

Minutes of the Healthwatch Northumberland Board meeting held on 13 December 2022 online via Zoom.

Present: David Thompson (DT) Chair, Margaret Young (MY) Independent Member, Liz Prudhoe (LP) Adapt NE, Catherine Lee (CL) Patient Advice and Liaison Service, Kevin Higgins (KH) Northumberland County Council, Debra Blakey (DB) Carers Northumberland, Mike Allport (MA) Independent Member, Gillian Robinson (GR) Independent Member, Jim Brown (JB) Public Health NCC, Lorna Beech (LB) ICAN

In attendance: Derry Nugent (DN) Project Coordinator, Claire Jackson (CJ) Communications Officer, Laura Haugh (LH) Communications Assistant, Lorna Farr (LF) Volunteer

Apologies: Fareeha Usman (FU) Independent Member, Kaeti Seth (KS) Independent Member, Sue Taylor (ST) Independent Member, Caroline Rogan (CR) Northumberland CVA, Jacqui Davison (JD) Independent Member

Minutes recorded by: Laura Haugh

<p>1.Introductions, apologies and declarations of interest:</p> <p>The Chair opened the meeting and welcomed everyone.</p> <p>Declarations of Interest: no members declared interests pertinent to items at this meeting.</p>	<p>Action</p>
<p>2. Minutes of last meeting</p> <p>The minutes of 4 October 2022 were agreed as a true record with one amendment requested by DB to the action point for Item 6 'DN and DB to take report to Carer Parents partnership group'. This should read 'DN and DB to share report with Carers Partnership Board'.</p>	
<p>3. Action points</p> <p>Item 6 – Board members can continue to share ideas of groups to engage with for annual conversations but agreed to close as an action point.</p>	

<p>Item 7 – The Sight Loss Pathway report has been received but needs to be designed into a format suitable for circulation. DN will circulate in January.</p> <p>Item 7 – The Outpatients report is in progress with HWNT.</p> <p>Item 11 – Stakeholder involvement in strategy to be discussed at Board planning day in January.</p> <p>Item 15 – HWE support for Board members – DT will arrange this for February.</p> <p>All other Action Points noted as completed.</p>	<p>DN to circulate Sight Loss Pathway report in January.</p> <p>Stakeholder involvement in strategy to be discussed at Board planning day in January.</p> <p>DT to contact Board and HWE to arrange support meeting for February.</p>
<p>4. Matters arising</p> <p>There were no matters arising from the minutes.</p>	
<p>5. Questions from the public</p> <p>There were no questions received from the public.</p>	
<p>6. Presentation: Communications and marketing update</p> <p>CJ gave a presentation about current marketing and communications work with a focus on non-digital marketing. This covers any marketing activity which is not online.</p> <p>CJ explained the benefits of both digital and non-digital marketing. Digital marketing is easier to measure, can be more targeted, is cost effective and messages can be easily customised or changed. Non-digital marketing is harder to measure, costs more and cannot be easily updated, however it can have a wider reach.</p> <p>Non-digital activity this year has included:</p> <ul style="list-style-type: none"> • Free coverage in Hexham Pocket Guide and the Blue Book • Parish council newsletters • Advert in A5 booklet by National World which will reach 15,000 households in Northumberland • Monthly updates to press contacts – print, TV and radio • Distribution of monthly paper copy newsletters 	

<p>CJ talked about the distribution campaign which should be completed by the end of January. With the help of staff, Board members and volunteers, posters and leaflets will be distributed to primary care, care homes, libraries, family hubs, foodbanks and other community venues. An Easy Read version will be produced in the new year. Information has also been sent to GP practices to include on their TV screens.</p> <p>Projects coming up include linking with children and young people, producing joint HW print materials and potentially producing a biannual newsletter.</p> <p>DT thanked CJ for explaining non-digital communication and marketing and asked how the logistics of the distribution project will work. CJ said anyone who would like to help can get in touch with her. Materials can be picked up if nearby office or attending an event or can be posted out. DT asked members to let CJ know if they don't see HWN on the screen at their GP practice.</p> <p>JB asked about the advert in the A5 booklet and who it would be sent to. CJ said the booklet is produced by National World who own newspaper titles including the Northumberland Gazette. They will distribute the booklet to the 15,000 households which their free newspapers go to.</p> <p>GR queried that 76% of the marketing budget had already been spent in the first two quarters and asked if this was a concern. DN said this was due to front-loading the budget to buy consumables and noted that CJ is good at cost-effectiveness and negotiating prices.</p> <p>CL said she'd seen a HWN post on Facebook. CJ said this was good to hear as engagement rates have been a challenge recently.</p>	
<p>7. Operational and financial update 2022/23</p> <p>Derry spoke to the circulated report.</p> <p>King's College study – this will be useful background reading for the Planning Day.</p> <p>HW Week – all staff and a few Board members attended the online sessions. DN said the event is more dynamic when held in-person.</p> <p>Staffing – staffing is now back to full capacity.</p> <p>Equality, diversity and inclusion – DN asked if there were any views on this KPI. DT said it seemed to be on the right path. JB suggested</p>	

