

## Healthwatch Committee meeting

5 June 2019

### Project updates and new priorities – paper 2

Presented by: Rachel Wilkins/Lyndsay Yarde

Members of the Committee are asked to:

- Note the contents of the report

Quality statement: 1, 6, 7, 12, 13, 14, 15, 22

Project Managers have recently completed two projects:

- Access to primary care for people who are housebound
- Mental health services in Newcastle and Gateshead

#### **Access to primary care for people who are housebound**

The report for this project was sent to all stakeholders on 27 March. Since publication we have received responses from NHS England (Opticians and Pharmacy), the Local Optical Committee, the Local Dental Committee and the Local Pharmaceutical Committee.

These responses have led to the following:

- A meeting has been arranged with the Local Optical Committee and the Local Pharmaceutical Committee to talk about the report in depth and agree actions with regards to the recommendations.
- We have been invited to the Local Dental Committee in June to talk about the report and the next steps.

I am still waiting for responses from NHS England (Dentistry and GP), Newcastle Gateshead CCG, the Local Medical Committee and the Practice Manager Leads in Newcastle. I plan to arrange meetings with key people within these organisations soon.

So far, the report has opened doors for us to build further relationships with the Local Dental, Optical, and Pharmaceutical Committees. I am particularly pleased that we have been invited to the Local Dental Committee meeting.

A close report for the project will be written after all stakeholders have been met.

#### **Mental health services in Newcastle and Gateshead**

The report for this project was sent to stakeholders on 16 April. Since publication we have received a detailed response from Northumberland, Tyne and Wear NHS Foundation Trust (NTW) describing relevant work already underway and also its plans for the future.

At the time of writing (28/5/19), and despite follow-up emails, the only response from the CCG has been an initial positive acknowledgement following circulation of the draft report in March. However, a meeting has been arranged with the CCG for 12 June where we plan to raise the issue.

The report will be presented at June's Health Scrutiny meeting and was discussed at the meeting of the task group looking at Mental Health in the BAME community on 15 May. At that meeting, NTW indicated that the report will inform the development of its work with

BAME communities across the city. NTW also stated that it is investigating the translation tool used on the NEAS website as a result of us highlighting it when we presented the report at the NTW service development meeting on 7 May.

The closure report for the project is below.



### Close report

This document provides a summary, by the Project Manager, on the project performance, end state and any lessons learnt.

<b>Project Title</b>	Experiences of mental health services	<b>Project Manager</b>	Lyndsay Yarde
<b>Project start date</b>	August 18	<b>Project end date</b>	April 19

### Change ID

The only change to the original PID mandate was to change one of the groups we wanted to focus on. Originally we wanted to include people who had experienced domestic abuse in our list of six target communities. However, when we invited external organisations to bid for the work of consulting with one of the target communities, no organisations that work with people who have experienced domestic abuse tendered for the work. We also realised that Healthwatch would struggle to undertake a meaningful consultation with this group of people within the limited timescales.

At the same time, we were becoming increasingly aware of the impact of Universal Credit on people’s mental wellbeing and were interested to explore this further. So we invited Citizens Advice Gateshead, who do a lot of work with people applying for or in receipt of Universal Credit, and who had tendered for the consultation work, to undertake a consultation looking at this issue.

### Project objectives review

- **Time** - The project overran by around a month, this was due to delays in receiving the six mini reports, which in turn delayed the writing of the overarching report which drew out common themes and differences between the six target communities. We had hoped to have all the mini reports written by the end of December 2018, as consultations continued into early December, that was perhaps too ambitious and only one mini project achieved that target, the other five were submitted some time in January, allowing of the main report to be written in February.
- **Cost** - The main variation is that we decided to outsource three pieces of work rather than the two mentioned in the PID mandate, adding around an extra £1,000 to that budget heading, however that meant the work didn’t have to be carried out inhouse leading to cost savings there.
- **Quality** - My main concern is about the varying quality of the mini reports. Some were excellent, others not so good. This meant it was difficult to compare and

contrast the information contained within the reports and to write the final report. It also meant that certain communities received more attention within the final report because the quality of the information about them was so much better and there was more of it.

- **Scope** - The project has remained largely true to the original scope - we asked each mini project to consult with around 20 individuals, making an overall total of 120 people. But, because of the different methods chosen, the different sizes of the populations concerned, and the differing capacities of the organisations and individuals involved, the numbers of responses gathered varied quite widely across the groups from 13 to 32. However the total number of responses – 139 – is significantly above our target of 120.
- **Benefits** -The identified benefits were:
  1. Healthwatch Newcastle has greater knowledge about local people (from the specified groups) views about and their experiences, of local mental health services - **Met**
  2. That knowledge is also made available to the CCG, NTW & the DTDT steering Group - **Met**
  3. Recommendations for improvements are shared with all stakeholders and inform the review of mental health services currently underway. - **partially met - see below**
  4. Users of mental health services from the specified groups receive a better, more accessible service - **Work in progress - NTW have responded in detail, explaining relevant work already underway and also their plans for the future. To date (28.5.19) the only response from the CCG has been an initial positive acknowledgement following circulation of the draft report in March**

### Lessons learnt

- It became clear from the outset that many communities had not been fully engaged in the DTDT and EMIL consultations - we drew up a list of potential groups to work with but stopped when we hit 20 and we only had the capacity to consult with six communities - so many voices still remain unheard.
- Working with external organisations can result in Healthwatch learning more and understanding better, the issues facing specific communities.
- It also helps Healthwatch to further develop effective working relationships with other local organisations.
- The experience was a very positive one for Healthwatch and the feedback from the external organisations has also been positive.
- But it takes more time and energy than originally anticipated.
- For many reasons, partner organisations produce work of varying quality. Healthwatch needs to find a way of managing this and ensuring that it doesn't impact on the quality of any work that comes out under the Healthwatch badge.
- We developed a quite tight specification for this piece of work and provided ongoing support through project visits, report templates and guidance notes. This was not always enough to ensure good quality work. However, if we become too directive or

prescriptive in our approach this may deter people from working with us - a dilemma we need to resolve.

- Working across both Newcastle and Gateshead made the task more complex but was the right thing to do for this piece of work.

**Project end approval: Requires sign off via CEO**

This project close is:

Approved

Rejected

**Chief Executive signature:**

**Date:**

**Outstanding actions to be completed:**

A list of any outstanding actions that do not impact project closure but may require support to fulfil the benefit realisation past project

There are no outstanding actions.