

Committee minutes

10am, 7 March 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

Apologies

Alexandros Dearges-Chantler (ADC) Independent

In attendance

Steph Edusei (SE)	Chief Executive, HWN
Beth Nichol (BN)	Finance and Administration Officer, HWN
Melanie Bramley (MB)	Volunteer and Outreach Coordinator, HWN
Lyndsay Yarde (LY)	Associate, HWN

1. Welcome and introductions

1.1. The meeting began with a round of introductions.

2. Apologies for absence

2.1. No apologies.

3. Minutes of last meeting and matters arising

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

3.2. Matters arising

4.1 KI has written a budget response which is available on the website. 7.2 The priorities are now out to the public.

4. Chair update

4.1. KI discussed her attendance at the Wellbeing for Life Board and health joint Overview and Scrutiny Committee where there was a presentation on ICS workforce recruitment and the long-term plan. The Wellbeing for Life Board discussed plans for Brexit. There are issues around food supplies and care sector workforce. NTW have less than 100 staff who are EU nationals, there is already a staff shortage but they feel like its manageable. The ambulance service raised issues around Medicine availability and also that the ambulances are kitted out in Germany so there will be early deliveries needed. The hospital has offered to pay for EU national fee and will follow normal process of medicine management. There was also discussion around the European Health card. There is a plan for residents living overseas as they will

have no access to health care. Sally Young raised concerns regarding food supplies for food banks and also community tensions

Action: KI to send strategy update and NHS long term plan

- 4.2. KI discussed Sir Robert Francis visit. He visited the Angelou centre for a general focus group. SE added it was an emotional experience as the women discussed their awful experiences including lack of dignity and respect issues. MB will be doing further work with the Angelou Centre. SE and KI raised to Sir Robert Francis around Healthwatch branding. He is looked into funding and there is no transparency of the funding given to Healthwatch.

5. Project updates

- 5.1. SE provided an update on Rachel Wilkins (RW) the access to primary care work: The report has been to the Committee and now with stakeholders for comment. RW will receive comments when she returns back from leave. There has been 11% response rate. There are issues around dentistry about the “don’t need to see a dentist” attitude. There needs to be information and education about what people need. Dental practices lacked knowledge about where Housebound people can go compared to the other services. TB raised concerns about the contracted services not providing services. SE stated this will be highlighted and that the NHS are reviewing services and looking at those areas.

KI stated it’s an excellent piece of work and suggested a recommendation around knowing how many people are housebound.

- 5.2. LY discussed the mental health work. All mini reports were written in January and the report was finished end of February. The information gathered within the mini projects were very different so it was hard to compare. The issues were around waiting times, staff attitudes, organisational issues and personal barriers. The report will be sent out to the Committee today with mini reports for information. LY raised that the organisations were sent a structure but some did not stick to it. She stated it’s the first time a project has been done in this way so it would be good to look at the benefits and challenges. When finalised tall the reports will be available online.

Action: LY and SE to meet to debrief on project approach

- 5.3. SE stated when checking reports, we are looking for content not grammar errors and the Healthwatch style must be followed, i.e. written in the first person and written to a certain level for accessibility. Kim Newton in Healthwatch Gateshead is trialling a two-page document of the report stating what we asked, what you said and what we did.

6. Outreach update

- 6.1. MB discussed the outreach she has been doing. Attended Heaton Manor for young people recruitment. Fifteen people signed up but when emailed received nothing back but would like to pursue his further. A discussion was made around work experience but SE stated we don’t have enough interesting work for this.

Action:

MB to arrange a meeting with Heaton Manor about young people
SE to look through young people list of names

- 6.2. MB stated 2 new volunteers have been recruited and completed their induction. MB has recently met with Karen Watson from Volunteering centre who suggested approaching private companies for CSR which will be good for stall and tablet work. KI stated it depends on the organisation and they must be well briefed. Also depends on what survey.

KI thanked MB for her excellent piece of work and stated the commissioner was impressed with the amount of people we have reached.

Decision: All agree to CSR in principle

Action: MB to meet with Karen to discuss further

7. Trend analysis

- 7.1. SE discussed the trend analysis paper. There has been an increase in reviews received: top three still remain the same. Positive responses regarding treatment and care and staff attitudes and negative responses around access. Comments have been added to report and everyone now has access to the system. SE discussed holding sessions to show people how to use it. Trend analysis meeting to discuss purpose etc is being arranged.

8. Building relationships

- 8.1 TB raised the concern around promoting Healthwatch name within PPGs and the widgets for GP's. She also raised the issue around lack of working with people not in the Seldom heard groups. SE responded to this by explaining there is a draft document for GP's about what Healthwatch is which has previously been shared with TB. Currently working at building links with practice managers as there is some resistance. SE stated that an engagement priority is around PPGs that LY will be completing. MB discussed the wider community outreach planned to answer the "Have you heard of Healthwatch?" survey where she will be visiting the hospitals, clinics and attending community centres. There are also ambassadors being trained who understand Healthwatch and will talk to members of the public. MB has been attending practice manager meetings to gain these relationships and suggested a Committee member to attend.

Decision: MB to let Committee know about next meeting to see if anyone can attend as support

9. Priority setting

- 9.1. SE discussed the current process of priority setting. Information is gathered in October to November and trends are looked at and find out what's happening in the next year. The options are then proud to November Committee meeting. As there is no meeting in January the selection was done via email which SE felt didn't work. SE would like to look at a different way and suggested another meeting held in public and alongside Gateshead.

Decision: Agreed another meeting to held

Action: SE to ask Gateshead Committee

10. 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. The 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.

11. AOB

11.1 None.

The meeting closed at 12 noon.