

**Minutes of the Healthwatch Northumberland Annual General Meeting held on Wednesday 16 October 2019 at Phoenix Theatre, Blyth, Northumberland**

**Present** – approximately 200 people attended including members of the public and supporters, representatives of health and social care organisations, Healthwatch Northumberland staff and board members and presenters.

**NOTE: Presentations or all sessions available at**

<https://healthwatchnorthumberland.co.uk/conference-2019-presentations/>

**1. Introduction and Healthwatch AGM – David Thompson, Chair**

The chair welcomed everyone to the Healthwatch Northumberland (HWN) Annual General Meeting and Conference. He said the format of the day was to be a short look back at the last year then a programme of listening workshops. These give the opportunity to hear and debate the health and social care issues people have said are important to them.

David thanked the HWN Board, Adapt (NE), Northumberland County Council and the other key stakeholders and staff members for their support during the year.

David presented the minutes of the AGM held on Tuesday 16 October 2018 and asked for questions.

**Q: What are the infrastructure planning requirements for new developments health services?**

A: Derry answered. This is an issue which people continue to tell HWN about and which we make sure is reflected in our feedback to service commissioners. Derry encouraged people to talk to representatives of the Clinical Commissioning Group (CCG) during the day about the technical aspects of what is required when new developments are proposed.

**Q: Does Healthwatch hear enough about what concerns different communities?**

A: Derry answered. There are always more experiences to hear. HWN is keen to engage with networks in local communities so that when issues arise, they know where to feed the information to. We are particularly keen to attend parish, town and local area councils so that elected representatives can share the information they gather too.

**2. Review of the Year – Derry Nugent, Project Coordinator**

Derry presented an overview of the work carried out by HWN in 2018. She noted the excellent response to the Annual Survey which helped to set the priorities for work during the year.

Derry said the focus of all work was to listen and understand people's experiences of health and social care. From this, HWN can bring people and service providers and commissioners together to ultimately improve services. This year HWN has been able to amplify the voice of

Northumberland through coordinated engagement on the NHS Long Term Plan with other local Healthwatch.

Questions asked from the floor:

**Q: What can Healthwatch do about the difference in NHS prescription charges in England and Scotland?**

A: Derry answered. Healthwatch is not a campaigning organisation nor a decision maker. Our role is to gather the impact of policies on people and use this to influence decision makers. Prescription charges are a national policy issue.

**Comment from audience member:** as a person with disabilities my experience of good quality public transport has increased my confidence.

Derry said this is why HWN always emphasises the importance of public transport when it talks about access to health and social care services.

**3. Community Involvement – Mark Johns, Engagement, Diversity and Inclusion Manager, North East Ambulance Service NHS Foundation Trust (NEAS)**

Mark spoke about how NEAS has improved services by involving people in the design. He gave examples of the Vehicle Redesign Group which helped improve ambulances for people with dementia, work with young people that led to a reduction in prank calls and work with the Black, Asian and Minority Ethnic communities to both raise awareness of the range of ambulance services and NEAS as an employer.

Mark answered questions from the audience:

**Q: What's the difference between 111 and 999?**

A: 111 is for advice and reassurance, 999 is for life threatening emergencies.

**Q: How does the language line work?**

A: Mark explained the process of selecting the language you need in order to access their services and other language and communication support mechanisms.

**Q: Great engagement work with communities. Have you done anything with LGBT groups?**

A: NEAS attended five local Pride events in 2019. We are a Stonewall Top 100 Employer and the best performing ambulance service in the ranking.

**Q: Understand 111/999. A friend called 111 and was advised to go to NSECH even though it wasn't an emergency.**

A: Mark said he could not comment on individual cases but 111 uses lots of triage tools and has live information regarding waiting times at certain hospitals, what staff are available etc.

#### **4. Primary Care Networks – Pamela Phelps, Senior Head of Commissioning Primary, Urgent and Emergency Care, Northumberland Clinical Commissioning Group**

Pamela spoke about the new way of organising and delivering primary care through Primary Care Networks (PCNs). There will be six in Northumberland. Patients will start to see an enhanced range of services and will see different staff roles in the surgery. She stressed that people will **not** have to re-register with their GP.

**Q: Expecting someone with caring responsibilities to travel from Ashington to Newbiggin pre-supposes that they can get there. There are cost implications.**

**A:** These are good points that will need to be considered as the PCNs develop.

**Q: There are not enough NHS dental practices – will more be coming back into the NHS in future?**

**A:** Dentistry is not currently covered by the PCNs but maybe this is an area that needs to be considered if it is something that is important to people.

