

# Committee minutes – Public

22<sup>nd</sup> May 2024 – 10 am – 11:30 am

Hybrid model- In person, with an online option (TEAMS available) for those unable to come to One Strawberry Lane, Newcastle

## Committee members present

Terry Bearpark (TB)                      Chair  
Feyi Awotona (FA)  
Amer Mirza (AM)

## In attendance

Courtney Peel (CP)	Business Services Manager
Afsana Begum (AB)	Research and Engagement Manager
Hannah Farr (HF)	Healthwatch Newcastle Lead Officer
Avish Johnson (AJ)	Business Support Officer
Lewis Brown (LB)	Communications and information officer

Ann Wynn (AW)	Observer
Alex Hoole (AH)	Observer

## 1. Welcome by the Chair

1.1 TB formally welcomed everyone to the meeting and introductions were made.

## 2. Apologies for absence

2.1 Absences received from

- Alisdair Cameron (AC)
- Nick Linfoot (NL)
- Dianne Dunn (DD)
- Gill Clancy (GC)
- Yvonne Probert (YP) – CEO Tell Us North

## 3. Conflict of interest in agenda items or other

3.1 There was no disclosure of interests.

## **4. Any other business to add to the agenda.**

4.1. No other business was added to the agenda.

## **5. Minutes of meeting held on 20 March 2024**

5.1. The minutes of the meeting held on the 20<sup>th</sup> of March 2024 were approved as a true record. There were no matters arising from the minutes.

5.2. Actions outstanding from the minutes:

5.2.1. *The draft response to each of the Quality Accounts to be circulated for committee approval by YP.*

5.2.2. *Volunteer review is part of the agenda to be discussed further.*

## **6. Chair – Verbal Update**

6.1. TB reported that the Integrated Care Board (ICB) had assigned a theme of Inclusion Health to their last meeting and suggested assigning a theme to our Annual Joint Meeting (AJM).

*Action - Other committee members and the team were asked to propose topics and submit their suggestions to the Chair or CEO.*

6.2. There was a discussion on the consideration of various inclusion characteristics, such as diversity and literacy, in future studies. It was suggested that the Integrated Care System (ICS) is currently examining these characteristics while collecting data. Consequently, we may need to adjust our data collection methods in the future to align with these considerations

6.3. The date for the Annual Joint Meeting was agreed, and all committee members were asked to attend.

## **7. Project Update**

7.1. AB updated the committee on the research scoping that the team had done.

7.1.1. Hospital Discharge is an ongoing joint project with Healthwatch Gateshead. The study in Newcastle focuses on discharge pathways 1, 2, and 3 at the RVI and Freeman Hospital.

7.1.1.1. There was also a discussion on the virtual ward system, its functionality, and possible issues such as GPs' inability to provide accurate assessments and their limited access to information.

7.1.1.2. Building contacts with the discharge team at hospitals to identify and recruit patients who have faced issues was discussed.

7.1.2. The Reasonable Adjustment Project, funded by the ICB, has progressed to Phase 2, which will focus on individuals with learning disabilities and/or autism in Newcastle. A standardised checklist to be created to identify and study 2-3 practices that have made reasonable adjustments.

7.1.3. The project on Accessible Information Standard remains on hold.

7.1.4. In the Crisis Management in Mental Health project, the team identified a discrepancy between public opinion and health services' definition of a crisis. Discussions included how the study can help prevent future crises and the possibility of including the perspectives of people related to those who have faced issues. The primary focus will be on levels 4 and 5 of distress and identifying these levels. The use of support groups in and around Newcastle to reach out to affected individuals was also considered.

Action – AB will coordinate with AC and AM to identify possible contacts who can assist with the Mental Health study. Additionally, connect with VONNE and Connected Voice to extend our reach to the public.

7.1.5. Approval was given to proceed with the projects.

Action – AB to review project plan file and populate with relevant information and latest progress.

## **8. Locality Working update.**

8.1. HF provided a detailed update on locality working. Regular weekly locality visits and some monthly drop-ins, including at two hospital sessions. The focus is on establishing these current locations more firmly before considering expansion to other localities based on the team's capacity.

8.2. TB suggested the idea of a 'handout' showing the successes of Healthwatch Newcastle.

8.3. The team will explore the possibility of placing Healthwatch leaflets on notice boards at supermarkets and other localities where we currently engage.

Action – HF to provide numbers at the next committee meeting on how many people the team has come into contact with during locality working.

## **9. Annual and stakeholder surveys**

9.1. Committee members decided to focus on set areas and the engagement team to action projects around these.

9.2. Identify the key focus areas in the annual survey to be taken to the Annual Joint Meeting for further discussion and priority setting for the coming year. Areas defined – adult social care, ambulance, NHS 111 & emergency services, dementia care and physiotherapy.

Action – CP to send the survey report to the committee members.

Action – YP to confirm the organisations that were contacted for the stakeholder survey.

## **10. Volunteers**

10.1. The joint Healthwatch Gateshead and Healthwatch Newcastle Volunteering subgroup met and discussed the current volunteering.

10.2. A discussion took place on various ways to engage volunteers. Three specific areas were identified where volunteers can be involved – 1) Research work, 2) Communication and information and 3) Engagement. Each area will have a specific role description, and volunteers can choose to engage in their area of interest.

10.3. Next step is for the team to discuss with existing volunteers about what they think of the roles and why they volunteer. Lead Officers to undertake this.

10.4. The Joint Volunteering Subgroup to reconvene in late summer to discuss the findings and review work needed to go forward.

Action – Staff team to finalise the role descriptions and undertake a review with existing volunteers.

## **11. Finance Update**

11.1. CP presented the financial report for Quarter 4.

11.2. No questions or comments made.

## **12. Standing Items**

12.1. No reported safeguarding concerns, health and safety issues, equality and diversity concerns, or freedom of information requests.

## **13. Any other Business**

13.1. No other business discussed.

## **14. Date and time of next meeting.**

14.1. All times for the next meetings were agreed.