



‘Excellence in engagement’
Conference 2018

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About us

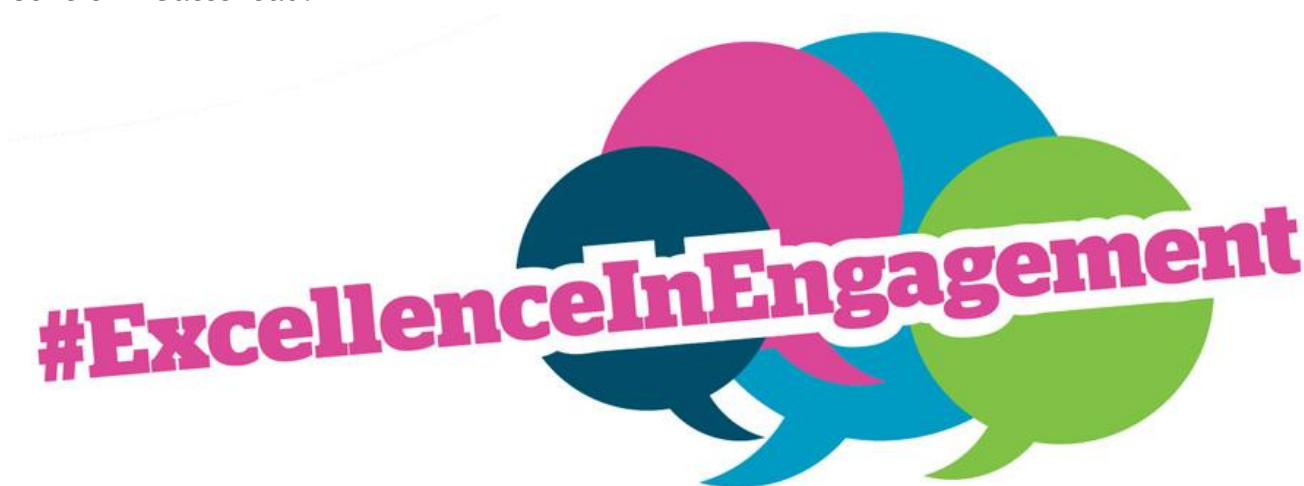
Healthwatch Newcastle and Healthwatch Gateshead are two of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations, during events, drop-in sessions and listening events at a range of venues, online through the feedback centre on our website, via social media and from callers to our information and signposting phone line. As part of the remit to gather views, we also have the power to ‘enter and view’ services and conduct announced and unannounced visits.

Introduction

From 1 April 2017, the contracts for both Healthwatch Newcastle and Healthwatch Gateshead have been delivered by Tell Us North, a community interest company (CIC). This provides a great opportunity to combine resources and work together for the communities of Newcastle and Gateshead.

Our second joint annual conference took place on 25 April 2018 at St Mary's Heritage Centre in Gateshead.



The conference theme was 'Excellence in engagement'. The aim was to share good practice in engagement and involvement with the public and the people who plan, buy and run health and social care services in Gateshead and Newcastle.

The event was attended by over 90 delegates, including members of the public and representatives from the statutory and voluntary and community sectors.

The conference was opened by Steph Edusei, Chief Executive of Healthwatch Newcastle and Healthwatch Gateshead. She invited attendees to engage with the event via social media throughout the day, using the hashtag #ExcellenceInEngagement.

Steph informed attendees that a workshop would focus on how Newcastle Gateshead Clinical Commissioning Group (CCG) could best engage with service users, service providers and families and carers of people with a learning disability and/or autism on the 'Transforming care'¹ agenda.

Michael Brown, Chair of Healthwatch Gateshead, informed delegates that the purpose of the day was to obtain as many people's views as possible to influence how health and social care services are run locally. He also advised that the final session would focus on helping us to choose our work priorities for 2018–19.

¹ www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf

Healthwatch presentations

Principles and approaches

Presented by Lyndsay Yarde, Healthwatch Associate

Lyndsay explained the principles and approaches we use to engage with the public, and the values we hold in our engagement work that underpin what we do as Healthwatch.

We are committed to excellence in our engagement and work to the highest standards. There are a number of overarching principles that guide our engagement work:

Independence – we are an independent organisation, trusted to represent service users and the public.

