supplied the contact number. We also gave her the Independent Complaints Advocacy number in case this would be useful. We reassured the caller as she was concerned about being victimised after making a complaint.

## **How we have made a difference**

### **Our reports and recommendations**

During 2015 we conducted in-depth research on service users' views of home care services in our city, as well as on people's preferences when making GP appointments. These have already changed commissioners' views about these services and it looks likely that the impact of this work will expand in the coming year. We have also influenced decisions and practice

at Newcastle Gateshead Clinical Commissioning Group (CCG), Newcastle City Council and the mental health trust.

### **Home care**

To ensure that opinions and views of home care users are heard in Newcastle, we conducted a large scale survey of service users, their family and carers, and home care workers.

Ten recommendations were made in our 'Spotlight on home care' report, which were discussed with the commissioner and service manager at Newcastle City Council. They valued the findings and are looking to adopt the recommendations in the new tender specification for home care services.

It is hoped that this home care research will lead to improvements in the council's performance monitoring of the home care service. Performance indicators will be developed, with specific performance indicators related to the priority areas where service users want to see improvements.

For more details on why we selected this research, what it uncovered, and the extent of its influence on improving home care services please see the case study in 'Our work in focus' on [page ??](#).

### **GP appointments**

In response to the information people shared with us about the challenges in Newcastle in accessing GP services, we decided to undertake an extensive piece of research on what criteria are important for people when making a GP appointment. Our aim was to understand the different preferences people have when making an appointment, and to provide valuable data to NHS England, Newcastle Gateshead CCG and primary health providers on what is important to service users when making a GP appointment. We felt this would help in the process of redesigning services in the area covered by the CCG.

University of Northumbria helped us design and undertake a discrete choice experiment to provide statistically robust information on people's most important criteria for making a GP appointment.

The findings were presented to the Care Quality Commission (CQC) and NHS England who valued the findings. Newcastle Gateshead CCG will use the information in its review and redesign of urgent care services and wants to collaborate with Healthwatch in future. For further details of the findings and impact of this research please see the case study detailed in 'Our work in focus' on [page ??](#).

### **End of life pathway**

In March 2016 we were successful in persuading the end of life pathway review group, chaired by Newcastle Gateshead CCG, to undertake local research into the priorities and needs of the local population. The group was initially ready to accept the national data but with our input agreed to seek local views of BME, deaf and blind groups and the homeless, as well as those dying from causes other than cancer, to inform the process of developing new guidance for how to support people at the end of their lives.

### **Care home engagement**

We arranged a care home engagement event in December 2015 and, due to our experiences and findings, returned in March 2016 for a second event. This raised a number of concerns for us which were shared with the CQC and Newcastle City Council. Our findings supplemented other evidence about the poor performance of this care home, leading to it being inspected

and requiring urgent improvements. The care home is not permitted to admit new residents until the improvements are made.

## Working with other organisations

At Healthwatch Newcastle, we work in partnership with other organisations across the city and beyond.

We are developing strong working relationships with other local Healthwatch across the region and have been instrumental in securing NHS funding (urgent and emergency care vanguard) to support network development.

Our 'Bring an audience' listening events are carried out in partnership with voluntary and community sector organisations and help us to engage with service users and members of the public.

In September 2015 our Chief Executive, Steph Edusei, became a member of the city's System Integration Task Force which is working to bring together local health and social care services. Members of the CQC, the local authority commissioning team, Newcastle Gateshead CCG and Healthwatch Newcastle meet regularly to share information. This has helped to build relationships and trust with partners in key organisations such as health care providers, the CCG and the local authority. We discuss services that have raised concerns and agree where further work by Healthwatch Newcastle can add to the general understanding of the service involved.

