

Committee minutes

10.30am, 5 June 2019

MEA House House, Newcastle

Committee members present

Kate Israel (KI)	Independent (Chair)
Terry Bearpark (TB)	Independent
Gill Clancy (GC)	Independent
Feyi Awotona (FA)	Independent
Alexandros Deargés-Chantler (ADC)	Independent

Apologies

Alisdair Cameron (AC)	Launchpad
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In attendance

Steph Edusei (SE)	Chief Executive, HWN
Felicity Shenton (FS)	Deputy Chief Executive, HWN
Beth Nichol (BN)	Finance and Administration Officer, HWN
Melanie Bramley (MB)	Volunteer and Outreach Coordinator, HWN
Rachel Wilkins (RW)	Project Manager, HWN
Deborah Hall (DH)	Marketing and Project Coordinator, HWN
Lyndsay Yarde (LY)	Associate, HWN

1. Welcome and introductions

1.1. The meeting began with a round of introductions. KI welcomed FS.

2. Apologies for absence

2.1. Apologies noted from Alisdair Cameron.

3. Minutes of last meeting and matters arising

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

3.2. Matters arising

3.2 - We have now received a response from the Council from the Budget response.

6.1- MB still needs to meet with Heaton Manor. 10.7 - SE informed everyone now has access to informatics and the meeting was held with no action point. Will be invoiced in August.

Action: Trend analysis group to meet and re-discuss.

4. Annual report approval

4.1. SE stated HWE provided the template in PowerPoint format. Since the recent version was circulated, financial information and priorities have been added. There will be hard copies at the AGM.

Decision: All approved annual report

5. Project updates

- 5.1. RW updated on her access to primary care work. The report has been sent to stakeholders and responses were received but we are still waiting for a few more. Currently arranging meetings to get responses off those who have yet to respond. Looking to attend the Local Dental Committee to discuss. This is an important meeting as dentistry received the biggest criticism. SE will try to attend but will look at alternate date if not. A discussion was had about a committee member attending.

There was a discussion about the fact that no organisation appears to know how many housebound people there are in Newcastle.

Action: SE to write to Mark Adams (Newcastle Gateshead CCG) about this, requesting for the CCG to act. The letter should be cc'd to Wendy Taylor, Eugene Milne and Nick Forbes

RW discussed the following responses she received to her recommendations;

First recommendation - The Local Dental Committee (LDC) and Local Optical Committee (LOC) should explore how to communicate information about home visiting services to housebound patients.

- The LOC said this was hard to do as opticians don't know where housebound people are. However, they have been working with the Falls and Frailty team and visual impairment officers within hospitals to raise awareness about importance of regular sight tests and that there is a home visiting service. They have also been working with the regional public health team to raise awareness of regular eye examinations. They also stated it would be good to provide training to the above teams and other professionals but would need more resources.
- Yet to receive anything from LDC. SE is looking to attend the LDC meeting committee on 18 June but may have to arrange a different date and suggested a committee member attended.

Second recommendation - NHS England ensures that all dentists and opticians in Newcastle can provide details of dentists/opticians that undertake home visits.

- LOC stated they can send an email to all opticians with a list of optical home visit providers. They understand as per GOC, providers who don't provide home visits should know which providers do.
- LDC has tried to get NHS England to do this in the past.
- Local Pharmaceutical Committee (LPC) said all committees could work together to ensure that all have up to date information about the services that provide home visits (opticians and dentists).

Third recommendation - GP practices flag patients who are always going to require home visits so that these patients do not need to explain their entitlement each time and fourth recommendation - GP practices share this report with their Patient Participation Groups and discuss how it could be used to improve services in their own practices, or perhaps consult further with housebound people.

- No response from GP practices yet. We could do a quick online survey to assess what they have done. It was agreed to consider doing this at a later date.

Fifth recommendation - The Local Dental Committee and the Local Optical Committee consider how this work could be used to consult further with housebound people through a selection of practices in Newcastle.

