

Members of the Committee are asked to:

- Note the contents of the report
- Consider the question of generic/focused outreach

Quality statement: 5, 6, 7, 9, 10, 11, 12, 13, 17

## **Project Manager: April 2020 – June 2020**

### **Adult Social Care Direct**

This launch of this project was suspended due to the Covid19 and the sensitivity needed around the scrutiny of a service during these times.

We have continued to engage with Adult Social Care using our established and effective relationships with Gateshead Council to both share information and escalate issues when needed. I have looked at the feedback about Social Care and there appears to be no areas of concern. we have made one escalation to ASC this was resolved very quickly using a multi-agency approach within Gateshead Council and NGCCG.

We have also had conformation that Gateshead Council have continued to provide a full service with no care act easements implemented.

### **Action:**

I intend to contact ASCD for an update on recommendations within the report and how, during Covid 19 the team have responded and if there has been any increased demand.

## **Current work**

### **Line Management**

From March until June I was line managing the Volunteer and Outreach coordinator. The aim was to strengthen the links between the project managers and the volunteer and outreach coordinators. This worked well for Beth and me as we began to work much more efficiently planning objectives and scoping work to identify tangible outcomes. We continue to work together in her role as Volunteer Coordinator.

Beth has now moved to a new role so is now line managed by Cynthia.

### **Covid 19 System response**

I attended the initial Covid response set up meeting and a subsequent meeting in July. It appears that Gateshead had a pandemic strategy in place and were able to implement the necessary arrangements which included outreach hubs in the community to enable them to respond to all areas of Health and Wellbeing.

The subsequent meeting was around emerging areas of concern and how to respond in a system wide approach.

### **Healthwatch Partnerships**

As expected, none of these meetings have taken place but are expected to resume soon. I have continuing dialogue with NEAS and Gateshead Hospital Trust and have used those connections to resolve issues around Patient Transport and clarity around hospital appointments during Covid 19.

**Action:**

Provide data from Healthwatch intelligence to Partnerships boards as themes emerge.

**Signposting and Information**

Signposting has become a very important role during these times of lockdown and Beth and Kate deal with these generally, however more complex queries are transferred to Project Mangers. It is noted that signposting calls are steadily declining generally. I feel we need to do a push on advertising this service

**Action:**

Working with Marketing and Project Coordinator to advertise the signposting service.

**'Because we all care' campaign**

On the 8 July, Healthwatch England in Partnership with CQC launched 'Because we all care'. The campaign aims to encourage people using NHS and social care to give feedback on their experiences, to help improve services for everyone. This is something we already do with our feedback centre and outreach. However, this is a national programme which includes toolkits and resources which can be localised and has the backing of the CQC.

**Action:**

To look at the campaign in depth to see if can be absorbed without current processes without a whole system change.

**Social Media**

Linked in Training complete and social media platforms being used to promote the work of Healthwatch and that of the local community.

Kim Newton

Project Manager Gateshead

**9 July 2020**