



Healthwatch Gateshead
Annual report 2016–17

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Message from our interim Chair

It gives me great pleasure to introduce the Healthwatch Gateshead annual report. From 1 April 2017, the Healthwatch Gateshead contract has been held by Tell Us North, a community interest company that also runs Healthwatch Newcastle. This is our first report under the new organisation.

It is important for me to stress the fact that, although run by the same organisation, Tell Us North is committed to ensuring that Healthwatch Gateshead has its own independent voice that reflects the views of the residents of Gateshead. We are very aware that there may be occasions when the views of Gateshead residents differ from those of Newcastle residents. We will ensure that those differing views are reflected – there will be no Healthwatch Newcastle/Gateshead! To deliver that promise we are recruiting a Chair and Committee members comprised of people who live in and have knowledge of Gateshead and who will prioritise and oversee the work.

Healthwatch Gateshead has really grown and developed in the past year. This is largely because of the commitment of the staff team and loyal volunteers who have carried out many Enter and View visits to care homes and a medical centre.

During the year, we have developed a 'mystery shopping' approach and trained our volunteers in this work; they carried out their first mystery shop at a GP practice in Gateshead.

However, our main focus has been on reaching out to the many, varied and diverse communities in the borough. Gateshead covers the largest geographical area of the councils in Tyne and Wear, with many small ex-mining villages. The staff team has focussed on contacting and developing conversations with these communities to hear their experience of health and social care services.

As we look forward to the year ahead there will be many challenges facing the residents of Gateshead, with a continued pressure on NHS and council finances. Our role must be to ensure that the NHS and Gateshead Council continue communicating with the public and involving residents in the service changes that they will inevitably have to make. With reduced staff it could be easy for this involvement to slip. But it is my belief that it is only by working with the public, particularly those who have experience of health and social care services, that new and improved forms of service delivery can be developed.

Finally, I want to thank all our volunteers, staff team and the outgoing Healthwatch Gateshead Board for the time and expertise they have given to developing Healthwatch Gateshead into what it is today.



Kate Israel
(Interim Chair of Healthwatch Gateshead)

Message from our Chief Executive

Healthwatch Gateshead has had a busy year listening to people's views, finding out more about people's experiences of services and helping to shape the way services are delivered. Our volunteers have been active, undertaking mystery shopping activities as well as completing Enter and View visits to GP practices and care homes. We know that the support of our volunteers allows us to do more and we hope to expand our team in the coming months.

Early in the year we attended the Newcastle Gateshead Clinical Commissioning Group Governing Body meeting where a decision was made on the Deciding Together specialist mental health review. Although this did not result in an inpatient unit in Gateshead, we were pleased to see that people's concerns relating to travelling to Sunderland or Morpeth had been taken into account. We are looking forward to being involved in the groups that will oversee the design of the new community and inpatient services.

Our autumn listening event was very successful and we are planning to share expertise with Healthwatch Newcastle, our sister organisation, to make sure that this year is just as great. We know it is

important to make sure that organisations honour the commitments they gave at the event and we are currently following up on any progress that has been made.

Last year we got out and about – visiting groups, communities and events across the borough and plan to do more this year. We know that there are people and communities that we have not heard from so far and will be making them a priority in our engagement strategy and plan.

Healthwatch Gateshead and Healthwatch Newcastle will be working together more often in future but each will remain independent and will focus on the needs of their own area. I am looking forward to welcoming our new Chair and Committee members, who will help us to develop Healthwatch Gateshead and ensure that our work makes a difference for the people of Gateshead.



Steph Edusei
Healthwatch Gateshead Chief Executive

Highlights from our year

We reached 55,185 people on social media



Our volunteers helped us with everything from Enter and View to mystery shopping



We carried out over 50 engagement activities to reach local people and collect their views



Our reports tackled issues ranging from meaningful activities in care homes to Accessible Information Standards



We gathered the views of 75 young people in our survey about health and social care services



We met 1,275 local people at our community events



Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and social care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.



Healthwatch Gateshead exists to make social care and health services work for the people who use them.

Created under the Health and Social Care Act (2012) we try to make sure that the people who plan and pay for social care and health services (commissioners) and the people that provide those services seek out and listen to the needs, experiences and concerns of people of all ages that use their services.

