

**Minutes of the Healthwatch Northumberland Board meeting held on 12 March 2024 at Adapt NE, Burn Lane, Hexham**

**Present:** Peter Standfield (PS) Chair, Liz Prudhoe (LP) Adapt NE, Debra Blakey (DB) Carers Northumberland, Sue Taylor (ST) Independent Member, Mike Allport (MA) Independent Member, Gillian Robinson (GR) Independent Member, Caroline Rogan (CR) Northumberland CVA, Jim Brown (JB) Public Health NCC

**In attendance:** Derry Nugent (DN) Project Coordinator, Helen Brown (HB) Engagement Officer, Laura Haugh (LH) Communication and Marketing Assistant

**Apologies:** Denise Robson (DR) Patient Advice and Liaison Service, Kevin Higgins (KH) Northumberland County Council

**Minutes recorded by:** Laura Haugh

1. Introduction, apologies and declarations of interest	Action
1.1 DN opened the meeting and welcomed everyone. 1.2 Apologies noted above. 1.3 No interests were declared pertinent to items at this meeting.	
<b>2. Minutes of last meeting</b>  The minutes of 5 December 2023 were agreed as a true record.	
<b>3. Action points</b>  3.1 DR has looked into subsidised transport. There has not been subsidised transport between Northumbria’s main sites for a number of years. However, HWN is aware of possible plans for transport between NSECH and Brockwell. JB said he was aware that Northumbria is planning on withdrawing joint funding of service 58 which goes into the NSECH site. DN will raise this with HW North Tyneside and Northumbria.	DN to raise the service 58 bus funding with HW North Tyneside and Northumbria.

<p>3.2 DN has raised feedback with HWE regarding the Quality Framework. HWE said they would not de-emphasise protected characteristics by adding in other factors. JB emphasised the importance of collecting data for socio-economic inequalities. DN said there have been two issues with collecting postcodes – people are not always willing to give their postcode and the HWE web form does not provide this information, just the name of the county it came from.</p> <p>3.3 PS apologised for not yet sharing the notes from regional meetings and said he would do this in due course.</p> <p>3.4 All other action points were noted as ongoing or complete.</p>	
<p><b>4. Matters arising</b></p> <p>There were no matters arising from the minutes.</p>	
<p><b>5. Questions from the public</b></p> <p>No questions had been received from the public despite wider promotion in the newsletter and social media channels. The Board discussed how to encourage more questions and it was noted that questions arise regularly from feedback. A recent example is a question about respite care which DN will take to Adult Social Care for a response.</p>	<p>DN to take question about respite care to Adult Social Care.</p>
<p><b>6. Presentation: Engagement and Insight</b></p> <p><b>6.1 Health Visiting</b></p> <ul style="list-style-type: none"> <li>• HB gave a presentation about the health visiting engagement project. This work came about as a result of feedback received during Blyth 0-5 work.</li> <li>• A public survey was promoted online and at face-to-face sessions at Family Hubs, a library, shopping centres, and baby and toddler groups. Also targeted promotion at community groups who work with parents and carers.</li> <li>• There were 192 responses plus an additional 13 from people out of Northumberland. 94 responses were from the 16 engagement sessions.</li> </ul>	

- The engagement sessions allowed further exploration of key issues such as the digital app and drop-in clinics.
- There was an even spread age range of children and nearly 18% of those responding had a child under 5 with additional support needs or disability.
- Responses came from across the county although fewer from the Berwick and Seaton Delaval areas.
- Key themes included: continuity of care, missed reviews, drop-ins no longer available, some areas like Bellingham with no clinics at all, the digital app, and limited awareness of how to contact the HV service.
- An online session was delivered on 8 March to raise awareness of the health visiting service.
- Survey analysis will take place during March and a draft report sent to Harrogate and District Foundation Trust (HDFT) for comment before end of March.
- The aim is for practical recommendations although being aware of staffing pressures. The report will also be shared with NCC.

## **6.2 Accessing dental care in NENC**

- DN gave an update on the dentistry project which aims to gather evidence from people who have accessed services under additional funding and also the wider population.
- This will help the ICB to understand the need for further investment, consider innovative ways to improve access and improve communications to inform patients of their options.
- There were 277 responses (9% response rate) to the closed group survey sent to patients who accessed services under the additional funding, although from some of the responses it seems some of the practices used the funding for current patients. The feedback showed that patients thought the additional funding was a success despite many not having their dental problems completely solved and it did not

