Healthwatch North Tyneside – Minutes of Board Meeting

Date: 29th January 2024
Venue: Bede Room, Linskill Centre, Linskill Terrace, North Shields NE30 2AY

Present: Carol Nevison (CN) (Chair), Paula McCormack (PM), Peter Berrie (PB), Paul Greenway (PG), David Slater (DS), Jackie Doughty (JD)

In attendance: Paul Jones (PJ), Matthew Hunter (MH)

Apologies: Jo Brown (JB), Louise Jones (LJ), Theresa Culpin (TC), Bea Groves-McDaniel (BG-M)

	Agenda Item	Discussion	Action Required
1.	Welcome and apologies	Chair CN began the meeting. JB, TC, LJ and BG-M sent apologies for this meeting.	
2.	Declarations of interest	The following declarations of interest were declared, relating to Directors Update sections 5.2 and 5.3, GP Mergers. • DS is a registered patient at 49 Marine Avenue Surgery (5.3). • CN is a registered patient at Monkseaton Medical (5.2). • PB is a registered patient at Park Parade Surgery (5.3). For each item, the Board considered any equalities, financial and sustainability issues arising and considered these as part of their decision-making.	
3.	Minutes From the Previous Meeting	The minutes from the previous meeting were agreed as a true record.	

		There were no outstanding actions from the previous meeting.	
4.	Chair Update	On the week prior to this meeting, CN attended the Health & Wellbeing Board, along with PJ. Due to the exceptionally high volume of information received for this meeting, CN feels the best way to share this with other trustees is to share the agenda, and then if any trustee wants to follow up on a particular agenda item, the relevant information and reports can be sent to them. CN explained that, following recommendations from the People Group and the Quality Framework assessment of the organisation undertaken last year, as well as feedback from the staff team, she will attend the next staff team meeting on 7th February, and then arrange a 1 to 1 meeting with each staff member. These 1 to 1's will occur annually. CN is also planning for these 1 to 1 meetings to occur with trustees too, although this will follow the completion of the staff 1 to 1's as these have been specifically requested by staff. Regarding the links between staff and trustees, PJ explained that JB has limited capacity over the coming months and therefore it may be worth choosing a new staff link. PG volunteered for this and therefore it was agreed he would take up this staff link role.	
5.	Directors Update	5.1 - PJ provided an update from his meeting with Anya Paradis, current ICB place director for North Tyneside, earlier on 29th January. Healthwatch	

		will await the results of the ICB restructure, and the impact of this on local decision making, before considering next steps. 5.2 – PJ explained that no issues had been raised with Healthwatch regarding the proposed merger of Bridge Medical and Monkseaton Medical, in fact, when asked, people thought these practices had already merged. It was agreed that Healthwatch would inform the practices that there were no issues, but that any future changes should be consulted with patients. 5.3 – Regarding the merger of Northumbria Primary Care GP Practices (49 Marine Avenue Surgery, Park Parade Surgery, Spring Terrace Health Centre and Nelson Medical Group), PJ is less clear about the intentions and potential results of this merger and feels the practices have not yet fully developed a plan going forward. PJ feels that there is a need to raise concerns with these practices about the communications so far, including that the practices need to give more information about what the changes are and how they are consulting with patients. PM feels these changes may be motivated by cost cutting, and that consultation with staff is still underway, hence the practices have	

		not yet began full consultation with patients. PJ has offered to do joint engagement sessions at the practices with service users. PJ is to continue working with the practices and provide suggestions to them, and will keep the board updated. The board could provide a formal response to this if required. 5.4 -DS asks if there has been any consequences of the latest CQC report on the Newcastle Upon Tyne Hospitals (NUTH) NHS trust. PJ explained that a new Chief Executive was appointed in December 2023 as well as other changes in the senior team. PM asks about how Healthwatch will be able to influence the NUTH Trust going forward. PJ has an upcoming meeting with the trust and feels that the new personnel will be more open to working with Healthwatch and engaging user voice in general than those individuals previously at the trust. 5.5 – PJ explains there is very little update regarding the core contract with North Tyneside Council. In response to a question from PM, PJ confirms the option for this funding moving to a grant system is still being considered, but no decisions have been made yet. PM notes that there is currently no certainty with this situation and that	

		funding for the next year needs to be confirmed as soon as possible. No decisions were made regarding any actions the board should take regarding the core contract at this stage, with it being noted that both options of pushing for answers, or waiting, have risks. PJ confirms that JB is still assisting with this core contract review. CN reminds PJ to ask trustees for further assistance if JB has limited capacity for this. 5.6 – PJ confirmed the ICB funding had been verbally agreed for this (2023 – 24) financial year. PJ was planning to bring proposed changes to the North East & North Cumbria (NENC) Healthwatch Network protocol to be discussed at this meeting, however the protocol is currently still under review. PJ is proposing that arrangements for this financial year remain the same as the previously agreed protocol and that any changes are brought in from the new financial year in April onwards. This is still to be agreed with the full network however. CN will attend a meeting, along with chairs from the other local Healthwatch in the NENC network, on Feb 6th to review the protocol changes and discuss these with members of the Network Operations Group. 5.9 – PB offered to assist the staff team in the task of looking for a new IT and phone provider. PJ explained that the previous contract with Babble had been terminated due to poor service.	PB to assist staff team in finding a new IT and phone provider.