One of the ways we do this is to listen to local people, look for themes and patterns in what they tell us about services and, where necessary, speak out on their behalf.

Many services that people use in Gateshead are delivered or commissioned by organisations that cover larger areas, so we often work closely with our colleagues in other local Healthwatch as well as with partners in the voluntary and community sector.

Healthwatch Gateshead staff team during 2016–17

- Karen Bunston, freelance Volunteer Coordinator (left March 2017)
- Victoria Clark, Signposting and Information Officer
- Carole Gourdie, Community and Engagement Participation Worker
- Philip Kerr, Manager (left March 2017)
- Kim Newton, Community and Engagement Participation Worker
- Nicola Winship, Administrator

Healthwatch Gateshead Board members during 2016–17

- Douglas Ball
- Janet Gauld
- Michael Glickman
- Kay Parker
- Margaret Rowe (stepped down 2016)
- Kenneth White (stepped down 2016)

Healthwatch Gateshead volunteers during 2016–17

- Ann Atkinson
- Freda Bevan
- Dawn Champion
- Kenneth Daghish
- Syedi Fahmi
- Forough Firouzi
- Grace Fry
- Jan Kassell
- Christina Massey
- Kay Parker

Healthwatch Gateshead recognises the key role that volunteers play in enabling us to reach and involve residents across the borough.

During 2016–17 we continued to invest in a Volunteer Coordinator who was responsible for our volunteer programme, particularly Enter and View. An exciting new 'mystery shopping' role was developed with, and for, volunteers during 2016–17, which broadened the appeal of volunteering.

Our vision

Where every resident of Gateshead has the health and social care services they expect.

"Have your say and we will make sure your voice is heard by those who make decisions on your behalf."

Our priorities

The Healthwatch Gateshead Board identified the following priorities for 2016–17:

- Participate whenever possible in consultation events run by health and social care commissioners and providers
- Work closely with the Care Quality Commission to assist in its inspections

and provide detailed information received from Gateshead residents

- Work with the Commission for Health and Social Care Integration in the North East to try and ensure that any future service design is resident-orientated rather than institution-based
- Work with the Integrated Care Programme Board to develop a sustainable transformation plan that is more patient based than institution-based
- Promote and support Gateshead Council's ten-year tobacco reduction programme

The Board also planned to consider how Healthwatch Gateshead could support:

- The focus on housing and its impact on the health and wellbeing of residents
- Issues around delayed discharges, specific challenges and examples of good practice
- Ensuring that end of life policies in hospitals and care homes respect a patient's dignity



We can
help you...

Your views on health and care



Listening to local people's views



We engaged actively and widely in the community over the past twelve months, covering all areas of the borough. We carried out 57 planned engagement activities, reaching out to over 1,275 members of the public, as well attending many events and community festivals where we engaged with hundreds of local people. We reached out to both older and younger members of the community as well as hard to reach groups. Examples of where we have engaged include:

- Age UK – various exercise groups and coffee mornings
- Civic Centre – providing a presence in the foyer engaging with the passing public and council staff
- Queen Elizabeth Hospital
- Gateshead Jewish Family Service
- Sheltered Housing Schemes
- Church groups
- Joint drop-ins with Northumbria Police (Cuppa with a Copper)
- Macmillan Fighting All Cancers Together (FACT)
- GP and practice staff Time Out Events
- Gateshead Carers – Party in the Park
- World Mental Health Day – Gateshead Leisure Centre
- Citizens Advice Bureau
- Gateshead Clubhouse

What we've learnt from visiting services

After the Enter and View visit to Teams Medical Practice on 31 March 2016, we produced a report in May. The purpose was to identify and share good practice examples of how meaningful patient engagement contributes to improving services. The report was shared widely with the Care Quality Commission, commissioners, key stakeholders, partner organisations and publicised through Facebook, Twitter, our e-bulletin and website.

A number of recommendations were made, including increasing awareness of different ways patients could get involved, developing the peer support function and social prescribing role of the Practice Health Champions, using an outcomes approach to report how patients had influenced service delivery, and further developing the use of social media and newsletters as engagement tools. The report was positively received by the practice, which advised us that it had already implemented some of the recommendations and would explore other changes in future.