**“Over the past year we have had the benefit of Healthwatch Newcastle participation in our work on health and social care integration. Our Integration Taskforce is made up of senior officers from the statutory sector, a collaboration which has been significantly enhanced by the involvement of both the voluntary sector and Healthwatch. We have been working intensively to develop plans to redesign our health and care system in a way which focuses on the people whose needs we are trying to meet, rather than on organisational boundaries.**

**Healthwatch Newcastle has been a very active contributor to this process both in the Taskforce itself and in the Design Lab events, bringing a challenge to the statutory organisations usual ways of thinking and working. Steph Edusei has encouraged people to think about what genuine involvement looks like rather than standard approaches to engagement, input which was really well received by Design Lab participants.**

**We're grateful to Healthwatch for the time and expertise they have dedicated to supporting this important work which is a high priority for the Council, Wellbeing for Life Board and its partners.”**

**Cathy Bull, System Integration, Newcastle City Council**

We shared information gathered during a care home engagement event, which led to the care home being the focus of more attention from both the CQC and the local authority.

We prepared a report for the CQC summarising all comments received about Newcastle upon Tyne Hospitals NHS Foundation Trust prior to its inspection in January 2016. We also engaged with the public, in partnership with other local Healthwatch across the North East, to gather information to inform the CQC inspection of North East Ambulance Service NHS Foundation Trust.

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

We regularly attend the Newcastle Health Scrutiny Committee and are invited to contribute our perspectives to help inform the committee members' views. We have built a very constructive relationship with committee members and have begun to explore areas where we can work together outside of the formal committee relationship.

Members of Health Scrutiny Committee really value the positive working relationship we have with Healthwatch Newcastle. We developed a joint working protocol with Healthwatch soon after it was first established and since then we have been really pleased to see Steph or one of her colleagues make very pertinent contributions at our Scrutiny meetings on a variety of health and social care issues. Most recently, the Healthwatch Newcastle report and presentation on domiciliary care really helped to inform our discussion and conclusions.

Felicity Mendelson, Vice Chair Newcastle City Council Health Scrutiny

We have places for our Chair and Chief Executive on the Wellbeing for Life Board (Newcastle's health and wellbeing board). Over the last year we ensured there was wider involvement, including voluntary and community sector representation, in system integration and promoted a stronger focus on the city's Wellbeing for Life strategy.

## Involving local people in our work

We continue to engage with local people in a variety of ways including:

- Our annual conference
- Information stalls
- Online and face-to-face surveys
- Focus groups
- Listening events
- Conversations with individual people
- Holding events in partnership with other organisations (our 'bring an audience' scheme)
- Attending local groups
- Attending wider community events

I have been lucky enough to personally attend focus groups run by Healthwatch Newcastle, looking into key regional issues such as home care. The issues tackled are the ones that are at the forefront of people's concerns, and seeing how Healthwatch brings people together to gather their views and document concerns so that action can be taken is great to see. It is reassuring to know that if any issues are raised in the future there's always somewhere to go and someone who will listen.

David Wood, Anchor

And we promote engagement opportunities through:

- Our website and social media
- The voluntary and community sector (VCS)
- Local media
- Flyers and posters

“I found it very interesting and easy to understand... the people who came to our table (facilitators) were very helpful and the food was nice.”

Gordon Duncan, Better Days

We use every encounter with service commissioners and providers to advocate for the involvement of local people in the design and delivery of services they access. We stress that it is not enough to have Healthwatch Newcastle or other representative VCS organisations involved.

We are a member of the Deciding Together (adult specialist mental health service redesign), Expanding Minds, Improving Lives (children and young people’s mental health) and end of life care advisory groups. This membership allows us to advise on engagement and involvement of local people throughout the course of service redesign and to identify shortcomings in the work early and ensure that they are addressed. This has been particularly useful in the work on Deciding Together.

Deciding Together has been an engagement process with the people of Newcastle and Gateshead over almost two years, led by Newcastle Gateshead CCG. A formal consultation on scenarios for inpatient and community service provision took place between November 2015 and February 2016. We advised on and helped shape this engagement and consultation and have found the CCG very open to adapt and expand its work.

“As a CCG we are committed to being open and transparent about our work to ensure we have the right health services in place for local people, and the challenges that presents in terms of ensuring their quality, safety and affordability. We very much value the role Healthwatch Newcastle has had throughout our Deciding Together process; they have helped ensure that we place the voice of service users and carers at the centre of our transformation work.”