Inclusivity – we make sure all community voices are heard, particularly the seldom heard.

Integrity – everything we do is for the benefit of the public.

Transparency – we are accountable to the public, our Board and our commissioners.

The Healthwatch approach to engagement

Do your homework – understand your audience and their issues and read up on this.

Engagement takes time – it is important to take time to build relationships, for preparation and to publicise your event.

Go to people – people feel comfortable and safe in a familiar setting.

Get the word out – in as many ways as possible go to trusted people in the community and ask them to publicise what you are trying to do.

Meet needs – meet the needs of the people attending, including providing refreshments, travel, translation, child care and other support as appropriate.

Listen – often people just want to talk, take time to listen and don't rush; silence can be productive.

Professional – we want to be approachable but professional, we need to get the balance right.

Go with the flow – be flexible; people may need to talk about issues important to them. If you stop people doing this, you may lose them.



Keep it short – people’s attention spans are narrowing. People can find long presentations or surveys difficult if English is not a first language.

Deliver – do what you say you will before, during and after an event.

Feedback – people should know what has happened as a result of what has been said.

Celebrate – if change happens then celebrate, thanking people for taking part and giving up their time.

Learn – reflect on what has happened.

Values into practice: Attention on prevention

Presented by Rachel Wilkins, Project Manager at Healthwatch Newcastle

Rachel followed Lyndsay’s introduction by discussing how our values and principles are put into practice in our project work.



Rachel’s recent focus was on breast, bowel and cervical screening, exploring why take up is low in some areas of Newcastle. We wanted to establish why people do or do not take part in screening: what encourages them to go, what the barriers are and how those barriers could be overcome?

How we engaged

We held focus groups in target communities, held one to one interviews with people where we could, and produced questionnaires for people who wanted to provide a written response.

We know it can take time to build relationships and gather views from a certain community, so we worked with community leaders and voluntary and community sector organisations who already had a relationship with people we wanted to target. As they are trusted by the communities they work with, they helped us get quick access to people via focus groups.

We also made sure that we went to their venue of choice to talk to people, which meant that many focus groups were held in community centres and churches. These are places where people feel comfortable so are more likely to attend. As an example, when working with a refugee group, we were more than happy to meet them in their community garden.

When meeting this group we found that it was really important to use our ‘go with the flow’ principle. On arrival, we discovered that the room we had booked was no longer

available. We needed two more rooms and were more than happy to improvise. We ended up in a small brick outhouse to run a women’s focus group, and the men ended up in a polytunnel. We had to use wooden slats to ensure that the men’s chairs did not sink into the mud in the polytunnel! We would never have predicted this, but were able to go with the flow.

We did our homework to make sure we met the needs of all groups, asking if they needed interpreters or help booking a venue or organising food. We reimbursed groups for any venue hire, food, travel or interpreting costs if needed. For example, when we worked with a Chinese group, they selected the venue and organised the food and interpreters, and we ensured we could cover the costs.

You can read ‘Attention on prevention’ in the ‘Reports’ section of www.healthwatchnewcastle.org.uk

Values into practice: Identifying the health needs of the homeless in Newcastle and Gateshead

Presented by Melanie Bramley, Volunteer and Outreach Co-ordinator at Healthwatch Newcastle

Melanie spoke about how Healthwatch Newcastle had engaged with the homeless community in Newcastle through the People’s Kitchen. This is a charity that has operated for over 30 years, supporting over 120 people daily. It provides food, friendship, clothing, information and washing facilities to homeless and vulnerable people,

How we engaged

We liaised with People’s Kitchen trustees regarding our role and remit and agreed the best time to engage. We offered an incentive of goody bags, consisting of travel size toiletries, to people who attended the focus group.

We used a ‘mixed methods’ approach combining both qualitative and quantitative evaluation. Our first visit involved an open-ended style of focus group where we gained a richer understanding of ‘friends’ experiences of health and social care (staff call the people who attend ‘friends’.) Although the first meeting was useful, we found that concentration levels were low and it was difficult to keep discussions on the topic. Our subsequent visits used a more structured paper-based questionnaire consisting of multiple choice and open-ended questions.



