Healthwatch Committee meeting
21 April 2020
Chief Executive update — paper 2
Presented by Steph Edusei

Members of the Committee are asked to:

- Note the contents of the report

Quality statement: All

Operational Update

The COVID-19 pandemic and resultant lockdown in the UK has meant that we have had to make sure significant changes to our ways of operation. Fortunately, we started planning for this in mid-February and were in initially in a strong position to work from home as four of the six staff already had remote access enabled on their work laptops. We also had an established way to divert phones which is used over the Christmas period. Plans were put in place to ensure that the remaining staff could get access to the network from home.

Unfortunately, when the UK government asked people to work from home if at all possible on 16 March, we had one member of the team on jury service and two on annual leave, which meant that some preparations took longer as staff had to collect equipment from the office etc. This was compounded by the fact that other organisations, that deliver services to vulnerable people, had not been as prepared and were making demands at the same time on the same IT support. We always knew that this was a risk factor and it has significantly impacted on our ability to get everyone connected to the network from home.

The team does now have remote access, although this can be unstable at times depending on several technical factors outside our control. We are continuing to connect with each other daily via telephone, Zoom online meetings and a WhatsApp group. It will take some time for this to settle down, however, and feel more 'normal'.

Much of our usual work has ceased as most of the meetings that we attend have been cancelled and groups have been closed. Attention is now focussed towards community support and information and signposting. Further information on our current work will be shared below.

Our fortnightly radio show (repeated on the 'off' week) has been replaced by a weekly show that is currently focused on the various elements of the pandemic and its impact. The show content is aimed at informing the public about ways to stay safe and well, and on how they can get support and assistance for a range of issues from shopping to mental and physical wellbeing. The show, Health Matters, is available online (https://soundcloud.com/spice_fm) after it airs.

The team is currently working on our annual report. The submission deadline is 30 June; however, we hope to have a draft version of this complete for review by the committee by late April.

Staff changes

As you now know, both Felicity Shenton, deputy Chief Executive, and I are leaving the organisation at the end of April. This is entirely coincidental and unfortunate timing. The board of Tell Us North CIC have been working to make sure that there is senior leadership support in place and have appointed Cynthia Atkin as Interim Operations Manager. Cynthia has extensive experience in health and social care and has worked at a local and regional. She was the first Chair of Healthwatch Northumberland and has recently completed work as an independent Chair of NHS consultation events in South Tyneside and Sunderland. Cynthia's focus will be on supporting the staff across Gateshead and Newcastle to continue to deliver the Healthwatch mandate as well as maintaining key relationships and partnerships at a strategic level.

Outreach

This quarter has been understandably quieter in terms of outreach as the pandemic initially limited then stopped our face to face work. Beth has completed a volunteer and outreach report which is attached as appendix 1 detailing the great work she was doing prior to lock down.

Jacqui Thompson started as Volunteer and Outreach Coordinator at Healthwatch Newcastle at the beginning of April and she and Beth will be working closely to see how they can continue to support volunteers and engage with local communities whilst coronavirus restrictions are in place.

Projects

Children and young people's mental health

The work that Rachel led on children and young people's mental health services and, in particular, on the knowledge of and experience of the single point of access, self-referral and the Kooth online counselling services is now complete. The report is currently being finalised and proof-read. This has been slightly delayed as it was understandably difficult to get a response from health services during March as they started to experience planning and delivery pressure due to coronavirus. We have decided that we will do a soft launch of this report for several reasons:

1. We believe that it will be helpful in promoting the Kooth service and self-referral processes and that there will be significant need for these at this time

2. We understand that the NHS focus is on service provision relating to coronavirus and COVID-19 and therefore, expecting responses to our recommendations at this time is both unrealistic and irresponsible

3. We are keen to support our good relationships with the NHS as these are essential to maintaining our role as an independent critical friend

4. There is a significant risk that the important messages within the report will be lost at this time

We have commissioned a local company, Roots and Wings, to do some animations promoting the key themes as we felt this would appeal to children and young people. They are

currently developing some GIFs (very short animated image files) that can be used separately on social media and joined to produce a slightly longer animation (around a minute). They are also producing some still images that can be used in the report and its promotion.

Adult Social care direct
The research work led by Kim is complete and the report was completed and shared with the Adult Social Care Direct team at Gateshead Council prior to publication last month. The report was well received, and the service is prepared to look at our recommendations to see how they can improve the service they offer. However, as with most things, the current pandemic has halted any work on this. We have also decided not to publicise the publication of this report at this time. This is predominantly for the same reasons stated above for Rachel's work, most importantly that we feel that the messages will be lost at this time.

