

Minutes of the Healthwatch Northumberland Board meeting held on 3 December at Adapt NE, Burn Lane, Hexham

Present: Peter Standfield (PS) Chair, Mike Allport (MA) Independent Member, Sue Taylor (ST) Independent Member, Gillian Robinson (GR) Independent Member, Denise Robson (DR) Patient Advice and Liaison Service, Dawn Porter (DP) Independent Member, Hugh McKendrick (HM) Independent Member, Sharon Jacques (SJ) Independent Member, Angela Murray (AM) Independent Member

In attendance: Derry Nugent (DN) Project Coordinator, Helen Brown (HB) Engagement Officer, Tim Hakim (TH) Engagement and Insight Officer, Laura Haugh (LH) Digital Marketing and Content Creator

Apologies: Liz Prudhoe (LP) Adapt NE, Debra Blakey (DB) Carers Northumberland, Jim Brown (JB) Public Health NCC, Caroline Rogan (CR) Northumberland CVA, Alison Killen (AK) Independent Member

Minutes recorded by: Laura Haugh

1. Introductions, apologies and declarations of interest	Action
<p>1.1 DN opened the meeting and welcomed everyone including three new board members Hugh McKendrick, Sharon Jacques and Angela Murray. Kevin Higgins has been seconded to DWP and will no longer be attending board meetings. Members expressed their thanks for the support KH had given to the board. There was a round of introductions.</p> <p>1.2 Apologies noted above.</p> <p>1.3 PS reminded the board of his involvement with Abbeyfield Northumbria, which provides residential care and sheltered accommodation for older people on a not-for-profit basis in Newcastle and Northumberland.</p> <p>HM is a trustee of The Charlotte Straker Project.</p> <p>No other interests were declared pertinent to items at this meeting.</p>	
<p>2. Minutes of last meeting</p>	

<p>The minutes of 10 September 2024 were agreed as a true record.</p>	
<p>3. Action points</p> <p>3.1 Item 3.1 to be left as an action point. PS is looking for a succinct summary of this document to share.</p> <p>3.2 Item 7.3 is still in progress – DN is awaiting further information from ASC.</p> <p>3.3 Item 8 to remain as an action point.</p> <p>3.4 Item 9.1 – Quality Framework discussions are ongoing. More discussion later in the meeting.</p> <p>3.5 Item 10 – PS will arrange a date with each board member to discuss the strategic context prior to the January planning day. Members have received a summary of the HWE conference attended by PS and DN in November.</p> <p>3.6 Item 11 – DN contacted Northumbria Healthcare about the admissions procedure and received a reply from the relevant Business Unit. The policy is for patients to attend hospital at 7.30am for pre-op checks and to meet the surgeon and anaesthetist where possible, however there are some afternoon surgery lists where patients are asked to attend later in the day.</p> <p>Jo Mackintosh, Chief Experience Officer, is going to look at this alongside the Patient Charter. Members were concerned this arrangement does not reflect what happens if a patient is using the Patient Transport Service. DN will raise this with Jo Mackintosh.</p> <p>3.7 MA and GR both raised issues with audiology services – the withdrawal of the postal service and lack of communication around local clinics. DN is meeting with Newcastle Hospitals’ Head of Patient Experience in two weeks to discuss this and other issues.</p> <p>DN has already raised the issue with the ICB. Members agreed that a formal response from Rachel Mitcheson and Graham Sayers is required.</p> <p>3.8 All other action points were noted as complete.</p>	<p>DN to raise issue of admissions for people who use Patient Transport with Jo Mackintosh.</p> <p>DN will request a formal response from Rachel Mitcheson and Graham Sayers regarding audiology concerns.</p>