Enter and View volunteers visited Hawksbury House Residential Care Home in June 2016. The purpose was to talk to residents, family members, staff and managers and find out what opportunities residents were offered during their day to participate in meaningful activity that promotes their health and wellbeing. This links to the National Institute for Health and Clinical Excellence (NICE) Mental wellbeing of older people in care homes – Quality Standard Statement 1: Participation in meaningful activity.

Our report included comments from the provider, confirming that the management would ensure that provision for meaningful social activities would be maximised by using external agencies and care staff on a weekly basis to provide relevant activities to care home residents.

Action has been taken in response to our recommendations, and Healthwatch Gateshead volunteers thanked for carrying out the visit and producing the report. Care home staff present during our visit were complimentary about the way it was carried out.



An Enter and View visit was carried out at Springvale Court Residential Home in October 2016. A team of four trained volunteers and staff members took part. At the time of the visit the care home had been judged as requiring improvement by the Care Quality Commission (CQC). The visit plan was linked to the most recent CQC inspection and NICE guidelines regarding engagement of residents in meaningful and individualised activity. The subsequent report made several key recommendations to the provider. The report was also shared widely through our normal channels, and to the CQC, Healthwatch England, NHS England, the Local Authority, Newcastle Gateshead Clinical Commissioning Group (CCG), and the Health and Wellbeing Board. The CQC advised us that it will be using the

information and recommendations as part of the next inspection of the service.

A new mystery shopping approach was developed in September 2016. The first mystery shopping project explored the mechanisms which are in place to support meaningful patient engagement in GP surgeries. A team of volunteers contacted 29 GP practices in Gateshead, acting as a potential new patient to explore patient engagement based on a specific scenario. We circulated our report to all practices and the CCG. Practices were offered specific feedback about their performance if they wished to receive it.

Based on the experiences of our volunteers and information gathered, we identified some low cost/no cost measures that could enhance the patient experience at the first point of contact and encourage patients to become more involved in their practice.

Recommendations included:

- All staff within a practice should know the practice website address and promote it
- Practice staff should be proactive when a patient expresses an interest in becoming more involved
- Rather than putting the onus on the patient to contact Health Champions, Practice Manager, etc., it would be helpful if staff asked the appropriate staff member to contact the patient; this would prevent missed opportunities for patient engagement
- It would be useful for all staff to have a clear understanding of where patients should be signposted should they ask what practice activities, local activities and groups are available to them

- It would be helpful if practices produced a concise 'prospectus' of their services
- Standardised training across all practices for frontline staff to improve understanding of the benefits of patient engagement

The report was favourably received by Newcastle Gateshead Clinical Commissioning Group (CCG) and included some useful recommendations. The CCG advised us that it had discussed the report at the CCG delivery group, which includes practice managers from Newcastle and Gateshead.



A further mystery shopping exercise took place in February 2017. Our volunteers contacted a random sample of NHS GP practices, opticians and

dentists to explore the extent to which they are meeting their obligations in relation to the NHS Accessible Information Standard (a legal requirement since 1 August 2016).

The purpose of the mystery shopping exercise was to:

- Test the service user experience of the health and social care services for Gateshead residents using different scenarios and situations
- Find out about the consumer experience of people with disabilities or other specific groups such as young people

- See if contacts and services advertised are up to date and still available

Our mystery shoppers experienced mixed results. Although some NHS providers were very helpful and offered to find out about the support they could offer, there was a considerable number who offered little, inappropriate or no support at all. Some providers put the onus on the patient or their family to make their own arrangements.

Our report was circulated to providers for comment before being published on our website. Recommendations included:

- NHS providers should ensure that staff receive disability awareness training
- NHS providers should ensure that all staff are briefed about the Accessible Information Standard and what this means in practice
- Providers should review their current communication methods in line with the Accessible Information Standard and address and identify any gaps
- Text messaging, social media and email contact mechanisms should routinely be offered to all people with a hearing impairment
- Providers should produce explicit guidelines about the support available to patients with a disability
- NHS providers should offer longer appointments where additional communication support is required



Helping
you find the
answers

How we've helped the community access the care they need



We provide people with advice and information about local services and help them to navigate the health and social care system.

