

Healthwatch Board meeting
1 June 2015
Draft annual report (paper 3)
Presented by: Steph Edusei



Members of the Board are asked to:

1. Note the contents of the update
2. Suggest amendments to the Healthwatch Newcastle annual report
3. 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 (CQC), 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 2015.

This paper contains the draft Healthwatch Newcastle annual report 2014-15. This is a text only version and appropriate images 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.

Note from the Chair

We have strived through this second year to continue to work towards our vision:

“To be Newcastle’s voice for outstanding health and social care service for all”

I wanted to be able to answer a question I was posed “What is important in health and social care for the people of Newcastle?”

We have discovered that this is easier said than done. There is a wealth of information, systems and processes in place to be able to formulate a picture about health but the same cannot be said about social care.

We held a successful first conference in March 2015 ‘There’s more to Healthwatch than health’ to raise awareness among people and to test out whether the priority areas that we had identified in social care to explore further this year are the right ones. This will test our ways of working and we may have to find new ways of doing so as information is difficult to find, social care is a diverse, huge, demanding and at times a sensitive area. With the potential of more financial restraints being placed upon local authorities and social care we need to be diligent in our role to ensure that the people of Newcastle have a voice.

We have successfully appointed a Chief Executive who has a wealth of experience as a senior manager in the health service. All Healthwatch organisations are independent in their own right and there is no one, single model – they are all different. We decided very early in our existence that we wanted to develop a partnership approach and establish trusting, ‘no surprises’ relationships with all our partners in health, social care and the voluntary and community sector. We are still convinced that this is the right approach as we believe that we all want the same from our health and social care services and there is a lot to do, often with few resources.

[insert graphic of Guy Pilkington quote:

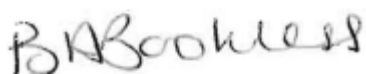
“Healthwatch Newcastle has become an important voice for the people of the city, championing their right to be heard by providers and commissioners of health and social care. It has worked with NHS Newcastle Gateshead CCG to improve our involvement and engagement with our communities, for example, during our work on mental health. It offers appropriate challenge and reminds us of the value of listening to people that use our services. The work of Healthwatch Newcastle with GP practices this year has been particularly fruitful, with each practice offered constructive feedback on how they present themselves on NHS Choices.”]

Appointing an experienced CE is already reaping the benefits in continuing to develop and nurture these relationships.

We also want to celebrate good news stories and have launched a Healthwatch Newcastle Stars award for services and people nominated by the public. Congratulations to all those people that have already received a star.

Year three looks as if it is likely to be as challenging or more so than the last two but the Healthwatch Newcastle team continue to be enthusiastic, motivated and skilled in their roles. Thank you to all of them.

Finally, I would like to thank our growing number of Healthwatch Champions and the Board, all volunteers who freely give their time, energy, knowledge and passion.



Bev Bookless

Note from the Chief Executive

Looking back over the past year has been interesting for me, not least because I only joined Healthwatch Newcastle in December 2014. I was instantly struck by the passion and commitment to the purpose and values of Healthwatch Newcastle that I saw in the staff, Board members and Champions. My first impression has only been strengthened over the last few months and I know that this puts us in a very good position to increase the impact of our work over the coming year. My personal highlight this year had to be our social care conference. The energy in all the sessions was palpable and we gathered some valuable information and insights into social care provision and experiences in the city.

I also believe that we have matured as an organisation, learning how best to influence and support our colleagues that plan, buy and deliver social care and health services.

There is still much to be done. Many people in Newcastle are not aware of Healthwatch, how we can help and what we do. In particular, people do not know that our focus is not just on health and includes social care for children and adults. Raising our profile to allow us to gather more and better quality information will be one of our key initiatives for 2015–16, as will developing a systematic means to analyse our insights and share these to support the improvement of services.

For now, however, I think that we should celebrate the work that we have done throughout 2014–15, the people we have supported and the improvements in approaches to engagement and involvement that we have been involved in.



Steph Edusei

About Healthwatch

Our vision

Our vision is:

“To be Newcastle’s voice for outstanding health and social care services for all”

However, it’s probably timely after two years as a statutory organisation to think about what this actually means and how we achieve it.

We try to ensure an independent stance in everything we do. This approach has been vital when working in partnership with providers and commissioners of social care and health services. Our aim has been to work alongside our partners without becoming a part of the systems we are there to scrutinise – a difficult balance to maintain but essential all the same. Retaining this independent status has allowed us to challenge our partners and get assurances about the intended approach and impact where necessary.

We have worked closely with the Newcastle Gateshead Alliance (now NHS Newcastle Gateshead Clinical Commissioning Group) on its review of specialist mental health services, Deciding Together. Our role has been in an advisory capacity, supporting the engagement team so their engagement truly offered a wide range of opportunities for service users, carers and the public to give their views. We have also helped the Mental Health Partnership Board to take note of feedback when designing options for new service delivery. This has included seeking assurance on the engagement and decision making processes and on the planned consultation methods and period.