<p>4. Matters arising</p> <p>There were no matters arising from the minutes.</p>	
<p>5. Questions from the public</p> <p>No questions had been received from the public.</p>	
<p>6. Presentation: Engagement & Insight</p> <p>HB gave a presentation about the recent Enter and View care home visits.</p> <ul style="list-style-type: none"> • HB explained what Enter and View is and how the visits came about. It has been a long-standing priority but there have been barriers to completion. During the pandemic we received increased feedback about care homes and ran a care homes forum to listen to people’s experiences. • Enter and View representatives completed a training session and learnt from other local HW. • The visits focused on wellbeing issues such as activities and food. • The three-hour morning visits comprised of a survey, observations, lunch and individual or small group engagement. • Feedback was generally positive about care and activities although some felt the activities were aimed at older people, some were not suitable for people with sight loss and there was a lack of one-to-one communication. • There was some minor dissatisfaction, mainly around food. • Residents were happy to give feedback without being concerned it would impact their care. • Wider concerns were around audiology, patient transport and navigating social care funding. • Feedback from those carrying out the visits was positive and they would like to take part in future visits. • There was some difficulty engaging with residents with dementia. • As the visit was expected it is unknown whether this is a true picture of daily life in the care homes. 	

- Next steps – draft reports are with the providers. Once finalised the reports will be shared with ASC, key stakeholders and at the Providers Forum. Further visits will be arranged.

Questions and comments

- HM asked who selected the care homes. The contact with HCI came from a conversation with ASC. They were keen to work with us.
- HM asked where the reports will be published. They will be public documents published on our website and sent to CQC.
- There was a discussion around council funded and private funded care home places.
- HM asked how many care homes we would visit and how representative the results might be across the county. There were another three visits planned so far – two of these were with a different provider. PS explained that Healthwatch reports were rarely able to reflect large volumes of contacts or include statistically valid and fully representative data, as this was seldom possible with the resources available.

Instead, the Healthwatch role was to exploit its particular qualities of independence and reach, to amplify the voices of residents whose experience might not otherwise be heard amid the wide range of noisy feedback that reaches those with powers to influence health and care systems through the various other engagement mechanisms across the system (including, for example, providers' own quality control and consultation processes and PALS etc).

To add value in the complex system of health and social care, it was important for Healthwatch to target its resources towards amplification of voices that would not otherwise be available to inform decisions about health and social care, with minimal duplication of messaging available through other feedback mechanisms.

- AM said this is a vital piece of work to ensure residents and their families have good information and understand their rights under the Care Act.
- GR said she was pleased with the process and the way board members and volunteers had been involved.

<ul style="list-style-type: none"> PS thanked HB for her presentation and all those who had given up their time to make this first use of Enter and View powers such a success. 	
<p>7. Operational, risk and financial update</p> <p>DN asked for questions on the circulated paper.</p> <p>7.1 Persistent Physical Symptoms Project – Funding has been granted for this two-year academic project with the National Institute of Health Research. HWN will receive funding for TH to work on this project which focuses on Blyth, Ashington and Newbiggin. DP suggested focusing on people who have been discharged from the pain clinic. HM asked whether this is for the patient’s benefit or the organisation’s. DN said this is something to watch as the project progresses.</p> <p>7.2 Volunteering – GR praised office volunteer Karen’s involvement in producing a resource to help other volunteers.</p> <p>7.3 Risk register – The team recently held a planning day and looked at some of the operational risks, such as a member of staff being absent for a length of time and how this would be managed.</p> <p>HM suggested a risk could be not hearing from enough people. Members agreed that it was more important to hear key messages rather than hear from large numbers of people. We are also reaching people through our relationships with other organisations and we will continue to strengthen these relationships.</p> <p>SJ asked about local networks and members discussed how these are useful for reaching more people. SJ is keen to spread the word about HWN in Bellingham. CJ/LH will be in touch with promotional materials.</p> <p>7.4 Financial update – The communications budget has been frontloaded with AGM and giveaway costs.</p> <p>The board discussed HW funding models.</p>	<p>CJ/LH will be in touch with promotional materials.</p>

8. Board partner organisation updates

a. Carers Northumberland

DB sent an update to be shared in the minutes.