Here are some examples of how we have helped individuals, families and carers to access local services and to take more control of their own health care.

Case study: Medicine management

A man was in considerable pain when he arrived at an A&E department and was given morphine in the department, before being admitted to a ward.

The following day, his wife noticed that he was still in considerable pain. When she asked what pain relief her husband had been given, she was informed it was paracetamol. His wife asked if someone could prescribe stronger pain relief, for example morphine, as this had been prescribed by A&E the previous evening. The doctor was unaware this had been prescribed by A&E, having received no information from the department, and implied that this was normal. The patient's wife felt that this could be very dangerous, as patients could be given an overdose, and thought all information should be put on the computer and transferred with the patient to the ward. She expressed concern over patient safety and prescribing.

We advised her to report her concerns to the Safe Care Team at the hospital in question, and to the Independent Complaints Advocacy (ICA) and the Care

Quality Commission (CQC) to lodge a complaint.

Case study: Reducing isolation

An older person rang us to give positive feedback on services received after falling and breaking her arm. During the call we gave her details about various community activities which may help her to gain confidence and reduce isolation, including a Stay Safe Course run by the Older People's Assembly. In this way we were able to add value to her positive experience.

Case study: Providing support

An outpatient lost his support from a psychiatric nurse due to the closure of Dunston Mental Health Services. He had been allocated a social worker at Dunston but felt he needed more support as the social worker was not always available. The caller was also concerned about how this was affecting his wife, as she was his main carer.

We referred him to Pathways Advocacy (provides free and independent advocacy to people who have a mental health need) and gave contact numbers and details for crisis services if needed, including the Initial Response team and Samaritans. We also gave him details of Gateshead Carers Association and Gateshead Adult Social Care for support and assessment.





Making a
difference
together

Have you
visited
CareHome
Real
What was it like?

What does urgent care mean to me?

Following the publication of Healthwatch Newcastle's 'GP appointments: what do Newcastle patients want?' report in March 2016, Newcastle Gateshead Clinical Commissioning Group (CCG) wanted to better understand how people defined the term 'urgent' and whether they defined it differently in different circumstances. We collaborated with Healthwatch Newcastle to run a short survey with the public in our respective local authority areas during the summer and autumn of 2016. We asked people how quickly they expected to see a healthcare professional when the need was urgent, either for themselves, a child or for a vulnerable relative.



Overall we found that most people, most of the time, would expect to be seen by a health professional within two hours if they had an urgent health problem. If their young child or vulnerable relative had an urgent health problem an even higher proportion of people expected to be seen within two hours.

We found minimal differences when we examined the data by age, gender, ethnicity and postcode. However, there was a difference in the expectations of Gateshead residents when compared with Newcastle residents. In general, a higher

percentage of Gateshead residents expected to be seen within two hours irrespective of whether they, their child or their vulnerable relative had an urgent health problem.

When completing the survey face to face we also discovered that there was confusion about what was considered to be an urgent health problem. Our joint report with Healthwatch Newcastle – 'What does urgent care mean to me?' – recommended that the CCG use this information to inform its review of urgent and emergency care pathways and give particular consideration to the differences that have emerged between expectations of Gateshead and Newcastle residents.

The report will make a contribution to the CCG's work on urgent care and extended GP access and has already led to the CCG undertaking further engagement about accessing GP services outside of normal working hours.

"This is a very useful report which we will use to inform our service developments."

Jane Mulholland, Director of Operations and Delivery, Newcastle Gateshead Clinical Commissioning Group

Read the 'What does urgent care mean to me?' report at healthwatchgateshead.co.uk/reports/hwg-reports/

Listening event – October 2016

The themes for this event were based on information and feedback we had received as part of our engagement activities. People told us they would like more information about how to access services, how services are planned and run, and how they can influence decision makers. It was also an opportunity for people to share their experiences.