Most of our work in 2014–15 has focussed on the commissioning and delivery of health services but towards the end of the year our remit for children’s and adults’ social care has become a higher priority. In March 2015 we held our first conference ‘There’s more to Healthwatch than health’, which allowed us to identify social care priorities for 2015–16.

Our strategic objectives

In early 2015 the Healthwatch Newcastle Board took time to review our strategic objectives. On the whole it was agreed that they were still relevant, but some changes were made to reflect our developing maturity as an organisation and the changing social care and health environment. Our objectives are:

1. To ensure that service users, patients, carers and the public are involved and engaged in the design and delivery of social care and health services
2. To provide accessible information that helps people to make choices about their own and their families’ social care and health needs
3. To support the improvement of the quality of social care and health services by identifying and prioritising key issues
4. To be a valued, influential and challenging critical friend to providers and commissioners of social care and health services and contribute to the representation of the views of Newcastle people
5. To be a transparent, effective and well governed organisation

The Healthwatch Newcastle team during 2014–15 were:

- Steph Edusei, Chief Executive
- Craig Duerden, Programme Manager (left August 2014)
- Nicci Donnelly, Marketing and Communications Coordinator
- Deborah Hall, Information Support Officer
- Rachel Head, Champion’s Support Worker
- Julie Marshall, Involvement Coordinator
- Beth Nichol, Apprentice Administrator

Go to page [??](#) for information about the Healthwatch Newcastle Board.

Engaging with people who use health and social care services

Understanding people’s experiences

During 2014-15 the views of people living and working in Newcastle upon Tyne were obtained by:

- Information stalls at community events and venues
- ‘There’s more to Healthwatch than health’ social care conference
- Targeted outreach to specific groups and communities
- Feedback via ‘Just ask’ information and signposting service
- Feedback via ‘Just tell Healthwatch Newcastle’ on our website
- Co-production of an information sharing protocol with the voluntary and community sector (VCS)

Out and about: community events and venues

We attended a variety of community events and venues throughout 2014–15 including:

- Northern Pride
- Newcastle City Library
- Newcastle Tenants Federation community event

- Newcastle College
- Newcastle Grainger Market - health, fitness and wellbeing event
- GP Patient Participation Groups

As well as gathering feedback from the general public, a number of these events enabled us to gather feedback from specific groups including:

- LGBT (Northern Pride)
- Older people (Newcastle Tenants Federation event)
- Young people (Newcastle College)

Although we did not specifically target people who did not live in Newcastle throughout 2014-15, it is a commuter city and a large proportion of the daytime population does not live in Newcastle. Therefore, by default, a proportion of our responses are from people living outside the city, especially when attending public venues in the city centre (City Library, Grainger Market).

Giving feedback on services

As part of our awareness-raising at community events and venues, people are encouraged to tell us what they think about services in the city, both the good and the not so good. This is done with branded 'issue leaves' that people complete and tie to an issue tree. We ask people:

- How can local services be better?
- What makes them great now?

All comments and experiences are recorded to enable ongoing trend analysis and identification of future areas of work.

Community priorities/targeted outreach to specific groups

In addition to capturing people's comments when we are out and about, there is targeted outreach with groups and communities, including those who are more vulnerable or disadvantaged or who are seldom heard. We achieve this by attending group sessions and meetings of local VCS organisations. This allows us to have informal discussions with people about their experiences in an environment which is safe and familiar to them. Some examples of seldom heard groups we have engaged with are:

- Parents of children and young people with disabilities
- Women who have moved to the UK on spouse visas who do not have English as a first language
- Adults with learning disabilities

Nearly 80% of all comments received during 2014–15 related to health services, with very little feedback about social care services. We identified a knowledge gap in social care in the city so have made this a priority for 2015–16, and will be researching people's experiences of these services.

'There's more to Healthwatch than health' conference

Our social care focus for 2015–16 was launched on 5 March 2015 when we hosted a conference with three main aims to:

1. Raise awareness that Healthwatch deals with social care for children and adults
2. Hear the views of a wide range of people and organisations about social care in the city
3. Help inform 2015-16 priority setting for Healthwatch Newcastle

In addition to the knowledge gap around local social care, we focused on this area because there has been:

- Far less scrutiny of social care services compared with health care
- Sharp reductions in local authority revenue
- Increasing national attention on social care
- Less focus on social care by Healthwatch Newcastle in our first two years

Guest speakers were invited to lead on breakout sessions and/or participate in a panel discussion at the end of the event. The speakers were:

- Rachel Parsons, Training and Development Manager for Newcastle Carers
- David Barker MBE, Director of Business Development and Quality at The Percy Hedley Foundation
- Liz Greer, Care Act Programme Manager for the North East ADASS
- Simon Stevens, an independent disability issues consultant and trainer
- Dr Guy Pilkington, Chair of NHS Newcastle Gateshead CCG
- Cathy Bull, Assistant Director of Wellbeing Care and Learning at Newcastle City Council

Various aspects of social care were discussed during the breakout sessions including:

- Social care from the carer’s perspective
- Implications of the Care Act
- Service user involvement in social care
- Disabled young people in the care system

Attendees were encouraged to give their views in a number of ways, including via video booth and issue leaves, and Q&As at the breakout sessions and the panel discussion.