Guy Pilkington, Deciding Together

The whole process was overseen by The Consultation Institute, and the consultation won the following awards:

- Pride Awards 2015, category: Best event
- Patient Experience Network National Awards 2015, category: Commissioning for patient experience
- Association for Healthcare Communications and Marketing (AHCM) Awards 2015, category: Best engagement or consultation

## Our work in focus

### Case study on home care

In 2011 Newcastle City Council commissioned five home care providers to deliver services to 1,900 service users across the city, totalling approximately 13,400 hours of home care per week. The 2015–16 annual council budget for home care was £6.5 million. In mid-2016 the service will go out to tender for the coming three years with a budget reduction of 28%.

We decided to undertake a large survey of home care service users, their carers and relatives, and of home care workers, in order to understand their views of the service and to feed into the recommissioning of the service in Newcastle.

## Why we conducted this research

Our annual conference is a key moment in our calendar where we discuss and prioritise local social care and health issues to focus on in the coming year. Home care emerged as one of our three priorities at the 2015 conference. Other factors that made home care a priority for us were:

- Recent national reports on issues facing home care services
- There are comparatively few monitoring bodies for social services, compared to health
- Home care service users are a seldom-heard and vulnerable group – we hadn't heard anything about the service from local users
- Home care is underfunded, with users' views valuable in order to prioritise finite resources
- The council has limited existing monitoring data on the quality of home care services, and almost no data on satisfaction
- An opportunity to influence the future service before the commissioning in 2016

## Key findings

Overall satisfaction with the quality of care was high. However, seven areas required improvement:

1. Continuity of care worker
2. Medicine management
3. Communication between service user and the provider (not user and care worker)
4. Timeliness/punctuality of care workers
5. Training
6. Management of the provider
7. Complaints handling

## How we used the evidence gathered from service users to influence decision makers

The survey findings were first presented to the home care service commissioner, Angela Jamson, and the service manager at Newcastle City Council and discussed in detail. They told us they found the report insightful and operationally of great value. They agreed to incorporate all ten of the recommendations in our 'Spotlight on home care' report and to share the report at senior levels in the council. The service manager agreed to pursue improvements from a home care provider that received lower satisfaction scores.

**“We are very grateful for the recent work conducted by Healthwatch Newcastle on home care services. The survey results from service users and their carers or relatives have been insightful and valuable evidence for us to help evaluate the service and prioritise improvement areas for the coming home care service tender. We support the recommendations from the report. We have also been impressed with the professionalism of the work and the scale of the survey which has given the report credibility and importance in our thinking.”**

**Angela Jamson, Commissioner, Newcastle City Council**

The report was shared with other influential stakeholders including the Minister of State for Community and Social Care, local MPs, councillors, Newcastle Gateshead CCG, unions and pressure groups. It was also widely shared with service users, VCS organisations, the local press and other stakeholders. We expect the impact of this report to continue into 2016–17 and are continuing to raise awareness and communicate our findings.



## Key impact of research

1. Better performance monitoring – the council will incorporate performance indicators into the home care service, with specific performance indicators related to the priority areas where service users want to see improvements.
2. Best practice from the latest NICE guidance – the council will also ensure that best practice is incorporated in line with the latest NICE guidance for home care services, related to the areas for improvement voiced by the service users.
3. Prioritised service users' biggest concerns – the two most important issues for service users (continuity of care worker and management of medicines) have been prioritised for improvement in the new service specification.
4. Knowledge sharing – service users and their carers and relatives have learnt more about the home care service and their rights and choices relating to it. This has happened through the process of interviews and focus groups and via feedback through presentations and discussions post-survey.

## Case study on making a GP appointment

Speedy access to primary care services is one of the key components of a responsive and effective health service. However, many local general practices face increasing demand for their services and severe difficulties in recruiting new GPs. In this environment it is important that GPs understand the preferences of their patients, in order to make best use of limited resources.