- LOC felt it was hard to do as practices do not know where housebound people are. Discussed about Healthwatch asking services that provide home visits to give insight to how they gather feedback from housebound patients

Actions: SE to circulate date of next Local dental committee.

RW to update committee with responses at next meeting.

- 5.2. LY discussed the mental health work. Report has been sent to stakeholders and NTW and CCG responded. NTW responded to each recommendation saying what they are already doing and their plans for the future; looking at translation tool on website and availability in different languages and improving diversity of workforce. They do not state it is the consequence of this report. LY stated it was mentioned at a BAME engagement task and finishing group they are looking at the accessible information on NEAS website. Another meeting discussed recommendations for African community around developing awareness of mental health and access and links were informally made with NTW staff and community groups. LY stated she will be pushing back on responses and asking for a progress report in six months' time.

LY stated there has been nothing back from the CCG, despite reminders. Have asked to go to programme board for mental health to present and heard nothing back. LY stated she will be raising these concerns with Chris Piercy next week. Chi Onwurah MP also responded with questions and asked for answers from NTW and CCG and hasn't received anything back.

LY discussed her closure report. LY stated there are more communities to work with as only worked with six. SE stated the other communities could feed into outreach work. LY stated the approach could have been heavier handed in terms of the report despite template sent. Need more specification on branding guidelines and what's expected.

- 5.3. RW and LY discussed their new priorities allocated. RW will be focusing on children and young people's mental health. This is currently in early scoping stages looking at the outcomes of the Expanding Minds and Improving Lives consultation. This led to a single point of access, (SPA) and an online counselling service (Kooth). It is likely the work will look at the outcomes of EMIL, what's been done, what hasn't been done, and what's improved.

LY stated her project is on PPGs. There is a small working group with Newcastle and Gateshead Committee members. There are already best practice guidelines so wanting to avoid anything similar. Currently looking at Healthwatch Star branding and PPGs can work towards the award to demonstrate they are good. Hoping to have an event launch in September to inform what we plan to do and pilot. Looking at completing 1-2 workshops/meetings. Currently struggling to get in contact with practice managers in Newcastle. It was suggested writing to those who contacted Healthwatch directly for support each practice managers directly or even go to PPGs directly. LY will discuss this with Chris Piercy.

Action: RW circulating project idea before next meeting.

6. Outreach update

- 6.1. MB discussed the outreach she has been doing. Currently been completing 'Have you heard about us surveys' and received 171 responses. MB stated there needs to be a plan to raise awareness so results change. SE stated it did jump in first and second year but static now. MB stated volunteers have supported a lot and is looking into how they can create awareness further. Completed Long Term Plan work with limited time. Held two focus groups, one on primary care with general public and other with Streetwise on mental health.

MB has also been attending BAME engagement task and finishing groups who appreciated attendance. Report from group will be presented at Health Scrutiny. Also attended practice manager meeting who would like us to attend every quarter.

MB stated two new Champions have been recruited and want to get involved in research work.

7. Whorlton Hall

- 7.1. SE discussed she spoke to Chris Piercy on what to say and was interviewed on BBC Radio Newcastle. SE stated she has raised questions asking how many residents were Gateshead and Newcastle residents and he was unable to say due to a criminal investigation. All patients are in new facilities and individuals and families were all involved in move. They are settling in well. SE also questioned if there were other patients in similar facilities and Chris was reluctant to give information. SE stated we should be aware of where they are. SE spoke with Healthwatch Durham, which wasn't aware of anything being wrong. SE is due to meet Chris in a few weeks and will feedback. ADC raised concerns about the system of reporting and support given to those who whistle blow.

8. 2019 AGM

- 8.1 SE suggested that instead of the usual speaker and meeting format, to have an engagement event like a Question Time. A panel of experts asked questions in advance from the public across Newcastle and Gateshead. SE asked if this should be general or theme focused, day time or evening and what venue.