There was very positive feedback on the conference with comments made on the “excellent programme of speakers and subjects”.

[Insert graphic with feedback quotes:
Thank you for a stimulating and thought-provoking event
Nice atmosphere
Realistic answers to questions posed
Very good speakers and panel]

Outcomes from the conference included:

- Incorporating comments from attendees into our evidence base for targeted pieces of social care work
- Prioritising dementia and older people’s care; domiciliary care; and learning disabilities for 2015–16
- Raising awareness of Healthwatch Newcastle and its involvement and interest in social care
- Gaining feedback on priorities for the work of Healthwatch Newcastle during 2015-16

What people told us during 2014–15

Between April 2014 and March 2015 the most common individual comments about health and social care services were:

- Quality of care
- Waiting times
- NHS is a valuable resource
- GP appointments
- Staff attitude

Healthwatch Newcastle Stars

We want to recognise excellence as well as challenging poor quality service and have developed and launched a 'Healthwatch Newcastle Stars' award. This gives members of the public the opportunity to nominate a person or service for excellent patient care or customer service. People can nominate via our website, in person at one of our community stalls or via our phone line. This year we have awarded six 'Healthwatch Stars' awards to services in Newcastle upon Tyne.

During 2014–15 we were pleased to award 'Healthwatch Newcastle Stars' to:

Primary care

- Dr Lamballe: Saville Medical Group
- Dr Kidd: Saville Medical Group
- West Road Surgery
- Heaton Road surgery
- Parkway Medical Centre

Secondary care

- Donna Sill: Midwife Sonographer, Royal Victoria Infirmary
- Ward 23, adult trauma orthopaedics, Royal Victoria Infirmary

Urgent care

- Ponteland Road Walk-in Centre

Involving young people

We recognise the value of children and young people's views of, and involvement in, social care and health services.

In June 2014 a local organisation, Children North East, was contracted to set up and manage a Healthwatch young people's group to ensure young people's views were embedded in our work. Four outcomes were agreed:

1. Gathering the views and opinions of children and young people on health and social care issues
2. Establishing a mechanism for children and young people to engage with Healthwatch Newcastle
3. Ensuring seldom heard children and young people are engaged by Healthwatch Newcastle
4. Children and young people know of and use Healthwatch Newcastle

The group involves young people at two levels: the core participation group meets weekly to plan and carry out work; they then gather the views of a wider number of children and young people to inform their work. A total of 27 young people have been involved in the participation group.

Young people attending the participation group activities are from a wide variety of backgrounds, including seldom heard groups such as:

- Young people from a black, minority ethnic background
- Those who identify as lesbian, gay, bisexual and transgender
- Young people living in supported accommodation
- Those with special educational needs
- Those currently supported by mental health services and projects

Establishing priorities

An initial health survey questionnaire was undertaken to establish the possible priority areas for the group. A total of 154 young people took part in this survey and the following issues were highlighted, listed in order of popularity:

- Waiting times at GPs and other health services
- GPs and other health services should be easier to access
- Advice and information is needed for young people, aimed at young people
- Doctors and other health professionals, including reception staff, to be more approachable, welcoming and friendly
- Raise awareness of mental health services for young people
- Dental services can be inaccessible and expensive; information, advice and support needed for young people to access
- More information and easier to access sexual health services needed

The young people's group chose to focus their attention on dental and mental health services during the first phase of the project.

Dental services

The group carried out a questionnaire with their peers to establish knowledge and experiences of dental services in the city. A total of 274 young people took part in the research and a report of the findings has been published. The group plans to send a copy of the report to every dental practice in Newcastle, to existing networks and to the contacts that they have made during their research.

[insert graphic of young people's quotes:

"We are a group of young people that have an interest in local health issues and take pride in trying to improve services for others in our local community" - Rachel Ward

"Healthwatch has allowed me to share my existing knowledge with new people. It has also allowed me to learn new skills" - Soph Hopkins

"Healthwatch has changed the way I see health services on many topics" - Connor Taylor]

What's next for Healthwatch Newcastle?

We have many involvement activities planned for the coming year including:

- Monthly joint Healthwatch Newcastle and NHS complaints advice drop-in sessions in partnership with Independent Complaints Advocacy (ICA)
- Information gathering event in partnership with the Regional Refugee Forum
- Information gathering event in partnership with Disability North
- Regular information stall at West Newcastle Food Bank
- Regular information stall at the Lemington Centre
- Information stall at Northern Pride
- Information stalls at local supermarkets
- Partnership working with Children North East to offer Healthwatch Newcastle information sessions to parents and families
- Partnership working with Macmillan Cancer Care to gather the views of people living with cancer
- Targeted outreach with various groups to gather experiences of social care services
- Ongoing peer research by the young people's group to gather the views and experiences of children and young people

Enter and view

We did not identify any areas of our work during 2014–15 that required the use of enter and view.

