

# Annual General Meeting minutes

## Healthwatch Newcastle and Healthwatch Gateshead AGM

17 October 2019, 10am – 12 noon  
Royal Station Hotel, Newcastle

### Committee members present

Kate Israel (KI)	Independent (Healthwatch Newcastle Chair)
Michael Brown (MB)	Independent (Healthwatch Gateshead Chair)
Terry Bearpark (TB)	Independent
Feyi Awotona (FA)	Independent
Alexandros Dearges-Chantler (AD-C)	Independent
Alisdair Cameron (AC)	Launchpad
Lynda Cox (LC)	Independent

### Apologies

Gill Clancy (GC)	Independent
Shamshad Shah (SS)	Independent
Esther Ward (EW)	Independent
Michael Peacock (MP)	Independent
Julie Boyack (JB)	Independent

### In attendance

Steph Edusei (SE)	Chief Executive, Healthwatch Newcastle and Healthwatch Gateshead
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## 1. Welcome and introductions

1.1 SE opened the event, thanking all those who were able to attend and giving an outline of what will happen at the event. KI explained to attendees why we were there and Committee members introduced themselves.

## 2. Apologies for absence

2.1 Apologies noted from Gill Clancy, Shamshad Shah, Esther Ward, Michael Peacock and Julie Boyack.

### **3. Appointments and resignations from Healthwatch Newcastle Committee**

- 3.1 KI went through changes at the Committee. During the year, Victor Gallant stepped down and Alexandros Dearges-Chantler and Gill Glancy joined.
- 3.2 KI presented on the work of Healthwatch Newcastle (HWN) for the year. There was an increase of 7% in the number of people who have contacted HWN but there was still more work to be done to get the Healthwatch brand known. We need to be heard and 'get out there' more, with help from marketing.
- 3.3 In terms of comments that people have made to us, they are largely very happy with NHS staff and the council in Newcastle. The Healthwatch Star awards highlight this.
- 3.4 During the year, through our project work we made 24 recommendations which led to improved services based on the experience of services that people have raised with us. This is the bedrock of our work as it is people's lived experience of services and their thoughts about how they could be improved that help us to shape our recommendations.
- 3.5 Our work on cancer screening enabled the NHS to work directly with the Chinese community around bowel screening, and with the Romanian community to produce tailored information and leaflets about screening.
- 3.6 In relation to mental health, we supplemented the consultation work carried out by the NHS by focussing on groups whose voices are seldom heard. We also took a new and innovative approach, inviting bids from voluntary sector organisations to carry out consultations with their groups on our behalf. As a result, we were able to reach homeless people, veterans and people in receipt of benefits exploring the impact on their mental health. It was only possible to do all of this work through the work of our excellent but small staff team, most of whom are part time, and our 12 volunteers who support them. The direction of this work is steered by six Committee members who are all voluntary and bring a range of expertise, knowledge and skill to our project work.
- 3.7 At a strategic level we are involved in a range of meetings. Although we move on to new priorities each year we continue to pursue improvement around priorities from previous years, which inevitably means our work continues to expand. This year, our two priority areas are children and young people's mental health and GP Patient Participation Groups (PPGs).
- 3.8 In relation to the PPG work, we are again taking an innovative approach, encouraging GP practices across Newcastle and Gateshead to work towards an award for excellent practice in participation. Twelve GP practices have signed up for a pilot scheme, to work towards this award and will hopefully receive these in April 2020.

#### **4. Healthwatch finances across Newcastle and Gateshead**

- 4.1 SE mentioned that Healthwatch is small but everyone works hard to deliver and maintain their work.
- 4.2 The merging of the HWN and HWG teams has been a success; it has reduced the running costs but the percentage operational costs have increased. There is a small budget for both HWN and HWG; when we are asked to do more work that isn't part of our core contract, we ask for this to be funded separately to ensure this work is properly resourced and doesn't impact on service delivery.