We held the groups during the early evening at the Kitchen, an hour prior to the doors opening for evening meals. This encouraged people to attend, with the offer of tea, biscuits and a chance to sit and chat in the warmth. Staff encouraged friends to attend

prior to the date. We sent flyers to staff to hand out and posters. In total, we spoke with 60 people. The techniques used were dependant on the preference of the individual:

- Focus groups
- One to one
- Group work
- Questionnaire

We shared the results of our engagement with the staff and trustees of People’s Kitchen.

Ian’s story

Melanie relayed the life of one individual who had agreed to share his story.

Ian is in his mid-50s and had been homeless for over ten years. At the time we made contact with him he was being supported by Crisis Skylight Newcastle. Ian had mental health issues and wanted to meet outside of the focus group to talk on a one to one basis. We met in a café of his choice. This provided a safe place for him but it was far enough away from people to ensure that our conversation could not be overheard. We spoke for around an hour and a half, building a rapport and talking about issues. By meeting in this way and spending time listening, a sense of trust developed. We gained real insight by hearing Ian’s personal account of health service experiences. We found out what worked well and what did not for him.

By talking on a one to one basis, Ian was able to put Melanie in touch with other people who were experiencing homelessness or threat of home loss. At the end of our meeting Melanie ensured she would feedback to him on any key issues that Healthwatch could take forward.

Values into practice: NHS continuing healthcare (CHC)

Presented by Kim Newton, Project Manager at Healthwatch Gateshead

Kim spoke about working with our volunteers on the NHS continuing healthcare (CHC) project. Kim explained that CHC is a “package of care provided outside the hospital funded by the NHS for someone over 18 who has significant health needs”.



How we engaged

We worked with our volunteers (known as Healthwatch Champions) to gauge the effectiveness of a free NHS information video about CHC (<http://enabledcity.com/chc>).

Eight Healthwatch Champions were asked to score their collective knowledge of CHC on a scale of one to five. ‘One’ indicated they knew

nothing and 'five' indicated the Champions felt they had a thorough understanding of CHC. Our volunteers watched the film: before the viewing they had a score of 16 and after viewing it was 31.

Result

We shared these findings with Newcastle Gateshead Clinical Commissioning Group (CCG) to evidence the effectiveness of the film. As a result, the film about CHC is now imbedded on the Newcastle Gateshead CCG website.

You can read 'NHS continuing healthcare in Gateshead and Newcastle' in the 'Our reports' section of <https://healthwatchgateshead.co.uk>

Transforming care workshop

Presented by Steph Edusei, Chief Executive of Healthwatch Newcastle and Healthwatch Gateshead

Steph opened the workshop by acknowledging the contribution of our Healthwatch Champions.

Volunteers bring considerable added value to our work. As well as allowing us to do more by providing extra capacity in the way of time, skills and resources, they bring a diversity of backgrounds and views.



Volunteers also have an in-depth knowledge of their communities and can relate to people from different backgrounds: when sharing personal information, people like to speak with someone they can directly relate to. Volunteers are supported and valued at Healthwatch and we would not have as much of an impact without them. We are proud of our volunteers and can't thank them enough.

A short film about our Champions was played, outlining how much they contribute to Healthwatch and the benefits they find in volunteering with Healthwatch. You can watch the video at <https://tinyurl.com/HW-champions>.

Delegates then took part in an activity. The aim was to come up with some innovative ideas that Newcastle Gateshead CCG could use when consulting on the transforming care programme. Transforming care aims to improve health and care services so that more people with a learning disability, autism, or both, can live in the community, with the right support and close to home.

Steph asked delegates to reflect on the 'Values into practice' presentations but also think about their own ideas about what has worked well for engagement with the following groups:

- Providers of services
- Service users
- Family and carers

A separate paper detailing our 'Top tips for engagement' and based on the findings from the conference, has been produced and shared with Newcastle Gateshead CCG.

Using new technologies workshop

Presented by Steph Edusei, Chief Executive of Healthwatch Newcastle and Healthwatch Gateshead



Steph talked about the value of online technologies in engagement.