Evidence on social care and health services has been gathered in other ways, for example, 'GP mystery shopping'. This involved Healthwatch Champions visiting GP practices to see how they dealt with compliments, comments and complaints about their services (see page ?? for more information).

Providing information and signposting for people who use health and social care services

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

We provide an information and signposting service – the ‘Just ask’ helpline – giving callers free independent information about local social care and health services. We also help people decide 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, on 0808 178 9282 (free from landlines) or text 07551 052 751.

This year we helped 47 people via this service and below are three examples of what we did.

Case one: GP services - complaints management

A caller got in touch with us about complaints handling at their local GP practice. We heard that the complaints process was poor and reception staff were not good at dealing with complaints. The caller said that since making the complaint the service had been unsatisfactory and, sadly, the caller had been removed from the GP practice patient list. The caller also highlighted that:

- The practice GPs do not provide good care
- The reception staff are rude

The caller was interested in support to take the complaint further and was seeking information about how to find a new GP. We referred the caller to ICA and passed on information about NHS England (the body that commissions primary care services).

We also encouraged the caller to make use of NHS Choices, Patient Opinion and Care Opinion when choosing their new GP.

Case two: hospital services - waiting times

A caller got in touch with us to express concern about the time it was taking to arrange a diagnostic test for a family member who was an inpatient at a Newcastle hospital. The caller explained that this has been raised with the consultant several times but progress was slow.

We told the caller about the role of the Patient Advice and Liaison Service (PALS) and offered to refer the patient. The caller chose to call PALS directly rather than be referred by us.

We explained how to make a formal complaint and encouraged the caller to call again if things did not improve.

Case three: hospital service accessibility, environment and patient choice

A caller with mobility issues got in touch to express unhappiness regarding the move of a hospital clinic from one wing to another. There were no accessible parking bays nearby and the caller had to walk quite a distance to access the service. The caller also had to walk through a ward to access the clinic and felt uncomfortable about this due to the lack of privacy for patients in that ward.

There were further comments about the clinic’s new environment. We were told that the treatment rooms were depressing and overcrowded with no staff nurse present, and patients could no longer make two appointments in advance.

The caller expressed a wish to use a different hospital and explained that this had been communicated in a letter to the hospital and PALS but there had been no reply.

We spoke to PALS about this and were told that the issue had been referred to the Patient Relations department to be treated as a formal complaint. We were able to share this information with the caller.

Supporting ESOL learners to get the information they need

This year we took our responsibility to provide an information and signposting service further by working in partnership with a local VCS organisation called Jobs, Education and Training (JET).

When attending a community refugee drop-in session we heard that the NHS can be baffling to newcomers who do not always know where to go when they need care. We were also aware of a local report by the Health and Race Equality Forum called ‘Exploration of the health needs of people who have arrived in Newcastle upon Tyne from central and eastern European countries’¹. This report highlighted the need for information about how to use the NHS effectively.

We commissioned JET to develop a set of training modules to help people who are new to the UK understand how to access and use NHS services effectively, leading to improved equality and accessibility. The modules have been designed for use by ESOL (English for speakers of other languages) tutors and other organisations or groups who deliver English classes. They are currently being piloted and are planned to be released as a resource in summer 2015.

We believe these will be of use to everyone (not just ESOL learners) and will be of particular value to young people and those with learning disabilities.

Influencing decision makers with evidence from local people

How our reports and recommendations lead to change

This year our Healthwatch Champions (volunteers) have worked with us on three areas:

- GP services
- NHS Choices
- Dental services

The work on GP services has been completed and published and the other two pieces will be published during 2015–16.

The report on GP services is called ‘Compliments, comments and complaints: encouraging feedback from your patients’² and focuses on complaints within GP services. We wanted to find out what information GP practices had about their complaints procedures, how clear that information was and how easy it was to find.

We decided to focus on GP services because most of the comments we receive are about GP services. It is also the service that people tend to access first when using the NHS and may be where patient first experience problems with their care.

There were also two national reasons why we chose to do this work:

1. The Clwyd Hart report ‘Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture’³ highlighted that people did not complain because they feel the process was too confusing or they feared for their future care
2. Healthwatch England’s engagement work found that the new system is not clear and is hard to use: the main issue was who to contact to make a formal complaint

¹ <http://tinyurl.com/nfm4owm>

² www.healthwatchnewcastle.org.uk/sites/default/files/gp_report_2014.pdf

³ <http://tinyurl.com/l9m3ngg>

Champions completed this work by taking on the role of a mystery shopper. They visited all of the GP practices' waiting areas in Newcastle and looked for any leaflets on how to give feedback or make a complaint. If the Champions could not find any information they approached a staff member to ask for a copy of the complaints process.

Our overview report 'Compliments, comments and complaints: encouraging feedback from your patients' was written, along with a confidential feedback report for each practice. These were sent to GP practices, NHS England and our Clinical Commissioning Group (CCG) in September 2014.

We received responses from 67% of the practices, and 67% of these respondents said they would take action. Some actions that practices said they would take included:

- Displaying suggestion boxes
- Developing feedback displays
- Working with their Patient Participation Groups
- Discussing at a team meeting
- Making changes to the waiting room
- Changing font size of posters and leaflets
- Making forms available at reception
- Designing new leaflets

We have followed this work up by revisiting a selection of practices and will be able to report on its impact in our next annual report, along with the results of our NHS Choices and dentistry work.

