

# Committee minutes

24 January 2019 - 10am  
Gateshead Fire Station, Low Fell

## Committee members present

Michael Brown (MB)	Chair
Michael Peacock (MP)	Committee member
Julie Boyack (JB)	Committee member
Lynda Cox (LC)	Committee member
Esther Ward (EW)	Committee member

## Apologies

Shamshad Shah (SS)	Committee member
--------------------	------------------

## In attendance

Steph Edusei (SE)	Chief Executive
Kim Newton (KN)	Project Manager
Beth Nichol (BN)	Finance and Administration Officer
Lyndsay Yarde (LY)	Associate

## 1. Welcome and introductions

1.1. The meeting began at 10am with a round of introductions.

## 2. Apologies for absence

2.1. Apologies were noted from Shamshad

## 3. Minutes of previous meetings.

3.1. The minutes for meeting were agreed as a true record.

3.2. Matters arising. 3 - SE stated council have sent monitoring feedback. No concerns but few issues with governance, some due to wrong information given. Have been asked to look at cost saving options as at some point will reduce money for contract. 4 - SE still needs to contact Youth Council. 4 - Recruitment for 2 more Committee members is still ongoing. 6 - Trend analysis work needs to be arranged. 7 - feedback form numbers were incorrect, now adding columns onto system.

**Action: BN to arrange meeting with both Committees and SE and DH**

## 4. Chair update

4.1. MB raised concern of detail missing from budget proposals, including impact assessments missing. Budget setting will be February next year.

- 4.2. MB discussed the NHS plan and Healthwatch is mentioned. SE discussed this could be engagement work. NHS England have given Healthwatch England funding to complete engagement for plan. Each local Healthwatch will be provided with £3,000 to produce two to three focus groups around themes from the plan. Expecting work end of April.
- 4.3. MB discussed the Joint Scrutiny Committee with SE and Kate Israel (HWN Chair). Amanda Hulme presented Integrated Care Systems update and its core activities. There is a submission to work a shadow ICS but not clear of process. Plan expected in September. There was also a presentation about work force transformation and NEAS regarding how they are reaching targets.

## **5. Project updates**

- 5.1. LY stated all reports are now submitted apart from student for mental health due to delay in getting ethical approval. Report will be finished end of January; 138 responses in total. Common themes were around waiting list, lack of understanding and accessing information. The African community has internal barriers of stigma and letting family down. LGBT also had internal barriers of admitting there are problems and seeking help. A discussion was made around how to pull each report together while keeping detail.

**Decision: Provide appendices at end of report**

**Action: LY to collect data sets from organisations**

- 5.2. KN discussed her lack of funding social care project. KN stated the project sponsor role worked well and thanked Michael for his help. Report is almost at draft stage. It has been labour intensive with engagement and focus on report is on inform, engage and influence. Executive summary and recommendations still need to be completed. Will be completed mid-February.
- 5.3. KN stated she has followed up CHC work. Has asked CCG to update website with NHS England information on CHC. There are currently old links. No response has been received yet and will need to be escalated after 20 days.

## **6. 2018–19 priority shortlisting**

- 6.1. SE delivered a presentation and explained how HWG gathers priorities: through what people have told us, talking to the people who plan and provide services and what we hear locally and nationally. The Committee is then asked to prepare a long list of potential priorities which HWG will then distribute to local people to shortlist.
- 6.2. SE discussed the eight priorities options:

### **Children and young people's mental health**

This would be across Newcastle and Gateshead. There has been changes to allow single point of access for service users and their parents/guardians. There has also now an online counselling tool called Kooth. It would be engagement in autumn so could be identifying the difference it has had. Because of single point of access waiting times have increased.

### **Prescription charges**

There is no box for universal credit. When prescriptions are checked people are receiving fines. There has been a statement for NHS England on what box to tick but not sure about how it is being communicated.

### **Mental health**

Accessing mental health services has been highlighted from the feedback centre. There are also problems with waiting times, young people, and young people transgender services as there is a nine month wait for first appointments.

### **GPs**

A lot of negative feedback received on the feedback centre regarding accessing services. Always receive the most comments as it is the most accessed service. Could repeat Newcastle's previous work with Newcastle University.

### **Personal health budgets**

Can be seen as a budget just in a different pot. Could explore how these are being implemented.

### **Adult Social Care Direct**

Negative comments received regarding lack of service. Seen as another barrier. They are already aware of problems and working at it after an internal audit. KN stated this could be a mystery shopping exercise after previous discussions with Steph Downey.

### **Patient participation groups (PPGs)**

Approached to see how we can support and get best value. Some Healthwatch have been funded by CCG. We probably won't receive funding this year. Could look at what has been done by other Healthwatch. A discussion was made around this being an engagement priority.

### **Outpatient appointments**

This was from meeting with Jackie Daniels. Long term plan to reduce review appointments. Could look at how it will affect people and the best way to deal with it.

### **Accessible information standard**

KN raised the issue that the Queen Elizabeth have not done anything about accessible information. SE explained that accessible information standard is ensuring standard information is accessible for those with a physical reason. This is needed for NHS and Local authority.

6.3. SE asked Committee to agree on six priorities.

**Decision: Shortlist of priorities are mental health, GPs, accessible information, Adult Social Care Direct, outpatients, prescription charges - information and choice. PPGs will be an engagement priority.**

## **7. Volunteer and outreach update**

7.1. SE discussed the volunteer and outreach paper. Training for Champions is not part of core training but helps their role to signpost to other services. Recruited four new Champions and completing induction training.

- 7.2. SE stated VC is currently struggling with BME groups and is focusing on increasing reviews. SE reminded it is everyone's role to do this. VC is interested at looking at drug and alcohol services. LY stated that her project has found that those with mental health and alcohol/drugs have been denied mental health treatment until they have completed their drug/alcohol treatment. MP recommended visiting blood donation clinics.

**Action: VC to arrange outreach at blood donation clinics**

## **8. Chief Executive update**

- 8.1. SE stated that they are currently recruiting for a new Chief Executive at the QE.
- 8.2. SE discussed the Integrated Care System. NHS funding to support engagement with Healthwatch. We successfully bid for work. SE will be sitting on programme and going to other Healthwatch and asking for workstream representations to share information and feedback. It will be approximately 15 months' work.
- 8.3. SE stated Health and Wellbeing Board presented Department of Public Health report. It focuses on healthy eating and emphasised the difference of poorer and manual background being more overweight than others.

**Action: SE to share notes from Health and Wellbeing Board and Department of Public Health report.**

- 8.4 Healthwatch England is looking at how to measure impact and asked Healthwatch to test. It will help to assess impact. There will be a focus group in March and September. Have been asked to express interest to be a tester site. SE asked Committee's decision to go ahead.

**Decision: Committee agreed to go ahead with being tester site for impact assessment**

## **9. Healthwatch Gateshead app**

- 9.1. SE discussed that the app lets people feedback, contact us and see social media. A student created the Newcastle app and has attempted to create Gateshead's but it isn't working on Apple. SE asked Committee if we need the app and its purpose. MP commented that if the website is mobile friendly.

**Action: MP to see if website is mobile friendly and check accessibility**

## **10. AOB**

- 10.1 LC asked about the Operations Manager role. SE stated the job description has been tweaked and created a more robust person specification. SE has been working with TUN Board member Victoria Armstrong around process. The advert will be published next week and closing end of February. The interview will be held on 4 or 15 of March. On day there will be a more formal meeting with staff and volunteers where they have to present. This will be assessed by staff and volunteers. They will then complete and task and this will be discussed in the interview. They will be appointed in March. SE invites Committee to attend presentations if they would like.