**Q: People in North Northumberland already feel marginalised and our PCN covers 80,000 people. Will the ‘magnet of the south’ result in a concentration of services in the south? What reassurances can you give that our services will be improved and not dragged further south?**

**A:** Nothing major will change and there will be more professionals in the PCNs and GP practices.

#### **5. Marine Medical Patient Participation Group – Carole Pitkeathley, Chair, Marine Medical Patient Participation Group**

Carole spoke about the work of the Patient Participation Group (PPG) and its role as the link between the patients and the practice and the annual online patient survey which 1,200 completed. This highlighted patients’ priorities were mental health, weight loss and pain management. Over 20% thought tackling loneliness was priority. This links to social prescribing.

#### **6. Morning Workshops**

The audience attended workshops on Social Prescribing, the Substance Misuse Health Needs Assessment, or Health Checks. Summaries of issues raised are attached as ‘Workshop Summary’.

Lunch was served and the audience had the opportunity to view the Healthwatch Northumberland Promotional Video. This can be viewed in at [www.healthwatchnorthumberland.co.uk](http://www.healthwatchnorthumberland.co.uk)

## **7. A Space at the Table film, Peter Woods, Hexhamtv**

Peter Woods introduced excerpts from the video 'A Space at the Table' which had been made by a group of people who care for a family member with dementia. The group had worked with Drywater Arts.

## **8. Review of the Ageing Well Programme - Louise Sweeney, Public Health Specialty Registrar, Northumberland County Council**

Louise spoke about the Ageing Well Programme which through its core values of joint working and inclusivity wants to support people in Northumberland to stay active, connected and well as they get older. Louise highlighted some of the challenges people in Northumberland face in doing this and ways in which the Ageing Well Programme has helped.

She collected responses about what people feel is most important to support healthy ageing, their current awareness of Ageing Well, its benefits, what is working well and not so well and things they would like to see done in the future.

## **9. Afternoon Workshops**

The audience attended workshops on Health Checks (repeat session, feedback combined with morning session) and the Mental Health Trailblazer. Summaries of issues raised are attached as 'Workshop Summary'. There was also the opportunity to take part in Singing for Wellbeing Session.

## **10. Singing for Wellbeing**

Rosie Anderson led the audience in a demonstration of Singing for Wellbeing.

## **11. Close**

David Thompson thanked everyone for attending. He said the theme throughout had been communication - engaging, talking, listening and being willing to change. He felt the commissioners and service providers in Northumberland were willing to listen to local communities in a meaningful way. In addition to mental health, GPs, access and dementia as key issues, the conference had also shown that people are interested in promoting their own good health.

He said he wanted the audience to take away three thoughts:

Commissioners, providers and politicians – remember what you've heard here today and listen meaningfully and with intent.

People of Northumberland - continue to say what you think. Make your voice count.

Healthwatch Northumberland - with your help we will continue to work with providers, commissioners and the public. We will listen and pass on what we hear so we can all make sure good services become even better.

The raffle was won by Marjorie Charrada

## **WORKSHOP SUMMARIES**

### **Social Prescribing**

Tara Twigg-Robson, Commissioning Manager, NHS Northumberland Clinical Commissioning Group, led a presentation and discussion about social prescribing. She explained it is a means of enabling referrals to, and supporting people to access, a range of local, non-clinical services. Recognises that health is determined by a range of social, economic and environmental factors and aims to support individuals to take greater control of their own health

#### **Questions and comments**

**Q: When I set up a knit and natter group through Seaton Park PPG, we had two people. Now there are over 30 going. Now they have a group or session on every day of the week. In some areas e.g. The Wirral, people can go online to see what's happening locally.**

**A:** Locality Coordinators are currently logging information to produce an asset list and form a directory of services. Consultation events are happening this month to find out the public's views on the directory.

We also recognise that if PCNs work well and social prescribing is effective, we will have to work closely with the voluntary and community sector (VCS) so it has capacity to take those referred.

**Q: There needs to be robust conversations with VCS soon or there will be issues. Some parts of the VCS are fragile. Needs to be understanding of expectations. Also, social enterprise sector. There's a wealth of resources – how are these paid for and sustained?**

**A:** Linking with Northumberland Community Voluntary Action etc. so those conversations are beginning. Recognise there's a lot of work to do.

**Q: A Recovery College mentioned earlier – we have a unique county, how will it work?**

**A:** Locality Coordinators are working closely with recovery college teams to see how we can do this at a community level. Talks are ongoing to see if we can make it happen.

**Q: I work in secondary mental health, have done for 14 years, and I knew nothing about social prescribing. Where is the advertising and education?**

**A:** There's a new, nationally coordinated agenda. Even most GPs won't know the message yet. Will need communicating widely.

