

Minutes of the Healthwatch Northumberland Board meeting held on 13 June 2023 at Adapt NE, Hexham.

Present: David Thompson (DT) Chair, Margaret Young (MY) Independent Member, Denise Robson (DR) Patient Advice and Liaison Service, Sue Taylor (ST) Independent Member, Kevin Higgins (KH) Northumberland County Council, Mike Allport (MA) Independent Member, Gillian Robinson (GR) Independent Member, Jim Brown (JB) Public Health NCC

In attendance: Peter Standfield (PS) new Chair, Derry Nugent (DN) Project Coordinator, Helen Brown (HB) Engagement Officer, Tim Hakim (TH) Engagement and Insight Officer, Laura Haugh (LH) Communication and Marketing Assistant

Apologies: Debra Blakey (DB) Carers Northumberland, Caroline Rogan (CR) Northumberland CVA, Liz Prudhoe (LP) Adapt NE, Fareeha Usman (FU) Independent Member, 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. He introduced the new Chair, Peter Standfield, who talked about his background and experience.</p> <p>DN gave an update on ICAN's representation on the board. Lorna Beech will no longer be a member as ICAN has transferred to VoiceAbility and is no longer provided by Adapt. DN said the HWN contract states that we must work closely with the service providing advocacy in Northumberland including an information sharing agreement. DN will keep the board updated as this relationship progresses.</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 21 March 2023 were agreed as a true record. JB noted that David Street's job title is now the Director of Education rather than Deputy Director of Education.</p>	

<p>3. Action points</p> <p>Item 3 – Vaccination process escalation – DN provided an update on this in her report. A new digital/postal system has been put in place to improve access to people who had their first vaccination outside of England.</p> <p>Item 7 – Enter and View – The Lloyds Cramlington Enter and View is complete. Plans for an Enter and View at Craig Healthcare are in progress.</p> <p>Item 11 – DN has discussed contingency for senior posts with LP and this will be added to the Risk Register (see Matters arising below).</p> <p>Item 13 – Joint responses to the quality accounts have been submitted with HW North Tyneside. Not with HW Newcastle/Gateshead this year due to different timings and approach.</p> <p>All other Action Points noted as complete.</p>	
<p>4. Matters arising</p> <p>At the last meeting members asked what the contingency plan was if both the Chair and Project Coordinator were unavailable for a period. LP and DN were asked to clarify the situation. LP states:</p> <p>Responsibility for the delivery of the Healthwatch contract lies with Adapt North East. In the event of the Chair and Project Coordinator being unavailable for an extended period, Liz Prudhoe would review operational delivery capacity and priorities with the staff team, reallocating workload and responsibilities as appropriate. She would liaise with the Board Vice Chair and wider Board and inform the Lead Commissioner and Contract Manager of any impact on overall service delivery including timescales.</p> <p>This will be added to the risk register.</p> <p>GR said the achievement of 90% of the KPIs provides reassurance that the team would continue to deliver HWN's work in a contingency situation.</p> <p>There were no other matters arising from the minutes.</p>	<p>LP's response to the senior roles contingency plan to be added to the Risk Register.</p>

<p>5. Questions from the public</p> <p>There were no questions received from the public.</p>	
<p>6. Presentation: Engagement update</p> <p>HB and TH gave a presentation about Here To Hear (H2H) face-to-face and online engagement sessions.</p> <p>Post-Covid the aim was to re-establish face-to-face engagement, raise awareness and have a presence outside of Hexham.</p> <p>There are five H2H sessions each month – Bedlington, Berwick, Blyth, Prudhoe, Morpeth and online. Previous locations have included Cramlington and Haltwhistle. Volunteers help out at the sessions.</p> <ul style="list-style-type: none"> • There have been 88 H2H sessions in 2022/23 • 483 leaflets have been handed out and 74 feedback forms • 242 pieces of feedback have been received • 11 people have signed up to the newsletter at the sessions • 42% of all feedback received this year came from the H2H sessions • Since 1 March 2023, 22% of H2H respondents heard of us first at that H2H session. <p>HB and TH are looking at new locations, possibly a rolling programme of sessions in areas we don't hear from very often e.g. areas of financial deprivation and areas that are geographically isolated.</p> <p>Board members were asked to pass on any location suggestions to the team.</p> <p>MY said it was important to move around different areas to speak to the people who we need to hear from. She suggested Ashington Warm Space to contact people who are refugees. HB said they also attend ad-hoc engagement sessions in addition to the regular programme such as Hirst Welfare.</p> <p>HB gave some examples of where the H2H sessions have made a direct impact:</p> <ul style="list-style-type: none"> • After speaking to HB at a H2H session, a parent was able to book a dental check-up for their child at Highgate House dental practice in Bedlington after trying for 15 months to find a dentist. 	

- An older man was able to get a flu vaccine at his local pharmacy after speaking to HB about vaccine supply problems at his GP practice.