#### **5. Appointments and resignations from Healthwatch Gateshead Committee**

- 5.1 MB said that there were no changes to the Healthwatch Gateshead Committee (HWG), although Julie Boyack stood down on 17 October.
- 5.2 MB presented a summary of achievements and highlights during the year. MB outlined that this year 404 people have shared their health and social care stories with us, which is over 10% more than last year. We now have eight volunteers who work with us and so far they have given up 356 hours of their time to volunteer. We have reached 7,000 people through our website and 117,620 people via social media. In addition, the public have told us that they wanted: quicker appointments and referral processes; clarification on prescription charges and fees; better communication between services; and services should provide information in a format that the public can actually understand.
- 5.3 MB stated that Gateshead retains its own identity but it made sense to work cross-Tyne regarding certain projects.
- 5.4 HWG ensures that all its recommendations are underpinned by strong evidence collected through various engagement methods and events.
- 5.5 Like HWN, HWG staff and volunteers work alongside each other and MB emphasised how crucial volunteers are to the success of HWG.
- 5.6 Kim Newton's project focused on the effects of cuts upon people who rely on social care services for a decent quality of life.
- 5.7 Strategic influencing was highlighted as being vital to the role of Healthwatch. We continue to value our seat at the top table in meetings such as the Health and Wellbeing Board and the Scrutiny Committee. Our attendance ensures that patients and service users have a voice and we can ensure proper engagement takes place. HWG is not scared to be controversial when needed.
- 5.8 Priorities for the near future include: Adult Social Care Direct (how people access social care); children's and young people's mental health; and supporting effective GP patient participation groups.

## **6. Updates from the Chairs and the Chief Executive**

6.1 KI announced that she is stepping down as Chair of HWN and this will be her last AGM. Alexandros Dearges-Chantler will take over as Chair and will bring a new perspective to the work as it gears up to bid for the new contract in September 2020. SE - many thanks to KI.

## **7. Questions**

- 7.1 The floor was thrown open to attendees who could ask questions of the Committees and the Chief Executive. Question about recruiting volunteers: SE mentioned that we get a wide range of volunteers, some of whom speak English as a second language.
- 7.2 Question about whether all practices have PPGs: SE said PPGs are part of every GP contract, they may not always be physical and could be virtual, for example, Skype calls. Does the award help practices get the right support? The award is designed to help practices get the support they required and the evaluation will let us know if it is successful.
- 7.3 There was a question about how Healthwatch can engage with transgender communities. SE stated that we try to engage with all communities but recognise that it has been more difficult to find ways to hear from the transgender community. She invited the questioner to speak with Healthwatch to help us discover ways to hear transgender views.
- 7.4 There was a question about transparency of who has asked questions at CCG Governing Body meetings. The questioner has asked that this be recorded in minutes but has not had a response. Jackie Cairns from Newcastle Gateshead CCG said she was sure that this was an oversight and offered to take it up at the CCG.

## **8. Close of formal meeting**

## **9. Presentation by Sheinaz Stansfield and round table discussions**

- 9.1 Sheinaz Stansfield from Oxford Terrace and Rawling Road GP Practice gave a Primary Care Network (PCN) presentation.
- 9.2 SS mentioned that some social services have closed down since she joined 12 years ago due to increases in pressures: 5,000 new GPs were promised but this didn't happen.
- 9.3 There are barriers - people's needs are becoming more complex, so more education and learning is needed.
- 9.4 In Gateshead PCNs - what are the needs of our patients? Aim is to help everyone in the population. Different model of working.
- 9.5 There aren't enough pharmacists. Patients are at the heart of everything we do, so the patients have to go first. SS stated that it's not about individual heroes, it's about the collaboration/team. GPs can't be the default for everything. Communication is essential. SS found a health app called Changing Health, commissioned by Newcastle

and Gateshead. This app includes a health coach and a way to educate patients to look after themselves because they can't always rely on GP practices.

9.6 Need to break the alliance of GP. This is what PCNs are about, they need to open up to the community.

The AGM closed at 12 noon.