The session opened with an interactive quiz to demonstrate how technology can be used as an effective engagement method. Slido was used, which is a real-time polling tool for events and meetings.

The audience was asked to use their smartphones to go to [Sli.do.com](https://www.sli.do.com) and vote on several questions, including:

- Between January and March 2017 what percentage of adults used the internet?
- In the same period what percentage of people had never used the internet?
- In the same period what percentage of retired adults used the Internet?
- In the same period what percentage of adults with a disability or impairment did not use the internet?

As people began to vote, the results could be seen instantly. Delegates enjoyed interacting in this way. They also learned some interesting facts, such as more than 90% of people with a learning disability are online so the internet is a great way to hear their views. Steph then went on to talk about various media we have to engage including:

- Internet
- Twitter
- Facebook
- Snapchat
- WhatsApp
- Facebook
- Slido

The key message was to pick the right tool for the right audience.

Delegates then participated in a round table discussion and shared ways in which they engaged with people using technology.

Priority setting workshop

We set annual work priorities from a list drawn up by each Healthwatch Committee. The shortlists are informed by service user feedback, trend analysis and our understanding of what is of current significance at both local and national levels.

We ask people to prioritise their preferences at community events, via an online survey, and at our annual conference. The Committees then decide on the final list of priorities for each Healthwatch over the coming year based on these views. The shortlisted priorities were:



Gateshead

Access to services – impact of waiting times

We know that waiting times for treatment are increasing. As services come under greater pressure this may get worse. What impact is this having on people who have to wait longer for treatment?

Children and families use of urgent care

Urgent care services are used when a person is ill enough to need to be seen within 24 hours but it's not an emergency. We know that young children often get quite ill quickly and that families with young children are often high users of urgent care services. However, we don't know what their experience is or how it can be improved.

Impact of austerity on health and wellbeing

We are about to enter the eighth year of austerity measures. We don't know what, if any, impact it is having on the health and wellbeing of people with low incomes in Gateshead.

Lack of funding for social care

Social care funding has been in the local and national news. The NHS says that this is one of the reasons it is under so much pressure. What effect is this having on people using social care services in Gateshead?

Low take up of cervical screening

Cervical screening rates have dropped nationally. Healthwatch Newcastle is completing a project looking at why people don't take part in a range of screening programmes. This work could be built on in Gateshead and the results shared to help improve take up.

Mental health services

Mental health services are an area of concern each year.

The people who plan and provide mental health services are working to improve services (Delivering Together for adults and Expanding Minds, Improving Lives for children and

young people's services) and we will be involved in this. However, they don't cover adult services for lower level mental health conditions, such as talking therapies.

Public health cuts

Public health budgets have reduced over the last few years. What impact is this having on the services provided and on the health of the Gateshead population?

Newcastle

Access to primary care by housebound people

Primary care, such as GP, pharmacy, dentist and optician services, are often offered by community services. We have had reports that they can be difficult to access, which means that people who are housebound may not get the same level of service as those who are well enough to go to service providers.

Home care

We researched home care services in Newcastle two years ago and our recommendations were included in Newcastle City Council's specification for new services that started in April 2017. Are the new services delivering the improvements that were expected?

Impact of austerity on health and wellbeing

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Low take up of pulmonary rehabilitation

Pulmonary rehabilitation is a service for people with lung conditions, such as chronic obstructive pulmonary disease (COPD). It is a combination of exercise and self-care information. There are high levels of lung conditions (particularly COPD) in this area and take up of services is very low but service providers don't know why this is.

Prescriptions and dental charges

We have reports of people being confused by dental and prescriptions charges. Some people incorrectly claim that they don't have to pay these, and this has led to a large fine. Is the information provided clear enough for people to know if they must pay?

Transforming care for people with learning disabilities and autism

Transforming care is a national programme of service improvement for people with learning disabilities and autism. The system must make changes to community services provision in the coming year. What are the experiences of people using the services, their carers and relatives?

Narrowing down the priorities

Steph explained that the priorities were very broad and there was a need to narrow them down and focus on a smaller area of the subject. She assigned each of the tables a priority and asked delegates to discuss the subject in more depth.

Below are some of the topics and suggestions:

Pulmonary rehabilitation



Focus on the access pathways for the service and if the referral remit should be broader.