Online sessions

- There has been one online session every month since September 2021 (17 in total) with guest speakers since January 2022.
- 272 people have attended the sessions.
- The best attended session was Eating Distress North East. Other speakers include Arthritis Action, Parkinson's UK and the Limbless Association.
- 93 people have signed up for the newsletter as a result of the sessions.
- The sessions have received excellent feedback.
- After the Limbless Association event the organisation was put in touch with North East Drive Mobility and both organisations are now aware of the support each other offers.
- A social prescriber attended the Epilepsy Action event and asked how to arrange epilepsy training at her husband's workplace. She said she also shares information from the online sessions with her wider team.
- Northumberland County Council is publicising our online talks in their staff newsletter.

HB thanked LH and CJ for promoting the H2H events.

TH said due to their success, the sessions will continue through 2023-24.

Comments and questions

PS asked if the events are coordinated with other HW. DT said engagement work is focused primarily on Northumberland although we do occasionally work with other HW if relevant.

DR suggested community rooms in supermarkets. HB said she had links with Asda Community Champions and the team had previously had a gazebo outside supermarkets.

GR suggested attending county shows and college events. DN said HWN has attended shows in the past and found it is not the right

<p>audience i.e. tourists and people wanting to enjoy themselves rather than talk about health and social care.</p> <p>MA said the focus needs to be on rural areas. TH said Kielder was being looked into as a potential location and HB suggested the Adapt Kielder bus could be an option.</p> <p>DT thanked HB and TH for their presentation. He asked board members to email any ideas to HB and TH, noting capacity limits.</p> <p>DT said the local knowledge of board members and volunteers is invaluable. He said the range of locations attended and being prepared to change locations is assuring. He said the approach to the sessions has changed from getting back out there after Covid to hearing from those groups not often heard from. Giving advice to people at the H2H sessions is making a real difference.</p>	
<p>7. Operational and financial update 2022/23</p> <p>DN spoke to the circulated report.</p> <p>Engagement and Volunteering Officer – This role has been filled with a provisional start date of 17 July. Working days will be Tuesday to Friday. Priorities will be meeting with volunteers and taking on a H2H engagement session.</p> <p>Blyth PCN 0–5 year olds A&E attendance project – JB asked if this report had been sent to the lead contacts at NCC. DN confirmed that it has been. There will be more research into whether health visiting should be a future project. Any relevant intelligence should be passed on the team.</p> <p>Annual conversations – The conversations and general survey have now come to an end and a draft of the final report has been circulated.</p> <p>Bi-annual trends reports – DT noted that these are very useful for spotting trends.</p> <p>ICB – JB asked who will represent HW on the ICB once DT leaves. Christopher Akers-Belcher from HW Hartlepool will take over this role and will update regional colleagues. The Network Operating Group will also keep everyone updated.</p> <p>Lloyds pharmacy closure – There were 230 responses to the survey. DT commended HWN’s quick response and immediate impact.</p>	

<p>Autistic CYP report – The report has been well received with comment from CNTW, Northumbria Healthcare and NENC ICB. No response was received from Harrogate and District NHS Trust. There has been a good response from the Northumberland Parent Carer Forum. HB said the report struck at a time when strategies were being written. DT said it was important to monitor whether the recommendations are followed up.</p> <p>Volunteering – There are a couple of uncompleted KPIs which will be followed up by the new Engagement and Volunteering Officer. KH said he'd like to talk to the new EVO about a new fund to get economically inactive people back into work.</p> <p>DT said the marketing figures and reach in the communication and marketing update are impressive.</p> <p>Strategic influence – a full summary can be found in the monthly meetings report. HWN has been approached by Northumbria University and partners regarding a piece of work on persistent physical symptoms.</p> <p>Finance update – DT noted that 98% spend is close to target. GR raised the overspend on volunteer expenses. DN said this is due to travel costs for a volunteer with disabilities.</p>	<p>KH to discuss funding for economically inactive people with new Engagement and Volunteering Officer.</p>
<p>8. Board partner organisations updates</p> <p>Patient Advice and Liaison Service (PALS)</p> <p>DR gave an update on North of Tyne PALS.</p> <ul style="list-style-type: none"> • There have been 8.5k contacts over the last year across the whole service. • Common themes are care, treatment, communication and difficulty navigating the booking system for hospital visiting. • PALS officers are based at sites across Northumberland. A new officer is about to start at Wansbeck and an advert is currently out for a post based at the RVI. • DR noted that it is harder to recruit for roles than it was during Covid. KH said there are fewer people in the labour market and JB said there has been an increase in ill health. DT asked HWN to keep an eye on Long Covid. TH said this is the subject of next month's online talk. <p>Public Health</p> <p>JB gave an update on NCC and Public Health.</p>	

