

Minutes of the Healthwatch Northumberland Board meeting held on 12 September 2023 at The Rivergreen Centre, St Mary's Park, Stannington

Present: Peter Standfield (PS) Chair, Debra Blakey (DB) Carers Northumberland, 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, Caroline Rogan (CR) Northumberland CVA

In attendance: Derry Nugent (DN) Project Coordinator, Claire Jackson (CJ) Communication and Marketing Officer, Laura Haugh (LH) Communication and Marketing Assistant, Helen Brown (HB) Engagement Officer, Tim Hakim (TH) Engagement and Insight Officer, Lorna Beech (LB) Engagement and Volunteering Officer

Apologies: Liz Prudhoe (LP) Adapt NE

Minutes recorded by: Laura Haugh

1. Introduction	Action
<p>1.1 The Chair opened the meeting and welcomed everyone.</p> <p>1.2 This was the first board meeting chaired by PS. Since assuming his appointment on 1 July, PS had attended various introductory and induction meetings, but hadn't yet had a chance to meet individually with all board members. He intended to rectify this as soon as diaries allowed.</p>	
2. Declarations of interest	
<p>2.1 PS reminded the board of his involvement with four Abbeyfield Societies, which provided residential care and sheltered accommodation for older people on a not-for-profit basis in Newcastle and Northumberland and were in the process of merging into a single charity, to be known as Abbeyfield Northumbria.</p>	

2.2 No other interests were declared pertinent to items at this meeting.	
3. Minutes of last meeting The minutes of 13 June 2023 were agreed as a true record.	
4. Action points 4.1 Item 7 had now been completed. 4.2 The actions for the 'Understanding our Impact' task and finish group and Policy Review Group were in progress and DN would update later in the meeting. 4.3 All other action points were noted as complete.	
5. Matters arising There were no other matters arising from the minutes.	
6. Questions from the public No questions had been received from the public.	
7. Chair's emerging reflections on Healthwatch Northumberland 7.1 PS had spent his first few weeks as Chair meeting various stakeholders and completing a thorough induction with DN and former Chair, David Thompson. All stakeholders he had met so far had been very complimentary about the achievements of HWN, which was clearly held in high regard. 7.2 PS was now representing HWN at the Health and Wellbeing Board. Although David Thompson had previously attended the System Transformation Board, DN would do so in future, to avoid any potential conflicts of interest that might arise through PS's involvement in the provision of social care (see 2.1 above.) 7.3 PS had captured his initial reflections in two draft documents that had been shared with the meeting papers: a logic model and a business model canvas for HWN. He stressed that these were very much a work in progress, which he intended to develop further through more detailed discussions with board members and other key stakeholders and use to inform	

consideration of the future direction for HWN at the planning day that was scheduled for January.

7.4 The following points emerged in discussion:

Logic Model

- PS outlined how the logic model – which might also be described as a theory of change – sought to illustrate the connection between the resources and inputs of HWN, the activities it carried out and the outputs, outcomes and impact that it sought to achieve.
- JB explained that he was used to working with logic models and welcomed this approach. He stressed the importance of engaging service users early in the process of making decisions about health and social care in order to enable more efficient and effective care, better outcomes and greater equity.

Business Model

- PS outlined how the business model canvas sought to illustrate the key components of the HWN business model and could be used to help clarify thinking around how the resources and activities of HWN might best be deployed to add even greater value for its customers and beneficiaries.
- His initial thoughts around this suggested that one potential area for further improvement would be to extend the reach of HWN into communities – both geographical communities and communities of interest – whose voices were not yet regularly heard in decision-making processes.
- Others agreed, suggesting that HWN had an important role to play as an ‘enabler’ across the health and social care system, helping to ‘catalyse’ better informed decision-making.
- Members agreed that:

<ul style="list-style-type: none"> ○ 'Advice', 'cohesion', 'trust' and 'validation' should be added to the Value Propositions column. ○ 'Information provision' and 'signposting' should be added as key activities. <ul style="list-style-type: none"> • GR suggested that young farmers' groups might provide a useful channel into the farming communities that were a hard-to-reach customer group. CJ explained that HWN had attended the marts in the past but without much success. Some introductions into young farmers' networks might help to build a relationship. • CR suggested targeting young farmers at Kirkley Hall. • HB explained that recent engagement with the fishermen at Amble showed the time it takes to build relationships, and staff turnover in various organisations makes it difficult to forge and maintain those links. TH echoed this from his own experience and stressed the challenges of building up trust, especially in isolated rural communities. <p>7.5 PS thanked the board for a stimulating discussion and invited members to reflect further on the draft models and feed back suggestions for improvement at any time. He would continue to refer to them as a framework for HWN's work in the months to come.</p>	<p>All to reflect and feed back suggestions at any time</p>
<p>8. Presentation: Communication and marketing update</p> <p>8.1 CJ gave an overview of HWN's communication and marketing activity. The core aim was to use a mixture of traditional and digital methods to raise awareness of HWN and encourage people to engage with HWN and use its services.</p> <p>8.2 Digital. CJ explained three digital tools – SEO, email and social media.</p> <ul style="list-style-type: none"> • SEO helped to raise visibility and ranking on Google. HWN's 'Your Health' pages were ranking well. • Email marketing covered the e-newsletter, emailing networks, contacts and groups. Subscribers to the e-newsletter have increased by 10% over the last 12 months. 	