**Q: Will there be a link worker recruited in the west of the county?**

**A:** Yes.

**Q: How long after referral will it take to get a support planner?**

**A:** It can vary but not too long – typically within a week or two.

**Q: Who can refer in?**

**A:** You call OneCall with your query and it will be decided if you are allocated a social worker or support planner.

**Q: Will the VCS need to be geared up for safeguarding/governance to provide services?**

**A:** It depends on the level. Knit and natter for example is low level and will not need lots of governance etc.

Andrea Alder, Karbon Homes, commented that loneliness had been mentioned several times. She talked about Silver Talk, a free telephone befriending service for Karbon Homes tenants over 50.

## **Substance Misuse Needs Assessment**

Louise Sweeney, Public Health Specialty Registrar, Northumberland County Council, introduced the session outlining who is affected by substance misuse, risk factors and some of the services working in partnership to support people in Northumberland with substance misuse which include Northumberland Recovery Partnership (NRP), Harm Reduction Service, Recovery coordinator, Pharmacies, SORTED (Young People) and Escape (Family Support).

Louise asked what is important about the services they receive. People were able to speak as a group or to use a comments box to share anonymously.

Issues raised:

- More detox services need to be available in Northumberland as there is only one bed for detox in Northumberland. Detox available in Newcastle and Queen Elizabeth Hospital in Gateshead but patients find it difficult to go out of the county for both substance misuse and homelessness services.
- Neighbours take the place of services. NRP advised neighbours how to support person to come out of alcohol addiction. Experience related of a person who needed a detox bed but it was taken by a flu patient.
- When you look for help with detox, it's not clear what is an NHS or private service.
- Home detox services need to be publicised, there needs to be more knowledge around detox services and pathways to accessing services.
- Methadone programme from Hexham. If appointment missed patient needs to go back to Blyth to be reassessed to get back onto programme.

- Experience related of lack of support service provided on prison release. Told to wait two days for methadone.
- Comment as to availability of probation staff and if youth and community workers are 'filling a gap'.
- Wider issues thought to contribute include deprivation, poverty and education, especially at younger age. Alcohol seen as too easily available.
- Important there is an anonymous means for reporting drug dealing, etc. Crimestoppers?
- Comment made that prescribed drugs are a problem, overdoses where over counter medication is mixed.
- Comment made that people not being supported to reduce medication, particularly antidepressants.
- Need for coordination and shared information between services. Experience shared of mental health trust prescribing antidepressants which was not communicated with GP.
- Experience shared that GP "doesn't want to listen".
- Experience related of a course provided by VCS provider, but most people dropped out.

## **Health Checks**

Dr Jim Brown, Consultant in Public Health, Northumberland County Council, outlined the background to the availability of NHS health checks - that they are offered every five years and usually conducted by a health care assistant in the GP surgery, but results reported back to the GP.

### **Issues raised in discussion:**

- It should be clearer what health checks involve - weight/height isn't enough – what about bloods, diabetes screening etc. And how effective is the feedback?
- There needs to be sustainability as people age and what about people living in care homes? The age cut-off is set nationally but why can't we change this?
- Health checks are for people age 40-74 with no registered long-term condition. Invitations are sent out but what if people don't respond? Should it be automatic to chase?
- How do people feel about using libraries or other community spaces for health checks? National focus groups suggested people were against this idea and wanted checks at GP surgeries, but evidence in the room suggests this would be welcome/could work well in rural Northumberland. Concern raised about who would provide the feedback.
- Need to motivate people to make change linked to feedback from checks – who will follow up?

- Could mental health be included in the health check? There is already an element of dementia screening between the ages of 60-74, so why couldn't mental health be included too?
- Is there any national health check promotion? Are we missing a trick there?
- Comments made that invitations sent out to everyone eligible for a health check but there was very poor engagement - engagement amongst men particularly low. Important to carry out research and find out why men not engaging.
- Positive experience from one participant who was told they were 'clinically obese' during health check feedback, which led to them taking action and losing two stone.

## **Mental Health Trailblazer**

Rhian Davies, Lead Primary Mental Health Worker, Northumbria Healthcare, spoke about the challenges faced by mental health services for children and young people in Northumberland and which the new 'trailblazer' programmes in Blyth and Hexham will address. The programme will be delivered in 33 schools across both areas. The main aim is to support young people at an earlier stage with emphasis on prevention and early intervention, including peer mentor roles.

The audience had the opportunity to share their contact details to keep in touch with the project.

**Q: Will this put more pressure on teachers?**

A: Rhian said this will be an additional support network rather than an added pressure.