<p>extending the KPI to include socio-economic inequalities as well as protected characteristics. He suggested collecting postcodes and using the Index of Multiple Deprivation to measure. DN asked everyone to think about the EDI KPI for discussion at the Planning Day.</p> <p>Vaccination process – DN said HWN is about to escalate an issue with the NHS vaccination process – a patient has been told to travel to Preston to get their records updated as they had their last vaccine in Scotland. DT asked DN to keep the Board updated on what happens, either by email or at the Planning Day.</p> <p>Annual Conversations – DN said these are going well and are providing rich information. The report will be in two halves then a final report next year.</p> <p>Audiology – DN and HWNT have had a meeting with Newcastle Hospitals and have now got engagement with the right people. There will be a series of meetings going forward.</p> <p>Enter and View – The training has been completed and DN is waiting to hear from Alan Curry about how to move forward. DN will be attending the Care Home Provider Forum. DT asked DN to provide an update and a tangible plan for Enter and View at the March meeting.</p> <p>Financial update – DN said the finances were going to plan.</p> <p>JB said he was impressed with the engagement and support for volunteers.</p>	<p>DN asked everyone to think about the EDI KPI for discussion at the Planning Day.</p> <p>DN to provide an update on the outcome of vaccination process escalation.</p> <p>DN to provide an update and plan for Enter and View at March meeting.</p>
<p>8. Board partner organisations updates</p> <p>Carers Northumberland</p> <ul style="list-style-type: none"> • DB said Carers Rights Day on 24 November was well attended (56 carers) and a successful event – thank you to HWN for attending. • Three Festive Afternoon Tea events have taken place in Bedlington, Hexham and Berwick with food, a Christmas quiz and Christmas craft – 62 carers attended overall. • Numbers – currently just over 5,300 carers on the database (including 300 young carers), this figure was around just over 2,000 in March 2020 which shows that more carers are identifying themselves and more professionals are identifying carers for referral. Average new registration rate pre-pandemic was around 35-40 per month, this rose to an 	

average of 65 per month in 2021 and this year the 6-month average registrations per month is 89. This shows that the service is never more needed but also highlights potential capacity and resource issues in the future as nearly all registrations now come with queries – mainly around accessing additional support and finances. The team is regularly supporting carers to access grants and benefits which takes time and could impact on future capacity.

- Young carers – Carers Northumberland has put together a School Offer to complement the Young Carers Toolkit for Education Settings which was launched earlier this year. The School Offer is to help schools to implement the recommendations of the Toolkit including – accessing young carer awareness training, identifying a carer lead within school, having a young carer charter or promise, raising awareness of young caring in special assemblies, implementing a young carer group in school (to enable young carers to meet with other young carers, support with homework etc.)

Patient Advice and Liaison Service (PALS)

- CL said PALS welcomes conversations with HWN and ICAN about how PALS can help to resolve issues.
- Although hosted by Northumbria, PALS covers all North East health services including NEAS and Newcastle Hospitals.
- People are complimenting as well as complaining.
- Main issues are around travel costs for visiting and involvement. Although travel cost schemes are available they don't cover carers or visitors unless special circumstances.

HWN to continue to promote support for travel costs

Northumberland CVA

No update from Northumberland CVA.

ICAN

- LB said there has been a slight increase in the number of NHS complaints/complaint queries received over the last quarter, but as expected during the autumn/winter months.
- Around 80% of active complaints refer to secondary care services (particularly NSECH) and 20% to primary care (mostly GP services). The most frequent complaint issues

have been clinical treatment/diagnosis, poor communication and attitude of staff.

- LB acknowledged a positive working relationship with the PALS team.
- MY said she'd heard complaints about difficulties with referrals. CL said PALS could help with this if the patient gets in touch.

Public Health

JB gave an update on NCC and Public Health.