Action; All to email DH by end June with ideas.

DH to look at Sage, Centre for Life, Northern Stage, University, St James

9. Chief Executive update

- 9.1. SE discussed the GP online consultation report which we have only just received third party after chasing since last June. There is no reference of Healthwatch and has reported this back to NECS
- 9.2. SE stated she has had a conversation with Mary Bewley regarding ICS. There has been nothing in engagement. The cancer alliance is being covered by Healthwatch Durham. There are issues with work streams as there have been discussions on 70 people in a meeting twice a year. Mary Bewley is discussing this.
- 9.3. SE stated we have received over 150 survey response on NHS Long term plan and held two focus groups. The report has now been submitted to HW Darlington.

Action: SE to send committee NHS LTP once completed.

- 9.4. SE stated there is an administration vacancy as Victoria Clarke has now left HWG and BN is covering her work. Looking to shortlist soon.
- 9.5. SE stated she thinks the CCGs have merged but haven't officially been told yet. SE also stated she and FS had attended a primary care commissioning meeting where they agreed on primary care networks, which are 30,000 population size. Concerns were expressed regarding internal decision making within the networks on service provision.
- 9.6. SE stated HWE committee meeting in Newcastle will be held 3–4 September. They are visiting people within the local community. The meeting will be open to the public.

10. AOB

- 10.1 SE stated Newcastle Hospitals received another 'Outstanding' and is currently drafting a letter to Dame Jackie.
- 10.2. MB stated the HWE conference is going to be held early October in Birmingham and has applied for four bursaries.

Action: MB to send round date of conference to Committee.

11. Chief Executive update

- 10.1 SE stated ICS is off to a slow start. From 1 April the ICS will be in shadow form for Northumberland, County Durham, Tyne and Wear, North Yorkshire, Teesside. SE discussed the long-term plan and explained all of England is covered by the ICS and stated it needs to be better described. Thee place is the master of everything else. Newcastle, Tyne and Wear (ICS partnership). Most is happening at Newcastle level, little within North of Tyne and the bigger area is working on ambulance, neurosciences and rare diseases. Our role is to coordinate Healthwatch work stream leads and hold space for feeding to Local Healthwatch's and feedbacking back into the workstream. Currently waiting for workstream decisions. Workstreams possibly emergency care, cancer, maternity, prevention, workforce etc. SE stated we are also getting involved with governance. The programme board expected to meet twice a year with 60 people on the board. SE will ensure to set a clear mark to be more at steering group level as coordinating. Not a lot has happened and the description is expected to be out soon.
- 10.2 SE discussed two focus groups. Able to tweak the survey if needed. Healthwatch Darlington are coordinating, need to look at local priorities and waiting to hear back from Darlington. Primary care networks are juggling around and funding for posts etc. SE suggested it would be useful to have a presentation for staff and Committee on the plan before the next Committee meeting. The operational plan will be signed off by June and the long-term plan by end of the year.

Action: BN to arrange presentation of Long Term Plan to Committee before next meeting.

- 10.3 SE discussed her attend at Health scrutiny. SE stated she is on the task finishing group for Healthcare for the BME community. SE sent information and reports which should issues around access.
- 10.4 SE presented to the NHS governors about Healthwatch and how to work together. SE stated she also pushed a role the governors could have.
- 10.5 SE stated the conference now has no capacity and if Committee members would like to attend they need to be facilitators.
- 10.6 SE discussed the annual report is starting soon. The final sign off will be in June but the Committee will receive it earlier for comments.
- 10.7 SE asked the Committee about the HWN app. It costs money to keep it running and its not used. SE stated a discussion is needed around the app around is it needed or what's its purpose.

Action: Raise discussion at trend analysis meeting

- 10.8 SE stated that the Deputy CE has not yet been appointed as further work is needed. SE expects hopefully next week.

12. AOB

- 11.1 None.

The meeting closed at 12 noon.