- The pre-bookable respite bed at Castleview Care Home in Alnwick was de-commissioned by Northumberland County Council in August. The reasons given were that it was not a good use of council funding as it had not been booked regularly enough. Carers Northumberland gave feedback about not being able to share the details of the pre-bookable bed until the scheme had been running for a few months, and also cited the niche criteria for accessing the bed as the main barrier (the bed was only available for someone with mild to moderate dementia). Alan Curry pointed out that at any one time there are around 220 vacant care home beds available in Northumberland so arranging respite should not be an issue. Alan, and Michael Duffy, agreed to think about how the process of booking could be made easier for carers in the future. This will be followed this up in due course.
- Northumberland Carers Partnership Board: The NCPB have a draft Commitment to Carers Strategy which they are currently seeking carer views on. The next meeting is 19 December where it is expected the Commitment to Carers Strategy will be signed off. It is hoped that there will be a launch of the new strategy in early 2025. As part of the commitment to listening to carer views, an Adult Carer Forum has been set up. This will enable carers to come together to look at challenges and feedback to the NCPB on any issues. The first Forum took place on 25 November, where Terms of Reference were agreed and a Chair appointed. The Forum will be facilitated by Carole Paz, Carers Lead, and either Debra Blakey or Lisa Mordue from Carers Northumberland. Carers Northumberland will then feedback to the NCPB.
- Carers Northumberland has 2 Alnwick Garden and 2 Alnwick Garden and Lilidorei community passes which can be used by families for free entry. Each pass admits 1 adult and up to

<p>4 children. These can be booked in advance by contacting the Information Service on 01670 320025 or info@carersnorthumberland.org.uk or via the website www.carersnorthumberland.org.uk</p> <p>b. North of Tyne Patient Advice and Liaison Service (PALS)</p> <p>DR gave an update on PALS.</p> <ul style="list-style-type: none"> • Over the last year there have been 7351 concerns raised with PALS across the North of Tyne area (an increase of 1400 from this time last year). • Top concerns are care and treatment, communication and appointments. • Work is ongoing to reduce PALS response times within the Northumbria Trust. • A new telephone system aims to reduce call waiting times and gives the option to leave a message. • Interviews will be held soon for a replacement PALS Officer at Hexham. <p>c. Northumberland CVA</p> <p>There was no update from Northumberland CVA.</p> <p>d. Public Health</p> <p>There was no update from Public Health.</p> <p>Members agreed that it would be beneficial to receive partner organisations prior to board meetings.</p>	<p>Partner organisations to provide updates prior to next meeting.</p>
<p>9. Governance issues update</p> <p>9.1 Healthwatch England Quality Framework</p> <p>Members discussed the Quality Framework, which was proposed as a basis for discussions at the Board Planning Day in January. DN suggested focusing on the areas most beneficial to HWN such as sustainability and collaboration. The board also considered when</p>	

<p>and how best to involve key stakeholders. It was agreed that the Planning Day would be used for internal board discussions to ensure alignment on goals and priorities, after which a first draft (internal) quality framework would be completed. This could then be tested and refined with relevant external stakeholders over the following months in time for the targeted completion date in June 2025.</p> <p>9.2 Vice Chair appointment</p> <p>This will be discussed at the Board Planning Day in January.</p>	<p>PS to create a stakeholder mapping template for the Board Planning Day.</p>
<p>10. Reflections on meeting</p> <p>PS thanked everyone for attending. The next meeting is the Board Planning Day on Tuesday 21 January.</p>	
<p>11. Any other business</p> <p>There was no other business.</p>	
<p>12. Close</p>	

Date of next meeting – 21 January 2025 (Board Planning Day)

Dates of meetings for 2024/25

21 January 2025 (Board Planning Day)

11 March 2025