- NCC senior leadership:
 - The new chief executive Helen Paterson starts in February
 - Recruitment is ongoing for Exec Directors
 - A review is also ongoing of senior roles reporting to Exec Directors
- ICB
 - Structure of ICB for Northumberland has been published which is very welcome, but still awaiting confirmation of clinical lead roles which have been vital in securing clinical engagement
- Inequalities plan
 - Agreed by partner organisations
 - Training by Asset Based Community Development Institute is beginning and will be rolled out
- Public Health
 - Tobacco Control Plan presented to HWBB
 - Signing of Healthy Weight Declaration
 - Ongoing recommissioning of sexual health service and substance use treatment and recovery service
 - Poverty and hardship plan agreed with £1 million contribution from Public Health reserve; also £570K from former CCG agreed at Sustainability and Transformation Board for cost of living
 - Contributed to health equity audit of leisure services review

<ul style="list-style-type: none"> ○ Leading Infection Prevention & Control Strategy (across Northumberland and North Tyneside) ○ Funding for healthcare needs of people with complex and multiple needs – from ICB Health Inequalities Fund ○ Contribution from Public Health reserve to lung cancer case finding project led by NHCT 	
<p>9. Integrated Care System update</p> <ul style="list-style-type: none"> • DT said the ICB is well established now and the ICP is beginning to meet. • The draft ICS policy has been published. • By Easter 2023 there will be a Place Board for Northumberland. Place membership and money is yet to be confirmed. There will be monthly reports about what happens in Place. The purpose will be to translate what the county needs into a tangible plan. • There will be a sub group on the ICB for inequalities and this is high on the agenda. • Engagement with people with lived experience is higher on the list of priorities than it previously was. • DT said the HW network is working well and six staff have been appointed across the North East. DT will keep everyone informed with monthly meeting notes. • KH said there have been positive discussions with the ICB about socio-economic health inequalities and ill health seems to be a priority. • LP said the new system should be approached positively and it is good for Northumberland if different types of services are available in the county. • JB said there has been a lot of change and it is still undecided where decisions will be made between Place and the ICB. £13.6 million is available for health inequalities work including people with complex and multiple needs. 	
<p>10. Governance issues</p> <p>i) Quality Framework update</p> <p>There were no comments on the Quality Framework update. There will be a further update in the summer. Healthwatch England is considering the next iteration of the Quality Framework and is seeking ideas and suggestions on how HW would want to approach it. DN welcomed ideas from the Board.</p>	

<p>ii) Board, volunteer and staff survey feedback</p> <p>There were no comments about the survey feedback. DT noted that the feedback was generally positive.</p> <p>iii) Policy Review Group update</p> <p>The Board was asked to agree the Escalation Procedure and Complaints Procedure. DN has provided a programme to gradually update a number of policies.</p> <p>JB asked what would happen if someone wished to appeal – would it go to Adapt or HWE? DN and LP will look at whether more stages are needed regarding the Board's comments and bring recommendations to the March meeting.</p> <p>JB asked about HWN's ethical responsibility to raise a complaint if the individual asked them not to. DN said HWN's policy is based on HWE's guidance.</p> <p>iv) Board Planning Day</p> <p>DN asked Board members to confirm their attendance due to limited numbers. Any spare places can be offered to volunteers. JB said he was happy to offer support around inequalities at the planning day.</p> <p>v) Board Recruitment</p> <p>The Board agreed the recruitment plan with the aim to have a newly appointed Chair by July 2023. JB said he is only available on 16 March if his input is required on the interview panel. DN asked members to let her know if anyone is interested in being part of the interview process.</p>	<p>DN and LP will look at the Escalation Procedure regarding the Board's comments and bring recommendations to the March meeting.</p>
<p>11. Strategic Risk Register (standing item)</p> <p>The Board agreed the items currently on the Register and noted the potential risk as outlined in the report – Healthwatch England has given notice that it will withdraw support for the Civi CRM database in March 2023.</p> <p>JB suggested reviewing the consequence and likelihood ranges in the risk matrix.</p> <p>JB suggested HWN's independence, and the implications of commissioned work could be a potential risk. DT said maintaining</p>	<p>DN to amend Strategic Risk Register.</p> <p>DN to review Strategic Risk Register</p>

independence is critical and there are implications with commissioned work but a greater risk if work is not undertaken.	
<p>12. Dates of meetings for 2022/23</p> <p>24 January 2023 – Planning Day 21 March 2023</p> <p>Proposed days for 2023/24</p> <p>The Board agreed the dates proposed for the 2023/24 meetings.</p> <p>Tuesday 13 June 2023 Tuesday 12 September 2023 Tuesday 12 December 2023 Tuesday 12 March 2024</p>	
<p>13. Any other business</p> <p>DT said he will keep board members informed with his monthly meeting notes and questions are always welcome. He thanked everyone for attending and wished everyone a merry Christmas and a happy new year.</p>	

Date of next meeting – 24 January 2023 (Planning Day)