		5.10 – Everyone present agreed that a board WhatsApp group was a good idea and that this would be useful.	
6.	Workplan updates 6.1 Highlights & full report 6.2 Risks update	PM congratulated the staff team for the progress and number of tasks labelled green in the workplan. **<u>Children & Young People's Mental Health</u>** A presentation at the Health & Wellbeing Board seen by PJ and CN stated that neurodiversity is a key pressure issue, with diagnosis and support for those with neurodiversity being amongst the main issues dominating childrens' mental health services. PJ feels that focusing the upcoming children and young people's mental health project around neurodiversity will have the most impact on services, such as receiving extra funding focused on neurodiversity. PJ feels services already have a good understanding of the issues surrounding general mental health (eg anxiety and depression). PJ further notes that it is vital to get the opinions of staff, in addition to service users, during this project. Healthwatch will seek to understand what the key issues surrounding neurodiversity are, an example of this is a diagnosis lead approach could lead to support being delayed until a diagnosis is confirmed, whereas an assessment of needs approach which leads onto support, rather than a formal diagnosis, may be more appropriate.	.

		PM notes that schools are unable to apply for Education, Health and Care Plans (EHCP's) without a formal diagnosis, meaning those without this diagnosis may miss out on support. PG notes the complexity of diagnosis vs needs lead assessment, as some parents may prefer diagnosis to understand the condition, what's wrong etc. PM feels the Local offer should work better with the Voluntary Sector. **<u>Feedback Centre</u>** In response to a question from DS, PJ explained how the feedback centre currently works. PJ also explained to the board that the staff team were currently considering whether to continue with the feedback centre in its current form. PJ explained that one key argument for moving away from the feedback centre is that the majority of feedback we receive about individual services comes in other ways, such as via the annual survey and email. Currently services are only receiving the feedback that people submit through the feedback centre and are not receiving any of the feedback we collect about them in other ways. PJ feels that this is not right and that there should be a way for services to be able to view **all** feedback received about them, not just the small amount received through the feedback centre. PJ will update the board in due course regarding thinking and future proposals related to feedback about individual services.	

		Hospital To Home All feel that the issues raised in this report concerning North Tyneside are familiar and are similar to those experienced in other local areas. DS explained that the report could do with framing, in terms of what is supposed to happen in the system, so putting the experiences heard into the context of the way the system is meant to work. PB notes that, in his experience, all individual staff were great but that they were not joined up and there was no one coordinating a person's care journey, leading to this coordination aspect having to be done by family members. PB feels there should be a job role responsible for this coordination of a person's journey. CN asks about next steps for this work. PJ explained that research will be undertaken with families of those who have been on care journey's from hospital, and with people who went directly from hospital to home (not via an intermediate care setting). **Adults With Autism** PG unsure whether there was access to information surrounding how the existing systems work and whether this should be included in the report to provide context. PJ explained that the primary purpose of Healthwatch reports is to detail the user voice, rather than comment on the systems themselves. PM feels context of how many people spoken too should be added to the	

		report, for example 'we spoke to x people which was x% of the North Tyneside autistic population. PM asks how engagement occurred for this project. PJ explains that there were posters in GP surgeries, social media, workplace newsletters and directly engaging at the Autism Better Together support and friendship group. PJ noted the difficulty in choosing how to engage for this project as there is currently no 'central hub' of autism support in the borough. DS noted that the gender split (more female) for this report is interesting, especially in the context that the adult autism support and friendship group is mostly attended by men. DS feels there should be an executive summary to the report and that it is too rich in parts. PJ explains that pages 1 – 4 of the report can be read as a separate document which is more of a summary, with the rest of the report providing full in depth details. PJ explains that the report contains evidence to suggest that services need to think differently to how they currently do, and possibly provide more funding for autism support. The way this report will have impact is through the autism strategy. The Board are happy for this report to go to the autism strategy group. **<u>Risk</u>** DS notes that the risk on data breach is framed around staff / human error, rather than as a cyber attack. PJ	

		recognises the need to add this to the risk register as cyber attacks are currently only mentioned on the Business Continuity Plan. PJ explained that there is a variety of volunteering opportunities coming up, including some which are very different to what has happened before eg 'mystery shopping', so whilst we may have a good number of volunteers, it is uncertain if our current volunteers will want to do these different volunteering activities, therefore it may be necessary to have a specific recruitment drive surrounding new volunteering opportunities.	PJ to update the Risk Register regarding the risk of cyber attack.
7.	Budget and finance update	As explained in the Board papers, PJ notes there was an error in the budget planning which will result in a significant underspend in the Core & ASC budget. This occurred due to some of MH's and PJ's time being budgeted for in both the Core and ICS budget. Whilst the ICS funding has now been confirmed for this financial year, this still needs to happen for the upcoming financial year.	
8.	Policy reviews 8.1 Financial controls 8.2 Conflicts of Interest 8.3 Decision making	CN notes it is helpful to have the list of what has changed at the top of the policy. Changes to all three of these policies were agreed by the board.	
9.	Next Meeting Date and Planning Future Meetings	The next meeting is scheduled for Monday 11th March, 6:30pm – 8:30pm, This will be at the Whitley Bay Big Local.	

10.	AOB	PM notes that the Chairty Commission shows accounts until the end of March 2022, when this should be March 2023. PJ to follow this up.	PJ to verify that up to date accounts ending March 23 have been submitted to the Charity Commission.