<ul style="list-style-type: none"> • Work is ongoing on implementing the Inequalities Plan. There is a round table event coming up in July at Newbiggin Community Hub. • The ICB has agreed with provider to increase elective activity to 112% of pre-pandemic levels to improve wait times. • There will be 30% management cuts in the ICB. • JB is positive about responsibility for commissioning pharmacy, optometry and dentistry moving over to the ICB. • The merging PLace Plan for the ICB builds on the recommendations of the Fuller stocktake to recommend integrated neighbourhood teams covering populations of 30-50,000 that will see virtual integration of existing teams e.g. GP and PCN teams, community nursing, adult social care. This was reiterated recently by Jim Mackay. • There is a reemphasis on target setting and achievement in health settings. • Transport Health Needs Assessment – Kaat Marynissen, Public Health Registrar is carrying out a transport HNA. DT said transport was a key focus on the System Transformation Board pre-Covid. JB will ask Kaat Marynissen to get in touch with DT and DN. • JB also said that the Joint Health and Wellbeing Strategy is being refreshed. Health and Wellbeing Board has indicated the themes are fit for purpose but the actions and indicators need a refresh. • KH spoke about a new joint working health strategy to get people with health conditions into work and support them. Looking to report in the autumn. • DT said it is clear there has been a move towards indirect health issues i.e. work and travel, but cuts to ICB funding (£50m deficit) may have an effect on staffing and capacity. PCNs will be an important vehicle for engagement and involvement. HWN could be involved in this subject to capacity. <p>Carers Northumberland There was no update from Carers Northumberland.</p> <p>Northumberland CVA There was no update from Northumberland CVA.</p>	<p>JB will ask Kaat Marynissen to get in touch with DT and DN about the Transport Health Needs Assessment.</p>
<p>9. i) Strategy 2023-26</p>	

<p>DN spoke to the Strategy 2023-26 which is a public-facing document of intent.</p> <p>JB and DN had discussed the Strategy and have agreed some revised wording:</p> <p>"SO3 To focus on inequalities</p> <p>Ensure our engagement, information and signposting and communications work means we hear from people and communities that experience worse healthcare access or health outcomes across all 4 domains of inequalities (protected characteristics, geographical, socio-economic factors, and inclusion groups).</p> <p>Measure: Our reports include experiences of people and communities that experience worse healthcare access or health outcomes across the 4 domains of inequalities. We may choose to focus on particular groups on an annual basis."</p> <p>There was some discussion over the term 'inclusion groups' and whether the public would know what this meant.</p> <p>The board agreed the strategy and the SO3 suggestion from JB with further explanation of the wording.</p> <p>ii) Operational Plan 2023/24</p> <p>DN spoke to the Operational Plan 2023/24. This is the framework to take HWN's work forward and ties in with the Strategy just agreed. There needs to be space for responsive projects.</p> <p>JB said the plan is excellent and easy to read. He said it's important to capture the impact of the Annual Conversations/Survey and how it's made a difference.</p> <p>JB said it needs to be considered how SO3 will be incorporated e.g. asking for postcodes in the Annual Survey.</p> <p>JB offered to book a meeting room at County Hall for future board meetings to keep venue costs down.</p> <p>The Board accepted the Operational Plan, bearing in mind room for extra projects and JB's three comments.</p>	<p>Include SO3 in Strategic Plan with amends to clarify wording</p>
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<p>DT said now the Operational Plan has been accepted it is up to the team to put it into practice and report to the board, and up to the board to support this to happen.</p>	
<p>10. Governance issues</p> <p>i) Board recruitment update Peter Standfield has been appointed as Chair and his induction is in progress. Building key relationships will be part of this induction. First tasks for PS will be reviewing HWN's operational agreement with Adapt and picking up with individual members. The board will also need to appoint a new deputy chair and DN will agree a process with PS.</p> <p>ii) Quality Framework update MY suggested Collaboration 1.2 should be amber rather than red. JB said he could suggest contacts with universities and academic health services to collaborate with.</p> <p>JB suggested adding evidence for Collaboration 1.3.</p> <p>A further update will be provided in December.</p> <p>The board agreed to establish an Understanding our Impact task and finish group as outlined. ST and GR volunteered to take part in the group.</p> <p>iii) Policy Review Group update DN said the policy review had stalled due to operational capacity and this is an action for her in the next period.</p>	<p>Quality Framework – DN to change Collaboration 1.2 from red to amber and add evidence to 1.3. DN to provide a further update in December.</p> <p>DN to establish an Understanding our Impact task and finish group.</p> <p>DN to convene Policy Review Group.</p>
<p>11. Strategic Risk Register (standing item)</p> <p>The Board agreed the items currently on the Register and DN asked if there are any emerging risks.</p> <p>GR suggested adding to the register a contingency plan for loss of key members. MY suggested adding that board members and volunteers need to have a range of experience and skills (as far as this is possible).</p> <p>The board accepted the Register with these two amendments.</p>	<p>DN to amend Risk Register.</p>

<p>12. Dates of meetings for 2023/24</p> <p>12 September 2023 5 December 2023 – NB date change 12 March 2024</p>	
<p>13. Any other business</p> <p>DT thanked everyone for attending the meeting and for their work and support during his six years as Chair.</p> <p>Delana Lawson, Healthwatch Quality Assurance & Regional Manager joined via video link to thank DT and MY for their great work and to wish them well for the future.</p>	

Date of next meeting – 12 September 2023