- Social media is a good way of connecting with people who are online and is measurable. Figures have been down in the last quarter due to various issues that other organisations are experiencing too e.g. the takeover of Twitter, however followers have increased across all social media accounts. CJ gave an example of how social media was used to share timely information about flu jabs following an enquiry from a patient.

8.3 **Traditional.** Traditional marketing tools included events, PR/publicity and print.

- HWN has a good relationship with local press and sends a bi-monthly round-up. On average one press release is published per month. Paid for adverts have been used previously but these are expensive, hard to measure and lack longevity.
- Printed materials have been distributed across the county including 15000 leaflets with a list of useful phone numbers and posters. This has helped to build relationships with organisations, community groups and parish councils. Local publications will often print our content as they see the value for communities.

8.4 **What next?**

- Planning and promotion were under way for the AGM on 18 October at East Bedlington Community Centre.
- Upcoming projects included a cost-of-living resource booklet, volunteer recruitment and a social media review. More paid for digital adverts are in the plan.

8.5 How could members help?

- Board members could help by distributing promotional materials in their areas and identifying any gaps.
- Ideas for content creation would be welcome (e.g. blogs, Q&As) and could help build HWN's following on social media.

<p>8.6 The following emerged in discussion.</p> <ul style="list-style-type: none"> Relationships with parish councils were still developing. More and more were now responding. Providing them with exact copy encouraged them to include it in their newsletters and on their websites. Marketing spend appeared quite high. The budget was on target, but promotional materials had just been bought for the year. Leaflets and posters were distributed to GPs, pharmacies, dentists and various partners. The Well Up North PCN had recently taken some to the Glendale Show, for example. A recent poll from HWE showed brand awareness of Healthwatch had increased from 27% pre-pandemic to 40%. 	
<p>9. Operational, risk and financial update 2023/24</p> <p>DN spoke to the circulated report.</p> <p>9.1 AGM – The format of the AGM would be different this year, with a listening event in the afternoon which groups would be invited to attend. The locality coordinators and Heart of Blyth Partnership had helped to find groups to invite.</p> <p>9.2 Board recruitment had been delayed to allow time for a survey of experience and interests to be conducted. This would help to identify any gaps that we might wish to target through the recruitment process. DN would invite members to complete the survey when it was ready.</p> <p>9.3 The risk register was now included in the operational and financial update. The board agreed they were happy with this.</p> <p>9.4 JB felt that the mitigations on the risk register were clear and helpful. He suggested some further improvements, which DN would incorporate.</p> <p>9.5 The Board agreed the items currently on the register.</p> <p>9.6 DN had recently attended the Local Medical Committee. They had asked if HWN could work with them to produce a GP myth-</p>	<p>DN to send survey to members.</p> <p>DN to update Risk Register.</p> <p>DN to circulate the GP</p>

<p>buster document. DN would circulate a similar document produced by HW Middlesbrough.</p> <p>9.7 There was lots going on in pharmacy at the moment, with particular issues around supply chain, access and pharmacist capacity. HWE was aware of the issues and a parliamentary debate was expected soon. The issues were largely commercially driven. The HWN role was to consider the impact on the public and how commissioners were reacting.</p> <p>9.8 HWE had commissioned polling to establish the public's confidence in the NHS. Confidence was lowest in elderly people. TH would circulate the findings.</p>	<p>myth-buster document from HW Middlesbrough.</p> <p>TH to circulate findings from HWE polling about confidence in NHS.</p>
<p>10. Governance issues</p> <p>10.1 Policy Review Group. DN apologised that it had not been possible to get the Policy Review Group together. She asked if anyone else would like to join the group which, by December, would either have met or found a different way to review the policies.</p> <p>10.2 Impact Task and Finish Group.</p> <ul style="list-style-type: none"> GR and ST had already volunteered for the group. DN explained that volunteers and staff were also welcome to join. TH offered to join, and LB would ask the volunteers. It was agreed to change the wording in the terms of reference from "the impact (effect) Healthwatch Northumberland (HWN) has in the health and social care system in Northumberland" to "the impact (effect) Healthwatch Northumberland (HWN) has in the health and social care system". <p>10.3 Adult Social Care Advisory Panel</p> <ul style="list-style-type: none"> Northumberland County Council Adult Social Care was establishing an Advisory Panel as a mechanism to gather feedback and strategic input from people who receive its services. HWN had been asked to provide an independent 	<p>DN to arrange a Policy Review meeting or make suggestions to change.</p> <p>DN to change the wording in the Impact Task and Finish Group terms of reference.</p>

