

Committee minutes – approved

30 March 2021 – 10.30am - 12.30pm
Online via Zoom

Committee members present

Michael Brown (MB)	Independent (Chair)
Michael Peacock (MP)	Independent
Mairi Cox (MC)	Independent
Lyn Boyle (LB)	Independent
Jane Quilty (JQ)	Independent

Apologies

Shamshad Shah (SS)	Independent
Rachel Smith (RS)	Independent

In attendance

Siobhan O’Neil (SO)	Chief Executive Officer, HWN & HWG
Cynthia Atkin (CA)	Tell Us North Chair
Kate Beattie (KB)	Finance and Administration Officer, HWN & HWG

1. Welcome and introductions

1.1. MB led the welcome and introductions.

2. Apologies for absence

2.1 Apologies were noted for Shamshad Shah (SS) and Rachel Smith (RS).

3. Minutes of previous meetings and matters arising

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

3.2 No actions.

3.3 SO provided an update on activity over recent months, highlighting:

- Participation in the Healthwatch England Because We All Care campaign
- Increased engagement via social media and other remote methods.
- Continuing to attend meetings.

4. Priority setting

4.1 Context Setting - place-based working

Committee members received an overview of the context we are working in. This highlighted the importance of place and collaboration.

Action: The Committee will further discuss ‘place’ as it relates to priority setting at the May meeting.

MB has attended the most recent Health and Wellbeing Board and the Scrutiny Committee both underlined the importance of place.

MB gave an overview of Integrated Care Systems which will see Clinical Commissioning Groups being abolished. MB will keep the committee updated if there are any further changes and suggested that Committee members sign up to Healthwatch Workplace using this link and emailing the hub - [Helping you work better together | Healthwatch Network website \(staff\)](#)

4.2 Process overview with timescales

SO gave an overview of the process to develop priorities. This highlighted the involvement of committee members, and the use of information and evidence gathered over the past year which has fed into the production of the longlist. The next step is to develop a shortlist to explore further. The resulting work will be presented to the committee before the 4th May meeting to support final decision-making.

Priorities will likely include longer term pieces of work, ‘task and finish’ approaches and collaborative and exploratory work.

SO outlined capacity issues and how these will be addressed:

- Rachel Wilkins has moved on to her new role
- Associates/consultants have been identified who can be commissioned to address immediate gaps in capacity.

The process today will involve going through the longlist and creating a shortlist from discussions which will then lead onto wider research on what was discussed.

4.3 Decision making - overview of Toolkit & how we make an impact

SO gave an overview of the Healthwatch England Making a Difference Toolkit. Explaining how this can be used to focus on goals and outcomes and support us to understand the impact we can have in any given area. Using this will help committee decision-making

As well as identifying what is going to be a potential priority, we will look at what could be potential commissioned work for us.

Committee members can get involved with the research and need to let SO or MB know.

5. Longlist - discussions and additions from committee members

Following discussion the following headline themes were chosen for further research and work before the committee makes final decisions in May:

The committee members outlined which areas from the longlist they believe should be shortlisted, these fell into these headline themes:

Health and Care Literacy and Information. The increased use of telephone and video consultations and further moves towards digital health and social care has some benefits. We are interested in finding out if this trend is further exacerbating inequalities. Can people access the information they need to make good decisions around their health and care? Is limited health literacy having an impact on people's health and wellbeing? Are some people / communities particularly impacted, for example BAME communities, asylum seekers / refugees, people living in deprived communities? What impact could we make locally?

Access to decision making for children and young people. What are children and young people's experiences of accessing the information they need to enable them to have control over their own health and care? Do the basic things happen to enable this? Are young people aware of the choices they have? Once we have explored this what impact might we have in prioritising this?

Resilient Communities Post Covid 19. We would like to explore the health and care responses to Covid-19 within communities. Is there merit in a focussed piece of work that contrasts responses across different types / geographic communities within Gateshead? What has worked well? What was exposed? What gaps remain? What, from community responses, needs to stay as we move forward along the 'roadmap' towards a post-pandemic normality?

Mental health needs. There is significant attention being paid to mental health in society because of the pandemic and feedback from partners at a recent Gateshead Health and Care System meeting suggested Mental Health Transformation for consideration as a priority for Healthwatch. We suggest a focus on two or three sub themes:

- **Carers** - the pressures facing unpaid carers during the Covid-19 pandemic include: increases in the caring load, isolation, the restrictions of lockdowns, changes in service provision for the person cared for, anxiety related to the risks associated with Covid-19, managing the practicalities of providing care and support, access to GP appointments / health checks and the loss of routine and access to a break from caring or to the informal coping strategies that enable unpaid care to take place (e.g. friendship / peer support). All have combined to increase the mental health needs of carers .
- **Post Covid-19 Mental Health needs** - are there particular cohorts we should focus on (e.g. people with a Learning Disability or Autism or a physical disability, pregnant / post-natal women, bereaved people including young people)
- **Mental Health Transformation** - exploration of how Healthwatch can support the Gateshead system through understanding the experiences / potential experiences of those using services

6. Next steps

Committee members to email MB or SO if you think of any other important areas which weren't mentioned in the meeting today.

The issues outlined in 5 above require further work; researching and understanding where within each issue Healthwatch Gateshead can have the most impact; who else is working in this space, opportunities for collaboration. This work will result in a series of discussion papers which set out:

- The issue
- Pros and cons of us undertaking this work
- What we are seeking to achieve (goal)
- What changes we want to see (outcomes)
- Type of work (research / task & finish / exploration) and what we will do in each (activities)
- Resources required / available
- Impact and how we will demonstrate this
- Recommendations for committee

SO will circulate papers on the headline themes on Friday 30 April before the priorities meeting in May. The meeting in May is mainly going to focus on the shortlist but SO will give a small update on what the team have been doing.

MB reminded the committee that we need to be flexible and responsive if other areas emerge for us to work on.

Actions

7. Actions

- Circulate minutes
- Send overview of shortlisted issues and additional work for comment by close of play Wednesday 7th April 2021
- Agree sponsorship of themes by committee members

8. Date and time of next meeting

Tuesday 4 May, 1.30pm - 3.30pm.

No other business.

The meeting closed at 12pm