<p>resolve the underlying lack of NHS dental provision in the region.</p> <ul style="list-style-type: none"> <li>• The wider population survey in conjunction with other local HW is currently ongoing.</li> <li>• A mystery shopping exercise has also taken place across the NENC.</li> <li>• The dentistry project has built good working relationships with local HW, the ICB, dentistry contacts and the NHS Business Services Authority.</li> <li>• PS asked about the 9% response rate to the closed group survey. There was no target response rate for this survey. The text message format could have been a factor in low response rates.</li> <li>• ST noted that the increase in NHS charges could put people off attending. DN said this work was about access rather than charges at this stage but further work could follow on. DN will feedback at the Network Lead Officers Meeting about possible follow on work on NHS charges.</li> </ul>	<p>DN will feedback at the Network Lead Officers Meeting about possible follow on work on NHS charges.</p>
<p><b>7. Operational, risk and financial update 2023/24</b></p> <p>DN spoke to the circulated report.</p> <p>7.1 Quality Accounts – DN asked if any members were interested in taking part in formulating a response to let her know.</p> <p>7.2 NENC ICB Network Agreement – members agreed that PS should sign the agreement.</p> <p>7.3 Strategic Risk Register – members discussed the upcoming inspection of NCC Adult Social Care. Members agreed the identified risks and the suggested management.</p>	<p>DN to update the Strategic Risk Register.</p>
<p><b>8. The Year Ahead</b></p>	

The Board agreed the summary and feedback from the Planning Day. JB said he had a few comments he would raise with DN after the meeting.

DN said the next step to agreeing the priorities for 2024-25 is to work out projects using the decision-making policy.

Members agreed that the feedback from the last two years about the three GP practices which HWN hears about most will be reviewed. The practices will not be named publicly.

GR raised the importance of the farming community for the People and Communities section. Some joint working with HW County Durham is in progress and HB has made a contact with the Northern Farming Network Project in Berwick. JB said there has been significant engagement with the farming community including work by Well Up North, Health Trainers and NHS Health Checks.

## **9. Board partner organisation updates**

### **a. Carers Northumberland**

- The annual survey collected 214 responses and a report is in progress. DB will share the report when ready. Most feedback was negative although there were some positives – very similar to national picture. DN suggested taking the report to the ASC Panel.
- Young Carers Action Day is Wednesday 13 March. The theme is 'Fairer futures for young carers'. Carers Northumberland will be sharing social media posts and carers' stories.
- Carers Week runs from 10-16 June and the theme is 'Putting carers on the map'. Carers Northumberland will be running various events this week.
- There are some concerns around statutory funding.
- Carol Paz has replaced Lynne Elliot as Carer Lead at NCC.

- LP mentioned boundary issues if a carer is in Newcastle but person being cared for is in Northumberland. DB said if person being cared for is in Northumberland, the carer can still access support but not funding.
- There has been no further development with Mobilise.

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

There was no update from PALS.

**c. Northumberland CVA**

- AGM at end of January brought together over 60 VCS groups. Main issues were commissioning and fear of consequences if raising issues with commissioners.
- CVA can act as an advocate for VCS organisations experiencing issues.
- Organisations having to attend several meetings to find out what funding is available. Would be easier if all information in one place.
- Annual report has been published.
- Health and Wellbeing Network meets every three months. CR can send on reports if of interest.
- Waiting to see results of funding panel – 1.5m of levelling up funds.
- Inclusive photography group has been a success with members of all ages and refugees and asylum seekers.

**d. Public Health**

- Luke Robertshaw has been appointed as a consultant in public health. He is already in an acting role and will start formally in June leading on Policy, Inequalities and Public Health Intelligence.
- Five new Health Trainers have been appointed.
- Two reports are coming to the H&W Board – Transport Health Needs Assessment and annual report from the Director of Public Health on Ageing Well.
- Adult Services self-assessment is taking place.

<ul style="list-style-type: none"> <li>• The Joint H&amp;W Strategy has been refreshed – working with groups to make it more community centred.</li> <li>• Measles and whooping cough cases are on the rise.</li> <li>• Paul Brooks from Northumberland Communities Together is leading on VCSE infrastructure support recommission.</li> <li>• JB has met Carol Paz – she has pulled together a dementia strategy, though not yet circulated.</li> </ul>	
<p><b>10. Governance issues update</b></p> <p><b>Board Recruitment</b></p> <p>Two new board members have been appointed. Both have a background in nursing. The Board will look at the co-option policy to fill the remaining spaces.</p>	
<p><b>11. Reflections on meeting</b></p> <p>PS thanked everyone for their contributions.</p>	
<p><b>12. Any other business</b></p> <p>PS asked members whether they would like to receive the full notes from Council meetings he had attended. DN suggested including these notes in her monthly Policy Digest.</p>	<p>DN to share Council meeting notes in Policy Digest.</p>
<p><b>13. Close</b></p>	

**Date of next meeting – 11 June 2024**

**Dates of meetings for 2024/25**

11 June 2024

10 September 2024

23 October 2024 (AGM)

3 December 2024

21 January 2025 (Board Planning Day)

11 March 2025