Aware of the challenges that face GP practices when trying to improve access and the problems that people had told us they had when trying to get a timely appointment, we decided to carry out research into this area. We wanted to find out what is important to the people of Newcastle when booking a GP appointment. We particularly wanted to understand the relative importance that people put upon the different aspects of a GP appointment, including speed of access (waiting time for an appointment), convenience (flexibility of appointment time) and continuity of GP. We wanted to work out patient preferences for the population of Newcastle as a whole and how they might differ across various patient subgroups.

To do this we used a discrete choice experiment (DCE), which is a way of estimating the relative importance people put upon different aspects of a service. Staff from Northumbria University helped us design the DCE and carried out the data analysis for us. Healthwatch Newcastle staff and volunteers visited venues throughout summer and autumn 2015 to recruit participants. We received 748 completed eligible questionnaires from across the city, taking care to include subgroups by age, sex, ethnic group and geographical area.

### Key findings

1. The sample population as a whole put significant value upon both convenience of appointment time and continuity of GP
2. They are prepared to wait between 5 and 5.5 days to see either their preferred GP or to get an evening or weekend appointment
3. Convenience is marginally more valuable than continuity

However, this overall picture masks important differences between the various subgroups:

1. Men and younger people value flexibility more



2. Women, older people and those with a long term condition or disability value continuity of care much more highly
3. Non- white British people put less value on both these attributes and value speed of access more

### Next steps

The results suggest that those who are commissioning and planning GP services, should take into account factors such as the age, sex and ethnicity profiles of their patient group and the impact of these upon, for example, the demand for evening and weekend services.

Further research is needed to better understand the choices people made in our initial survey. Our research has shown that, at the population level, evening and weekend appointments are valued the most by the people of Newcastle. Newcastle Gateshead CCG is particularly interested in working with us to carry out further research to look in more detail at what people understand by the terms 'weekend' and 'evening' appointments. The CCG would also like to understand where those appointments might take place and with whom, and also how urgency may impact on people's preferences.

## Case study on young people's mental wellbeing

Young Healthwatch Newcastle are all volunteers aged 13–25 years who live, work or study in the city. They design, research and gather feedback about young people's experiences of social care and health services.

Mental wellbeing cropped up time and time again as an important issue to young people. A questionnaire was designed in order to get a better understanding of the main issues young people face regarding mental health and what schools and colleges were offering in terms of appropriate support.

The response from young people was positive and enthusiastic, and they were very happy to share their opinions and experiences. In total we had 465 responses: 390 young people completed the paper questionnaire and 75 the online version. Out of those that provided this data, we found that more females responded than males: 326 females, 109 males and six transgender young people, and the majority of respondents were aged 16–19 years (67%), 20% under 16 years and 13% in the 20–25 age range.

### Key findings

The main issues young people worry about are:

1. Educational/financial: school, exams, university/further education, getting a job, money, world future
2. Social: relationships, family, friends, bullying, social situations, drugs, loneliness
3. Mental health: stress, specific issues (anxiety, depression, panic attacks, mood swings, anger, bi-polar), access to help, stigma/opinions, self-harm, mental health bullying
4. Image: weight, appearance, health, confidence, sexuality, sex/gender, peer pressure

Young people would like information on mental health support to be made available at school/college (65%), GP practices (37%) and public events (25%) (top three answers).

When asked what one thing they would change about mental wellbeing support in their school or college, young people mentioned:

- Raising awareness and accessibility of support services
- Ensuring privacy and guaranteed anonymity

- Challenging the stigma surrounding mental health issues
- More acceptance and understanding towards students who suffer from mental illness

We published a report, 'Young People's Mental Wellbeing in Newcastle', with recommendations, and the research results were also submitted in a call for evidence to 'Expanding Minds, Improving Lives'. This joint health and local authority project in Newcastle and Gateshead is currently reviewing mental health provision for children and young people and their families.

Read our report at [www.healthwatchnewcastle.org.uk/about-us/documents](http://www.healthwatchnewcastle.org.uk/about-us/documents).