[insert graphic of volunteer quotes: "Really enjoyed helping out at Newcastle Pride." (Susan Chan) "Enjoyable, but also our duty to do good work for our community." (Karam Chand) "More interactive, learned a lot of things about the complaint procedure." (Albert Kaloma) (mystery shopping)]

We would like to thank our Champions – Aisha Khan, Albert Kaloma, Ellie Holding, Henna Tanvir, Lexie Lu, Paul Dutton, Raisha Choudhury and Violet Rook – for helping us complete this work.

Putting local people at the heart of improving services

We have participated in an advisory capacity in a number of engagement groups that have supported the commissioning, redesign and delivery of social care and health services in the city.

- **Speech and language therapy services review - engagement and service redesign jointly led by Newcastle Gateshead CCG and Newcastle City Council**
We are advisors to the co-production group, ensuring that adequate work is done to capture the views of service users, carers and provider staff prior to any redesign of services.
- **Scotswood GP practice and Grainger Medical Group**
We took part in a programme of meetings where we were able to influence the public consultation regarding the closure of these two practices. This was followed by a procurement process and a new provider was secured to run services at both sites. We are now meeting regularly with the new provider.
- **Northumberland Specialist Emergency Care Hospital**
We hosted a meeting of commissioners and providers to clarify that the needs of the people of Newcastle were to be considered when the new hospital at Cramlington opens. We continue to work with our colleagues in Healthwatch North Tyneside and Healthwatch Northumberland to ensure that the information provided to the public is clear, effective and relevant.
- **Deciding Together - specialist mental health services review**
We have been an active part of the advisory group supporting the review of specialist mental health services across Newcastle and Gateshead. The pre-consultation engagement undertaken

by Newcastle Gateshead CCG has been broadened as a result of our input and that of other partners and the willingness of the CCG to listen and adapt their plans.

We have also taken action when we felt that people were not being involved in decisions about provision of services:

- **GP out of hours services**
NHS Newcastle North and East CCG and NHS Newcastle West CCG (now in partnership as the NHS Newcastle Gateshead CCG) have been pursuing a procurement of a new GP out of hours service and we kept a close eye on this work. In August 2014 we heard that the procurement process had been halted due to changes in the commissioning landscape and the opportunity for CCGs to co-commission primary care. We wrote to the CCGs asking how the public will be involved in designing and contributing towards a new model of care. Because NHS Newcastle Gateshead CCG is considering how to provide this service within the wider remit of urgent and emergency care, work has progressed slowly. However, we have continued to emphasise the requirement to reflect on previous feedback about these services and provision gaps and to discuss future needs with the public.
- **Potential withdrawal of a contract with a local service provider**
We were informed about this very early on, before a decision had been made. We worked with Healthwatch North Tyneside and wrote our respective CCGs to ask how they plan to communicate and support patients through the process should the withdrawal occur. The response from the CCGs informed us that they did not expect any patients would have to move. We learned that patients and families had been offered one-to-one discussions if they were concerned and that the patients' GP practices and social care had been informed. The CCG assured us that it would make sure social workers and key workers were informed and that advocacy provision would be explored so this was ready if it was needed.

Health Scrutiny Committee

We attend the Newcastle Health Scrutiny Committee and work in partnership with committee members to gain a clear view of service delivery and proposed changes and support the involvement of local people. We regularly bring a local Healthwatch perspective to issues the committee discusses as well as suggesting areas that the committee may wish to review.

Wellbeing for Life Board

The Chair and Chief Executive of Healthwatch Newcastle have a place on the Newcastle health and wellbeing board (known locally as the Wellbeing for Life Board) and have been active members throughout 2014–15, challenging partners to reflect the views of service users and the public.

We presented an update on our work to the Wellbeing for Life Board in October 2014 which prompted a lively discussion about dental services and commitment to re-visit the subject during 2015–16.

Healthwatch Newcastle representation at the Wellbeing for Life Board has ensured that all board members are able to view and comment on recommendations delegated for Chair approval prior to approval, increasing transparency and accountability.

Working with others to improve local services

Our approach is to work in a collaborative manner with partners and stakeholders in the first instance. We participate in a number of groups, giving advice and sharing our perspective, and feel that this is a more proactive way to ensure that engagement, involvement, service redesign and delivery are effective than to maintain distance and comment once a process is complete.

Over the past year we have:

- Worked with Newcastle Gateshead CCG, partners from the community voluntary sector, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and Healthwatch Gateshead as part of the Deciding Together specialist mental health review advisory group (see page ?? for more information)
- Advised the Speech and Language Therapy services review working with service users and carers, Newcastle Gateshead CCG, Newcastle City Council, community voluntary sector organisations, NTW, Newcastle upon Tyne Hospitals NHS Foundation Trust
- Written to NHS England about the referral process into the Richardson Eating Disorder service at the Royal Victoria Infirmary and the future of the service; the letter highlighted people's high opinion of the service and the concerns of service users and carers if it should close (see page ?? for more information)

Working with the Care Quality Commission and Healthwatch England

We regularly meet with local Care Quality Commission (CQC) inspection team members to share insights and concerns and find this working relationship extremely valuable.