Mental health



Clarity on what is a lower mental health need and what services you can access.



Prescription and dental charges



The NHS is currently consulting on prescription charging and information – is this getting through locally?



Social care

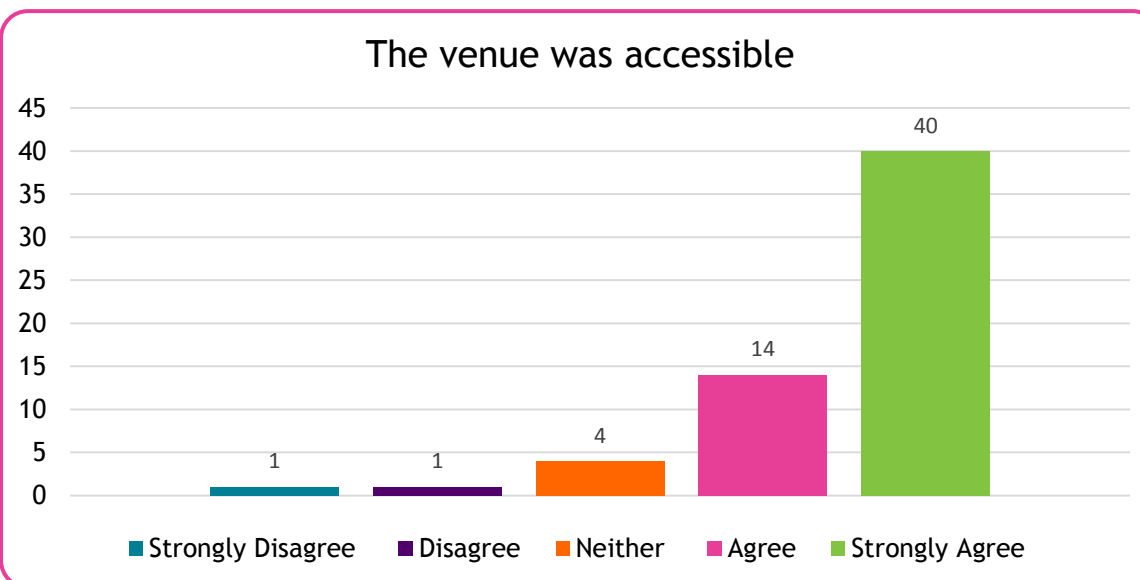
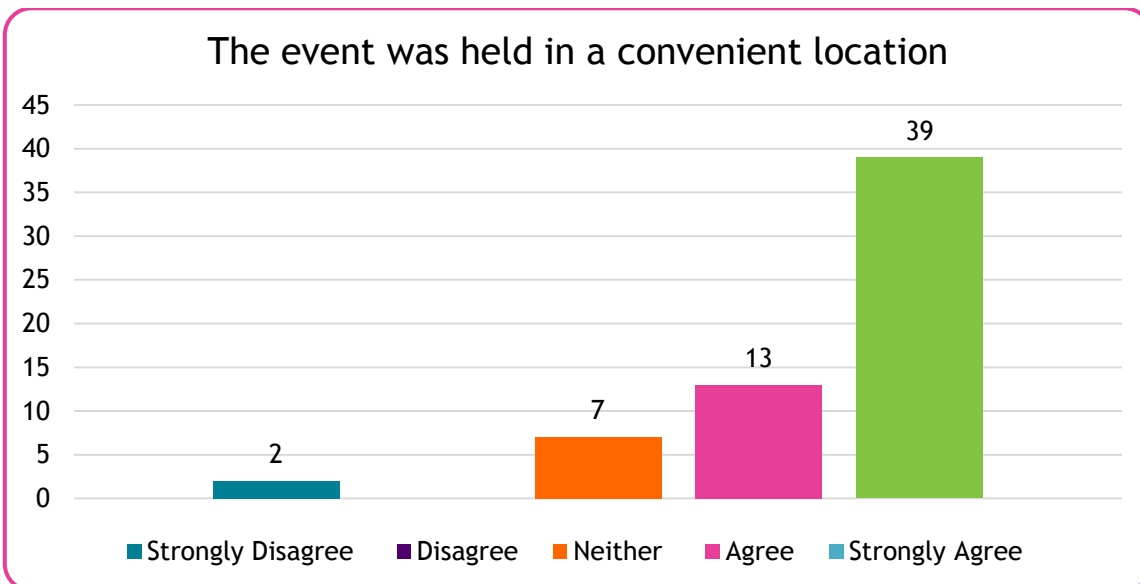
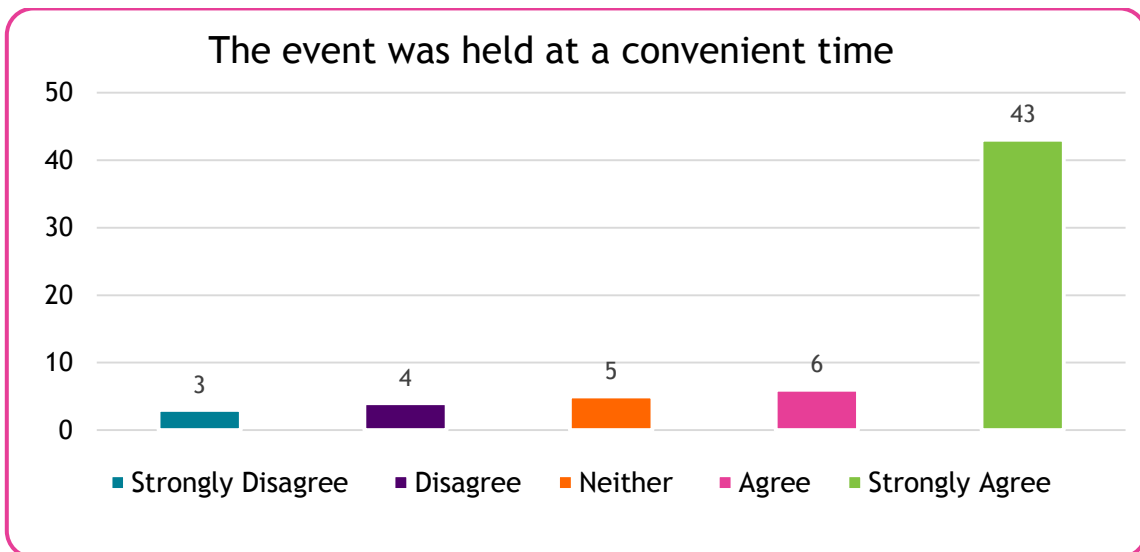