## Our plans for next year

The current contract for Healthwatch Newcastle ends in September 2016 and Newcastle City Council, which commissions us, is planning to re-tender the contract. We know from our discussions with the council that this is not a reflection on our work. If we are successful in our bid to deliver the new Healthwatch Newcastle contract we plan to:

- Continue with our new model for undertaking research into key priority areas – our work in 2015–16 has produced high quality and influential reports that we hope will improve services for Newcastle residents: we want to make sure that we repeat this in 2016–17 and make it a sustainable model for the future
- Continue to build partnerships with the people that plan, pay for and deliver social care and health services in the city – we are building strong relationships with many key organisations and individuals based on trust and respect; this makes it easier for us to influence important decisions and make sure that the voice of service users and the public is heard
- Become a fully independent (non-hosted) organisation in October 2016 – we plan to become a community interest company as this will allow us to stay true to our aims and objectives and ensure that any surpluses are used to further our work
- Develop our Board's skills and membership to support our work and to make sure that we have the highest standards of governance and transparency
- Develop our ability to generate income so that we can fund more research and hear from more people

## Future priorities

We have chosen our research priorities for 2016–17 based on what people have told us about local services and issues, as well as those we are aware of both locally and nationally. These were voted on by members of the public and at our annual conference, and the outcome of the vote was used to inform the Board's discussion and final agreement on the priorities.

Our research priorities are:

1. Care homes
2. Children and young people with special educational needs and disabilities
3. Intermediate care
4. Urgent access to primary care

The exact nature and scope of the research areas will be agreed in June 2016.

In addition to this work we will continue to work to ensure that the service user and public voice is driving the work on system integration, mental health service improvement (Deciding Together and Expanding Minds, Improving Lives), sustainability and transformation plans, as

well as the urgent and emergency care vanguard. This will be challenging, especially as a lot of this work covers a number of different organisations and local Healthwatch areas. However, we are confident that the relationships we have built so far will help us to make a difference and improve the quality and quantity of service user and public involvement.

## Our people

### Decision-making

We recognise that to make accountable, open and transparent decisions there are four essential ingredients:

1. Sound data collection to make informed choices
2. Clear and open decision-making procedures
3. Robust governance
4. Quality communication system

### Data collection

We know that the most important way to be accountable in our work is to ensure we first gather as many and as diverse a range of voices and views as possible to help us set the right priorities. Having rich data ensures we make the best possible informed choices. We do this in a number of ways:

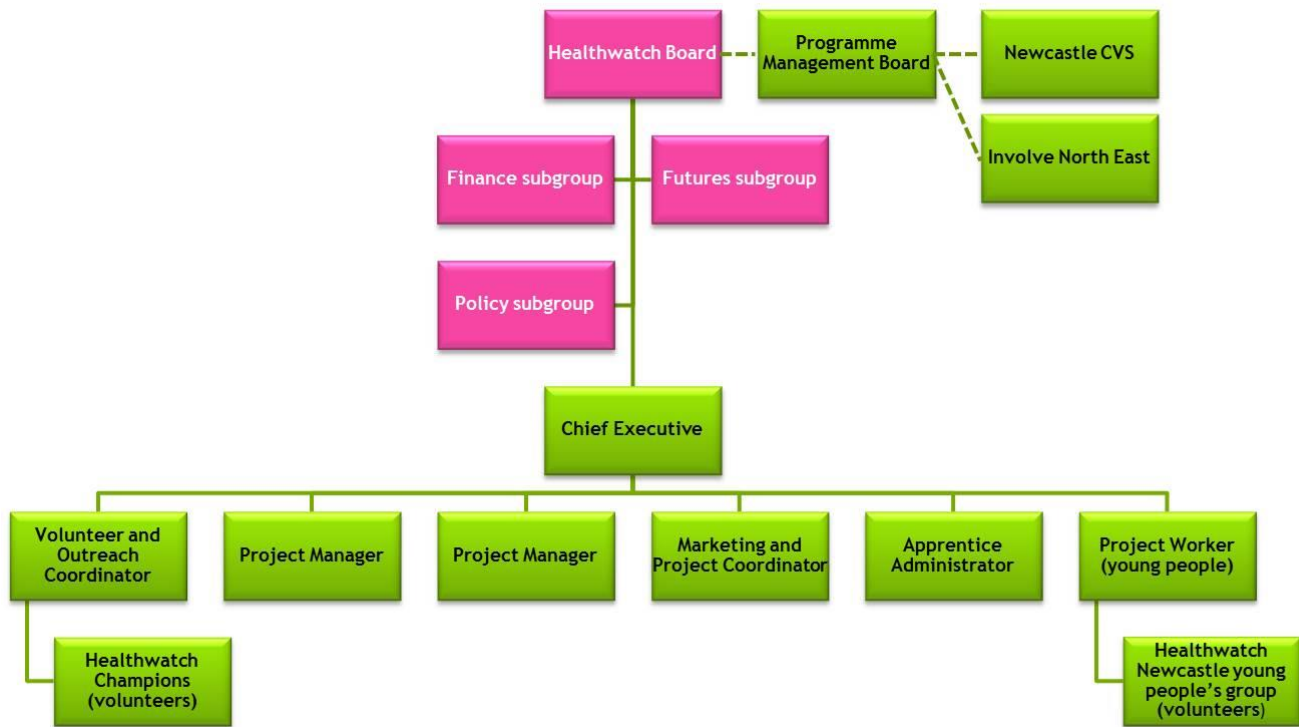
- A programme of listening events ensures we collect views that represent different demographic, gender and ethnic profiles, geographic areas of the city, and include seldom-heard groups
- Our new online 'feedback centre' and sentiment analysis tool helps us to gather a higher volume and better quality of reviews and comments than before
- Continued profile-raising across the city, through implementing our communication strategy, which directly impacts the amount of feedback we receive
- An active and growing team of 20 volunteers who support various events and enable us to carry out far more work than we could with a staff team alone
- Our Young Healthwatch Newcastle group, all volunteers aged 13–25 years, designs and delivers research into the views of young people

### Decision-making procedures

Our 'Healthwatch Newcastle decision-making procedure' document explains how we make decisions and can be found at [www.healthwatchnewcastle.org.uk/about-us/documents](http://www.healthwatchnewcastle.org.uk/about-us/documents). To prioritise work for the year, an initial list is drawn up based on feedback received from the feedback centre, listening events, meetings and of issues we are aware of locally and nationally. This information is taken to the Board which scrutinises and decides on a priorities longlist. The public is then invited to choose their top three priorities from the list by voting online, via our engagement events and at our annual conference. The results are then put to the Board and a work plan for the year is developed.

### Governance

Healthwatch Newcastle is co-hosted by Newcastle Council for Voluntary Service (Newcastle CVS) and Involve North East. The organisational structure is as follows:



## Our Board

The Board gives strategic leadership and direction to Healthwatch Newcastle, is wholly voluntary and consists of a maximum of 12 members. There is a formal recruitment procedure in place to ensure that members have the skills, experience and knowledge necessary to develop robust governance and ensure effective decisions are made.

The main strategic responsibilities for the Board are to:

- Define the vision, values, principles and priorities of Healthwatch Newcastle and ensure that they are achieved
- Uphold the values of Healthwatch Newcastle
- Maintain a clear public, patient, service user and carer focus
- Foster positive but challenging relationships to influence health and social care commissioners and service providers and drive up the quality of services
- Ensure the long term viability and sustainability of Healthwatch Newcastle
- Ensure that a supportive culture is embedded throughout the organisation
- Maintain an independent perspective of health and social care service provision
- Appoint (and if necessary remove) Board members

These responsibilities are fulfilled via regular Board meetings and subgroups, and through development sessions that include the staff team. All relevant decisions are taken to the Board for discussion and approval.