<p>chair for the panel and to provide support to service user members.</p> <ul style="list-style-type: none"> • PS's conflict of interest was noted (see 2.1 above). It was agreed that he could contribute to the discussion but should not take part in the decision-making. • The board discussed the potential risks involved including contractual, financial and capacity implications. • Although mindful of the risks, members felt that the work of the panel was closely aligned to HWN's role and that we were therefore well placed to provide the chair, especially in view of the trust that had been developed among local people. • However, members argued strongly that the additional workload would require additional resources if it were not to detract from delivery of HWN's core activity. DN said this would be a decision for Adapt NE as the contract holder. DN will discuss further with LP. • The board agreed that DN should continue to develop the proposals for HWN involvement in the panel, with the proviso that clear terms of reference should be provided for the panel and resourcing issues would need to be addressed. 	<p>DN to explore resourcing issues with Adapt NE</p>
<p>11. Updates from Board partner organisations</p> <p>11.1 Carers Northumberland</p> <ul style="list-style-type: none"> • The service was experiencing very high demand. Another information and advice officer would be recruited to provide additional capacity, funded for 18 months. • There would be more community outreach work – a set presence in various locations with both a drop-in session and appointments to help with benefits forms etc. Further down the line, other organisations would be welcome to join the sessions. • The main issues coming up were cost of living, benefits and grants. Food bank referrals were plugging the gap, but more sustainable support was needed. 	

- KH referred to a consultation on welfare rights that DB might find relevant.
- JB suggested DB could raise concerns via Gill O'Neill and the newly formed financial wellbeing board.

11.2 **North of Tyne Patient Advice and Liaison Service (PALS)**

- A new PALS officer had been recruited for Wansbeck Hospital, and another at the RVI. There would be a further officer for the RVI, and two based at Hexham.
- Over 2,000 concerns had been raised and 118 compliments.
- The main themes were care and treatment, communication and outpatient appointments.
- Most feedback had been received by email or Freephone (mainly email).
- A concern had been raised about electric charging spaces at Hexham Hospital being used by people not visiting the hospital. These spaces were in fact outside the hospital boundary and provided by NCC, so could therefore be used by everyone.
- PALS was now covering the CNTW part of North Cumbria. The service was being advertised, but there was no staff member in post yet.

11.3 **Northumberland CVA**

- Over the last three months the service had seen an increase in people coming to the drop-ins struggling with money, who normally would have managed fine; this included both people who were working as well as retired people. Rising costs of mortgages, food and fuel were making it difficult to manage financially.
- Providing food parcels was a temporary fix, but not a sustainable solution.

- Financial worries were adversely impacting people's decisions about their healthcare, e.g. by avoiding going to the dentist or getting prescriptions.
- A new over-50s events coordinator was in post and digital inclusion support was also available. HB offered to share leaflets about these services at the Here to Hear drop-ins.

11.4 Public Health

JB updated on various public health issues:

- Implementation work around the Inequalities Plan was ongoing.
- JB stressed the importance of national advocacy around public health issues, and the significant role that frontline NHS staff had to play in advocacy and signposting.
- CNTW had a new five-year contract to deliver drug and alcohol support, alongside HumanKind for the recovery element.
- The health trainers were running a community outreach programme, offering health checks in community venues. Health trainers and the Stop Smoking Team would now come under a one-team approach.
- There was a new post for Making Every Contact Count – Financial Wellbeing. Grants were available for training VCS organisations.
- There was a new Social Value Manager and a new Diversity and Inclusion Equity Manager.
- A particular focus at the moment was the new Covid variant and the vaccination programme.

KH explained that he'd been working on the North of Tyne Work and Health Strategy. The Health and Wellbeing Board had been consulted and the strategy was being signed off. This focused on integration of services, cost of living and getting people into work.

<p>12. Reflections on meeting</p> <p>PS thanked everyone for their contributions to the various discussions. He was keen to ensure an appropriate balance between reporting and discussion of relevant issues and would welcome feedback and suggestions for continuous improvement at any time.</p>	<p>All to consider and feed back suggestions to PS at any time</p>
<p>13. Any other business. None.</p>	

Date of next meeting – 5 December 2023

Dates of meetings for 2023/24

5 December 2023 – NB date change
 Tuesday 23 January 2024 (Planning Day)
 12 March 2024