In 2014–15:

- We have not made any recommendations to the CQC to undertake special reviews or investigations
- The CQC has not undertaken any special reviews or investigations following our recommendations
- One commissioner has not responded to an information request from Healthwatch Newcastle
- One issue was escalated to Healthwatch England
This regarded the withdrawal of the Friends and Family Test (FFT) as a local quality indicator that CCGs could use to achieve their Quality Premium. Healthwatch England asked NHS England about this on our behalf. NHS England responded to say that FFT was going through a review at the time the quality indicators were being agreed. If the review recommended a change this would have jeopardised the achievement of the quality indicators, as the achievement targets may not have matched with the way the data was presented. Therefore, NHS England advised that FFT should not be used as a quality indicator for 2014–15; it will continue to explore how this can be done in the most useful way.

Reports and recommendations produced by us are shared electronically with the CQC, NHS England, Healthwatch England and any relevant commissioners and providers. They are also available on our website at www.healthwatchnewcastle.org.uk and hard copies are available on request.

Intelligence about local services is shared electronically with Healthwatch England.

How we make an impact

Deciding together - developing a new vision for mental health services in Gateshead and Newcastle

This year we have been closely involved in an advisory and scrutiny capacity in the work undertaken by the Newcastle and Gateshead CCGs to review specialist mental health services. This work is called Deciding Together.

We became aware of the proposed changes in April 2014 but there appeared to be no plans for consultations with patients/family, their advocates or external stakeholder organisations. We recognised that these changes could be disruptive to the service users involved and their families and asked for information about the consultation plans.

This questioning led to our involvement in Deciding Together, participating in the Advisory Group which helped support the CCGs develop their consultation process. The work started in the summer of 2014 and took some initial faltering steps which caused concern among mental health service users, carers and representative groups.

These concerns were raised with the Newcastle Gateshead Alliance (now NHS Newcastle Gateshead CCG) and they reviewed their approach. They took steps to carry out a detailed engagement and involvement exercise which involved participatory budgeting.

[insert graphic of Steve Nash quote:

As the VCS lead for the Deciding Together Advisory Group, I have been very pleased to have Healthwatch involved. Steph brings a wealth of knowledge about multi-agency working and real confidence and expertise about good practice in consultation and public engagement. This is about the future of mental health services but it has been really useful to have input from someone with responsibility for ensuring that the whole community has the opportunity to be involved in the process.]

By being involved in this work we have been able to:

- Support the creation of a ‘Mental health pound’ event to allow key stakeholders including service users and the public to prioritise potential inpatient and community services
- Ensure that an additional feedback session was held to give choice of dates and avoid the Easter holiday period
- Advocate for a full 12 week consultation period rather than eight weeks as originally proposed
- Advocate for the importance of appropriate consultation with service users and carers

Richardson Eating Disorder Service

The Richardson Eating Disorder Service (REDS) is based at the Royal Victoria Infirmary in Newcastle and has five beds for people with eating disorders requiring inpatient services. The service is widely recognised as being of high standard and valued by people in Newcastle and surrounding areas.

Other eating disorder services are provided in the region by the Tees, Esk and Wear Valley NHS Trust (TEWV) which holds the contract to provide the Northern Centre for Eating Disorders. The beds are located in Darlington (adults) and Middlesbrough (children).

We heard that people in Newcastle had to travel to use beds in Darlington and Middlesbrough – even if there were beds available in Newcastle – and that REDS was at risk of closure.

In April 2014 we wrote to NHS England about REDS. We wanted to confirm that people had to travel to Darlington and Middlesbrough when there were beds in Newcastle and discover if the service was at threat of closure. We expressed the importance of providing services close to home in terms of a patient’s recovery and the wellbeing of their family and carers, and the importance of keeping open the service in Newcastle.

While NHS England could not comment on the future of REDS, the information provided did suggest that beds in Darlington and Middlesbrough had to be filled before beds in Newcastle were used.

NHS England also informed us of plans to develop an intensive day service in Newcastle in collaboration with Northumberland, Tyne and Wear NHS Foundation Trust (NTW). In May 2014 we heard that REDS would be closing.

As this was taking place we became aware of the interest of a local group (North East Eating Disorders Action Group (NEEDAG)). Both NEEDAG and Newcastle’s Health Scrutiny Committee were

unhappy about the situation and were expressing concern. It was clear that interested parties wanted the service to remain because it was close to home and highly valued.

In July 2014 we heard that NHS England decided to commission 20 inpatient beds in the region, including the existing 15 beds in Darlington provided by TEWV and five beds in Newcastle within the Richardson Unit. NTW would also continue to work to establish an intensive day care service in Newcastle.