The Board meets on a quarterly basis, with two of these meetings held in public in an accessible, centrally-located venue. Profiles of Board members are published on the Healthwatch Newcastle website at [www.healthwatchnewcastle.org.uk/about-us/meet-the-team](http://www.healthwatchnewcastle.org.uk/about-us/meet-the-team), the Board register of interests is at <http://tinyurl.com/zbb2eml> and meeting dates and papers are at [www.healthwatchnewcastle.org.uk/board-meetings](http://www.healthwatchnewcastle.org.uk/board-meetings)

Regular items on the Board meeting agenda include:

- Chief Executive's report
- Trend analysis

- Finance subgroup report

Our Board members during 2015–16 were:

- Feyi Awotona (appointed September 2015)
- Anne Bonner
- Bev Bookless (Chair)
- Alisdair Cameron
- Neil Cameron (appointed September 2015)
- Tim Care
- Lisa Charlton
- Sarah Cowling
- Alison Walton

Board members	Board meeting attendance
Feyi Awotona	3/3
Anne Bonner	1/4
Bev Bookless	4/4
Alisdair Cameron	1/4
Neil Cameron	1/3
Tim Care	3/4
Lisa Charlton	2/4
Sarah Cowling	3/4
Alison Walton	4/4

### Finance subgroup

The finance subgroup oversees and monitors the activity budget and makes recommendations to the Board. Membership consists of Bev Bookless, Anne Bonner, Sara Cowling and Alison Walton, with Healthwatch Newcastle Chief Executive Steph Edusei and Jim Dodds, Finance Manager at Newcastle CVS, in attendance. The subgroup meets two to three weeks before each Board meeting.

Finance subgroup members	Meeting attendance
Anne Bonner	1/4
Bev Bookless	4/4
Sarah Cowling	3/4
Alison Walton	2/4

### Futures subgroup

The futures subgroup explores the options and implications for the future legal structure of Healthwatch Newcastle. Subgroup membership consists of Bev Bookless, Anne Bonner, Tim Care and Lisa Charlton; Steph Edusei and Sally Young, Chief Executive of Newcastle CVS, are also in attendance supporting the subgroup.

Futures subgroup members	Meeting attendance
Anne Bonner	1/4
Bev Bookless	4/4
Tim Care	4/4
Lisa Charlton	2/4

## Communication

We recognise that it doesn't matter how good your decision-making is if people don't know about the decisions. In this regard we ensure that any operational decisions, relevant news,

research reports, etc. are shared with the public in an accessible, open, transparent and timely way. We promptly update the website with Board papers and minutes, our reports, updated policies and other useful information. We regularly post on Facebook, Twitter and LinkedIn and send our monthly newsletter to over 1,000 subscribers. We share priorities, outcomes of recent work and other pertinent news at listening events, meetings and via press releases to the local media. Our reports are widely disseminated electronically and by hard copy (including large print where required), as well as presented at relevant forums and meetings.

## Our finances

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		215 078
Additional income		1 217
Total income		216 295
EXPENDITURE		
Operational costs		96 252
Staffing costs		136 067
Office costs		23 384
Total expenditure		255 703
Net expenditure		(39 408)
Balance brought forward 1 April 2015		69 647
Balance carried forward 31 March 2016		30 239

# Contact us

## Registered office

Higham House  
Higham Place  
Newcastle upon Tyne  
NE1 8AF

T: 0191 232 7445

W: [www.cvsnewcastle.org.uk](http://www.cvsnewcastle.org.uk)

## Get in touch



Healthwatch Newcastle, Broadacre House, Market Street, Newcastle upon Tyne  
NE1 6HQ



0191 338 5720



07551 052 751



[info@healthwatchnewcastle.org.uk](mailto:info@healthwatchnewcastle.org.uk)



[www.healthwatchnewcastle.org.uk](http://www.healthwatchnewcastle.org.uk)



@HWNewcastle



HWNewcastle



Healthwatchnewcastle



HWNewcastle



If you need this report in an alternative format please contact us at the Broadacre House address above.

We make this annual report publicly available by 30 June 2016 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.

© Copyright Healthwatch Newcastle 2016