

Healthwatch Committee meeting 10 July 2019

Project updates and new priorities – paper 1
Presented by: Steph Edusei

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:

- Lack of funding for social care
- Mental health services in Newcastle and Gateshead

Lack of funding for social care

The report for this project was sent to all stakeholders at the beginning of March in draft form; due to technical issues this was not received by the Gateshead Council. Due to the good relationships we have harnessed within Adult Social Care (Steph Downey) we were able to redress the situation and quickly received a response to all the recommendations within the report by 26 April 2019. I am pleased to say that each recommendation from the report has a direct response endorsing many of the recommendations.

The report has now been published and circulated to all identified stakeholders including:

- Local Authority Senior Management Team
- Health and Wellbeing Board
- Healthwatch Champions
- Participants at events
- Voluntary sector
- Care Quality Commission
- NHS Newcastle Gateshead Clinical Commissioning Group (CCG)

We have received no comments from any other partners.

We need to present the report and findings at a future Care and Wellbeing Overview and Scrutiny Committee (OSC) meeting.

A close report for the project will be written around September after an OSC presentation, to see if OSC wishes to address any issues.

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.

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 our highlighting this 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.

Project title	Experiences of mental health services	Project Manager	Lyndsay Yarde
Project start date	August 18	Project end date	April 19

Change ID

The only amendment 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 submitted a tender. We also realised that Healthwatch would struggle to undertake meaningful consultation with this group of people within the limited timescales.

At the same time, we became 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, which does lot of work with people applying for or in receipt of Universal Credit and 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 due to delays in receiving the six mini reports, which in turn delayed the writing of the overarching report that drew out common themes and differences between the six target communities. We 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 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 in-house 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. 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 a 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 and the DTD T 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 has 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 DTD T 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 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 took more time and energy than originally anticipated.

- For many reasons, partner organisations produced 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.

Priorities for 2019–20

We have three priorities for this year:

- Adult Social Care Direct (a verbal update will be given at the meeting)
- Children and young people's mental health
- Supporting effective GP participation groups (a verbal update will be given at the meeting)

Children and young people's mental health

This work was described in our conference booklet as follows:

'Following engagement a few years ago, changes were made to services around one year ago.

The changes included having a single point of access for referrals and online consultations. There has been no assessment of the impact of any of the changes.'

Since our conference, Newcastle Gateshead Clinical Commissioning Group (CCG) has promoted a survey asking for people's views on the single point of access and Kooth (an online counselling service). This survey is asking for views from young people, parents or carers, teachers, GPs, school nurses and social workers, etc.

This survey should give the CCG an overview of people's experiences of using the service and where improvements need to be made. It should also help the CCG get an understanding of the level of awareness of these services.

If the CCG delivers this work effectively, we could argue that it has met the remit of our work as described in the conference booklet.

However, the following information is being sought from the CCG as a matter of urgency to help us make decisions about taking this priority forward:

- Number of responses to the survey
- Demographics of the responses

If the number of responses is low, or some communities are poorly represented, we will talk to the CCG about supporting it to boost the response rate and fill any demographic gaps.

We will also ask the CCG to provide us with a copy of the report summarising the findings as soon as possible. If it is found that there are topics within that report that need to be explored further, we will talk with the CCG about taking this forward.

Another element of the work is to look at the main themes and issues that came out of the Expanding Minds, Improving Lives listening and consultation exercise and find out what actions were taken to make improvements in those areas. Depending on what we find, this may lead to further work exploring the impact of these actions.