Supporting patient participation groups
GP practices are incredibly busy right now, and patient participation groups (PPG) are not considered a priority service. Lyndsay has had discussions with the practices and PPG members involved in the pilot of the Participation in Practice Award and we have agreed to postpone any assessments until September at the earliest. However, we're keen to make sure that PPGs continue to get support and are aware that many PPG members will be at home and have less to do than usual. Therefore, Lyndsay is in the process of contacting pilot participants to see if they would like some support and development over the next few months and to ask what that might look like. If they would like to continue with some work, without adding to practice workload, we will work with them to develop a programme of support.

It is looking increasingly likely that the second Healthwatch PPG forum that we had planned for 20 May will also be cancelled. We knew, when we booked this that there was a risk that it would not take place. Lyndsay and I have discussed ways that we may be able to do something virtually in place of this face to face forum as, even if lockdown has been lifted it probably won't be advisable to hold a gathering of 50+ people, many of whom will be in high risk categories, at this time.

Healthwatch conference
We feel that this is not the time to be planning a conference as that will divert resources from the pandemic response. We also are unclear what the situation will be in September. Therefore, we have taken the decision to postpone our conference which was due to held in September 2020.

Strategic update
Our work as coordinating Healthwatch for the Integrated Care System was funded to March 2020 and has therefore ended. I approached the NHS in February to ask them to outline their plans for involvement after I leave in April, as I agreed to continue this work until that time. They are still working on their approach but, again, I suspect this is not a priority in the current context.

Felicity has been a significant presence on the Gateshead Health and Wellbeing Board and as an attendee at the Care and Wellbeing Overview and Scrutiny Committee. She has been

instrumental in developing good working relationships with the local authority in Gateshead. It is essential that these continue to be nurtured as it is these that allow us to have such influence and be effective critical friends. Kim has also developed strong working relationships with the local authority and the NHS in Gateshead and, supported by Cynthia, will be stepping into more strategic meetings once Felicity leaves.

We are aware that the ways we engage with our communities must change at this time. We also know that our use of social media could be a lot more effective and extensive. Whilst social media is not the only way of engagement and that many people do not use it, it is our key form of communication and engagement at the moment. We are in the process of finding someone to review our current use of online communication, including the website, social media and our e-newsletter. The aim is for them to advise us on how we can maximise our reach and impact at this time, and that this will also inform us on how we further develop our marketing, engagement and communications post-pandemic.

Healthwatch Committee meeting
21 April 2020
Volunteer and outreach update
Prepared by Beth Nichol

Volunteer and outreach since January.

Lost in translation
From previous work with Asylum seekers and Refugees, we identified interpreting/ translation as an issue. We produced a survey from feedback we received and from feedback received by the resettlement team at Gateshead Housing. This survey was translated into Arabic and handed out during their ESOL assessment week in February and we received 148 responses. Our findings showed:

- most accessed services (GP, dentist and opticians) were highest in offering interpreting services. This followed by Hospital and community nurses, with other services such as pharmacies offered interpreters the least.
- Service users said it was easy to book interpreters but found a lack of Arabic (Syrian dialect) interpreters, long waiting times and reliance support workers in emergencies.
- Quality of service was rated highly but experienced interpreters having weak 'Arabic language' skills, punctuality and reliability issues, not receiving requested gender of interpreter and difficulty using the phone services with hearing impairments.
- Majority of service users received translations in correct language but sometimes had to use google translate for NHS letters and some translations were inaccurate.

Our main recommendations included:

- Review how NHS services offer interpreting services.
- NHS/interpreting services to review long waiting times for interpreting appointment. Is it waiting for interpreter availability or long appointments availability with GP?
- Arabic interpreters' recruitment and look at staff management procedures especially their language skills and punctuality
- Ensure patient needs/requests are being met with regards to cultural and sensory impairments gender/sensory impairments.
- NHS/interpreting service to check systems that they have the correct language on file for their patients.

The report is currently in draft format and once edited will be sent to the commissioning team at the Clinical Commissioning Group (CCG) and NHS England.

Older people
Between January and March, I completed targeted piece of work with Care homes and their access to health services. I have completed three focus groups and had another three which unfortunately had to be cancelled.