We feel that a combination of local interest and supporting REDS through working in partnership with service users, NEEDAG, Health Scrutiny, MPs, advocacy groups and Healthwatch Newcastle helped commissioners make a decision that met the needs of people in the North East.

Our plans for 2015–16

Opportunities and challenges for the future

Healthwatch Newcastle is a young organisation and while we have established a sound governance foundation for our work and started to build a good reputation and develop a deeper understanding of the local social care and health services' strengths and weaknesses, there is still much to do. Reviewing our progress against our 2013–15 goals has helped us to identify gaps and informs our goals going forward.

The information and experiences that people have shared with us over the past two years have been essential in helping us to shape the way forward. Our desire to make sure that we can continue to listen to and use that valuable insight to support the planning and delivery of great services is stronger than ever.

We are aware that the environment we operate in is very changeable and therefore we have undertaken an analysis to see how we can ensure that we are able to weather any storms, and continue to develop and meet our strategic objectives.

Our key goals are to:

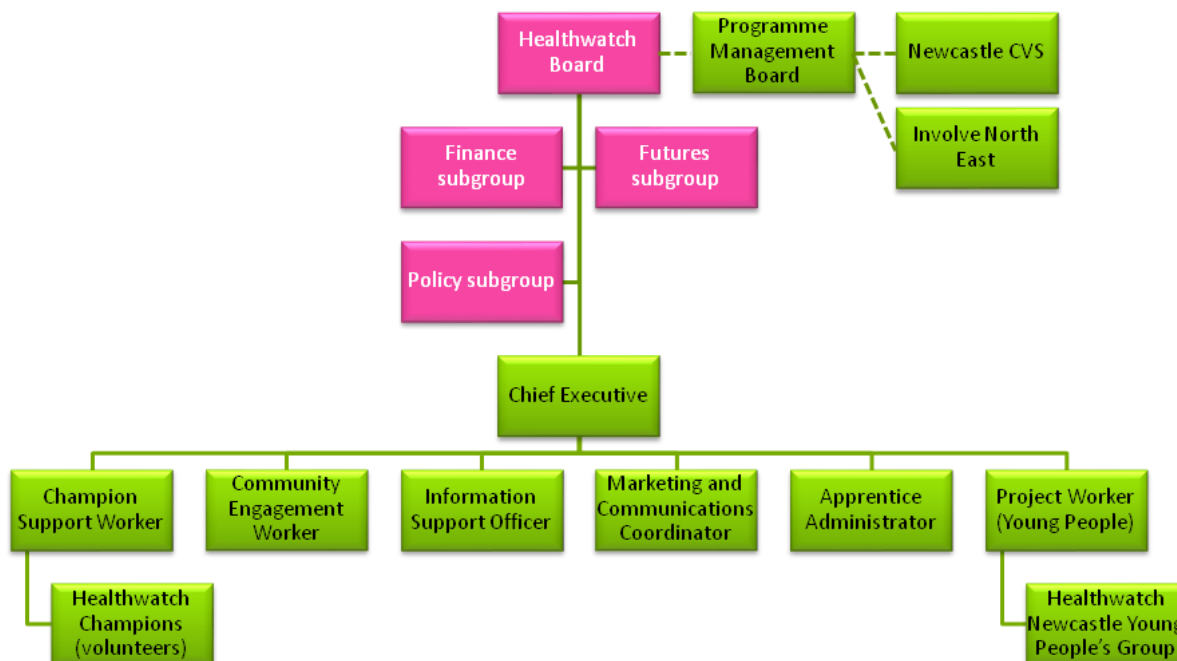
- Increase the volume of quality information and insights so we have a sound basis to identify issues, trends and best practice
- Increase our understanding of the social care and health issues important to the city's population
- Continue to encourage information sharing and promote critical thinking, planning and delivery across the social care and health sectors
- Ensure the capacity and capability to deliver our strategic objectives
- Ensure that the purpose and work of Healthwatch Newcastle is sustainable in the longer term

Our priorities for 2015–16 are:

- Domiciliary care
- Dementia care and care for older people
- Identifying priorities in primary care
- Care for people with a learning disability

Our governance and decision-making

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 purpose of the Board is to give strategic leadership and direction to Healthwatch Newcastle. The Board 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 development sessions which 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, meeting dates and papers are published on the Healthwatch Newcastle website at www.healthwatchnewcastle.org.uk/content/meet-board

Regular items on the Board meeting agenda include:

- Chief Executive's report
- Trend analysis
- Finance subgroup report

Our Board members during 2014–15 were:

Bev Bookless (Chair)	Independent
Anne Bonner	Riverside Community Health Project
Alisdair Cameron	Launchpad
Tim Care	Independent
Lisa Charlton	Newcastle Society for Blind People
Sarah Cowling	HealthWORKS Newcastle
Alison Walton	Independent
Diana Barnes (stepped down May 2014)	Independent
Jill Remnant (stepped down December 2104)	Independent

Board members	Meeting attendance
Bev Bookless	4/4
Anne Bonner	2/4
Alisdair Cameron	3/4
Tim Care	3/4
Lisa Charlton	3/4
Sarah Cowling	3/4
Alison Walton	3/4
Jill Remnant	3/4

Board subgroups

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 Graeme Lyall, Finance Manager at Newcastle CVS (a Healthwatch Newcastle delivery partner), in attendance. The subgroup meets quarterly, two to three weeks before each Board meeting.