Make understanding the social care pathway and access to support (including packages) easier for family members to navigate.

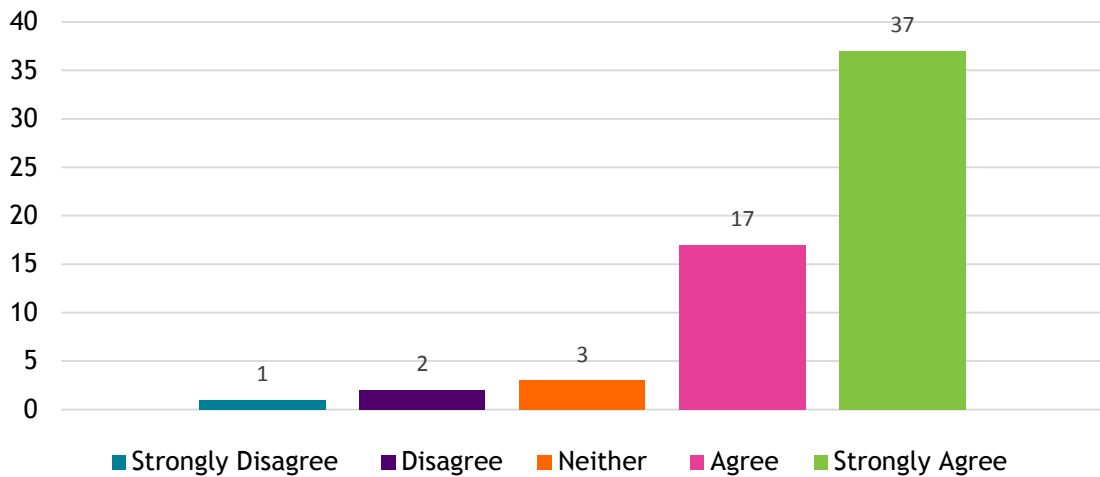


Conference feedback

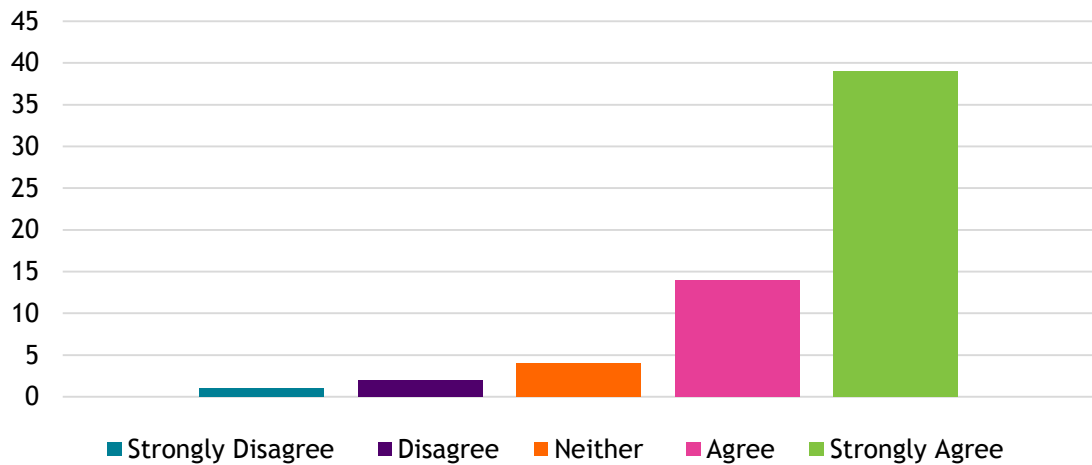
We asked delegates to give their feedback on the event at the end of the conference. The graphs below give an overall view of the evaluation.



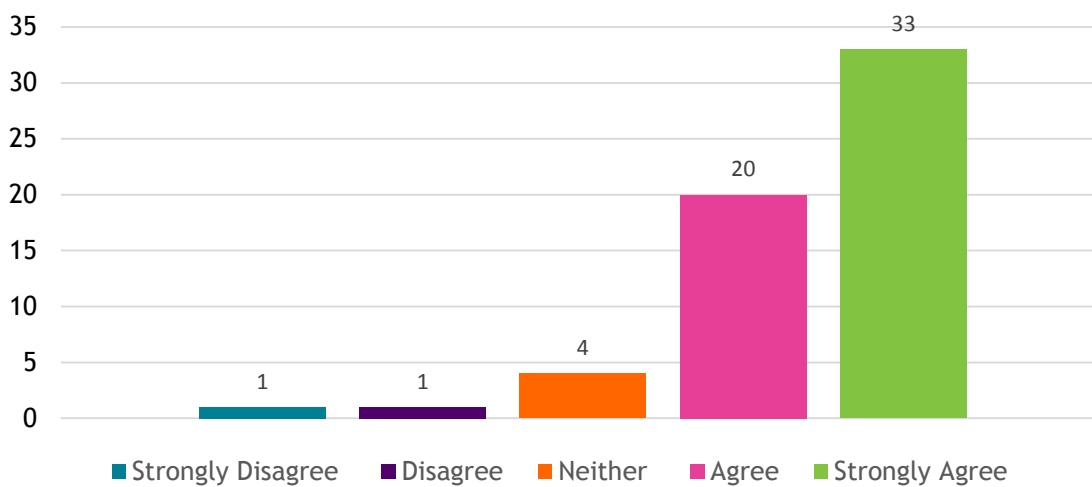
Any materials provided were informative



The event was easy to follow



The presentations were interesting and informative



Feedback on the conference was very positive overall. All feedback is considered and will inform planning for future events including next year's conference. Comments included:

Time clashed with rush hour into Gateshead and Newcastle, a little later would have been better

Excellent venue, informal and laid-back atmosphere, encourages good discussion



Really good conference very informative and lots of good chances to participate, will be able to take back some good information to work

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