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

Futures subgroup

The initial national vision for local Healthwatch was that they would all become independent legal entities by April 2015. The futures subgroup remit is to explore the options and implications for the future legal structure of Healthwatch Newcastle. Subgroup membership consists of Bev Bookless, Anne Bonner, Tim Care, Lisa Charlton; Steph Edusei and Sally Young, Chief Executive of Newcastle CVS, are also in attendance supporting the subgroup.

Futures subgroup members	Meeting attendance
Bev Bookless	1/1
Anne Bonner	0/1
Tim Care	1/1
Lisa Charlton	1/1

Policies and procedures subgroup

The policies and procedures subgroup met throughout 2013 to formulate and review Healthwatch Newcastle policies and procedures. Subgroup membership consisted of Jill Remnant, Lisa Charlton, Tim Care and Diana Barnes with Rachel Head, Champions' Support Worker, in support.

As the work was completed to a satisfactory standard during 2013–14, no further meetings have taken place; the last meeting during 2013–14 resulted in a 'Policy and procedures position statement'.

Board declarations of interest

Position	Surname	Forename	Self/status	Organisation	Brief details of interest
Chair	Bookless	Bev	Self	You First Coaching	Owner
				Involve NE	Acting Chair
				Food Nation	Strategic consultant
	Bookless	Douglas	Spouse	NHS England	GP
Board member	Bonner	Anne	Self	Riverside Community Health Project	Chief Executive
				Carnegie Building Limited	Managing Director
				Search	Trustee
				YMCA	Trustee/Acting Chair
				Newcastle CVS	Trustee/Vice Chair
Board member	Cameron	Alisdair	Self	Launchpad	Team Leader
				NTWSU&C network	Co-chair
				NAGAS	Chair and Director
				Northumberland, Tyne and Wear NHS	Governor
				NSUN	Board member and Director
				Net	Board member and Director
				Advocacy Centre North	Shadow Board member
				Mental Health North East	Vice Chair and Director

Position	Surname	Forename	Self/status	Organisation	Brief details of interest
Board member	Care	Tim	Self	Ward Hadaway	Partner of law firm, which acts for a number of health and social care providers, including Newcastle Hospitals NHS Foundation Trust, Northumberland Tyne and Wear NHS Foundation Trust, North East Ambulance Service Foundation Trust, as well as local CCGs. Also does some work for Newcastle City Council.
Board member	Charlton	Lisa		Newcastle Society for Blind People Different Strokes North East MEA Trust	Vice Chair Treasurer Trustee
Board member	Cowling	Sarah		HealthWORKS Newcastle Sure Start West Riverside Partnership	Chief Executive Officer Board member
Board member	Walton	Alison	No interests to declare		

How we involve lay people and volunteers

Involving people in Board meetings

Transparency in governance processes is supported by holding two Board meetings a year in public. These give members of the public, as well as stakeholders from the VCS and statutory sector, the opportunity to observe decision-making in action and to pose questions to the Board.

Involving the VCS

To widen participation in governance we held a number of 'One collective voice' events during 2014 with VCS groups in Newcastle.

'One collective voice' looked at how organisations working with local communities could raise awareness of people's experiences of social care and health services with us. The vision emerging from the meetings was one of a shared desire to benefit the people who live, work and learn in Newcastle by making the best use of local information and intelligence.

An information sharing protocol⁴ was developed in partnership which outlines:

- Shared principles and values
- How we will analyse data
- How we will work with together when more information is required and action needs to be taken
- When to share and publicise key themes

By working together this information sharing protocol will lead to the creation of a bank of evidence on local social care and health services.

Involving people in setting our priorities

The 'There's more to Healthwatch than health' conference focussed on social care commissioning and delivery in Newcastle. The conference was attended by over 90 delegates and included:

- Members of the public
- Social care commissioners and providers
- VCS representatives
- Local authority representatives
- Clinical Commissioning Groups
- Healthwatch Newcastle Champions and Board members
- Healthwatch Newcastle young people's group

One of the main aims of the conference was to help set our 2015-16 priorities for social care. Attendees were encouraged to choose these by voting with counters or in a video booth.

Training our Champions

Healthwatch Champions receive four hours worth of induction and ongoing role-specific training. They learn about the mission, vision, values, aims and objectives of Healthwatch Newcastle. We are also clear with our Champions about what they can expect from us and what we expect from them.

Champions are trained so they are able to help us with our outreach work. This training provides our Champions with the resources they need to talk about Healthwatch Newcastle and gather people's views.

⁴ www.healthwatchnewcastle.org.uk/sites/default/files/info_sharing_protocol.pdf

Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		215,078
Additional income		
Total income		215,078
EXPENDITURE		
Office costs		31,707
Staffing costs		131,501
Direct delivery costs		26,521
Total expenditure		189,729
Balance brought forward		25,349

Contact us

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