The key areas raised at the event were:

- Adult Social Care – service delivery and social care pathway
- Healthwatch Gateshead volunteer proposition – what we do and why?
- Health Champions, Newcastle Gateshead CCG – how to get involved
- Newcastle Gateshead CCG Continuing Healthcare – criteria and funding
- Northumberland, Tyne and Wear NHS Foundation Trust – mental health service provision
- North East Ambulance Service NHS Foundation Trust – what can be expected
- Public Health Gateshead – what it does
- Queen Elizabeth Hospital Gateshead – the balancing of patients' priorities

Recommendations were made at the event; we are following these up with the providers and will evaluate responses and communicate these to partners and residents.

Working with other organisations

We work in partnership with both voluntary organisations and statutory bodies to bring about improvements to health and social care services – an approach which reduces duplication of effort and provides greater value for money. Our partners inform us of issues raised by their members or who may

have been affected by various consultations.

Strategic partnerships that we provided regular input to during 2016–17, ensuring that the voices and opinions of local people will be considered when decisions are being made about health and social care services, included:

- Health and Wellbeing Board
- Care, Health and Wellbeing Overview and Scrutiny Committee
- Adult Safeguarding Board
- Children's Safeguarding Board
- Local Engagement Board
- Accident and Emergency Delivery Board
- Learning Disability Partnership
- Gateshead Smoke Free Tobacco Alliance
- North East Ambulance Service NHS Foundation Trust
- Transforming Participation Board
- Primary Care Joint Commissioning
- Gateshead Patient User Carer Public Involvement Group (PUCPI)
- Gateshead Care Home Vanguard
- Joint Integrated Care Programme Board/STP
- Achieving More Together
- Gateshead Voluntary Sector Advisory Group
- Northumberland Tyne and Wear NHS Foundation Trust

We also attended:

- World Mental Health Day (October 2016)
- Clinical Commissioning Group (CCG) Engagement Event (November 2016)
- Queen Elizabeth Hospital Strategy Meeting (January 2017)
- Sustainability and Transformation Plan (STP) public event (January 2017)

How we've worked with our community

We have a team of invaluable volunteers whose assistance over the past twelve months has made a significant impact on our work. During 2016–17 our volunteers, supported by staff, carried out three Enter and View visits to:

- Springvale Court Care Home
- Hawksbury House Care Home
- Teams Medical Practice

We visited Springvale Court and Hawksbury House to explore the range, frequency and appropriateness of activities on offer to residents, how they met individual needs and how they promoted health and wellbeing, including for residents with dementia. We visited Teams Medical Practice to talk to patients, carers, clinical and non-clinical staff to identify, and where appropriate share, good practice of meaningful patient engagement and how this can contribute to the improvement of services.

Our volunteers also took part in a mystery shopping exercise so that we could develop further insights into how GP practices across Gateshead carry out meaningful patient engagement and how they share information with their patients. This exercise was directly linked to the Enter and View visit at Teams Medical Practice and our 'GP Access Report December 2015'.

Enter and View and mystery shopping reports can be found on our website at healthwatchgateshead.co.uk/reports/hwg-reports/

Volunteers also hosted a table at our annual event/listening event to showcase their work and to encourage prospective volunteers.

Our work with the Queen Elizabeth Hospital

As a result of a discharge survey during 2015–16 across all wards in the Queen Elizabeth Hospital, we put forward recommendations to Gateshead Health NHS Foundation Trust to help bring about improvements to hospital discharge. The recommendations continue to be followed up to monitor ongoing improvements, and our volunteers take part in Patient Led Assessments of the Care Environment (PLACE) visits across wards and clinics throughout the hospital. Two major recommendations were:

Recommendation 1 – Review the way medication is issued to patients during discharge. As a result of this there has been an increase in patients using their own drugs; electronic prescribing has also been implemented across the Trust.

Recommendation 2 – Review communications and information regarding the discharge process provided to staff. This is now part of staff induction and continuous ward based training; literature for relatives and patients has also been reviewed to ensure consistency and relevance.

Involving young people

Work with children and young people is a key area. We have begun to work in partnership with Gateshead College and a wide range of organisations across the borough to establish a picture of young people's experiences of using health and social care services. This is an ongoing piece of work around access to services, diversity, respect and communication, and will allow young people to have their say on services.

It starts
with you



Case study: Home visit provision



An older, housebound man contacted us to say that he needed his ears syringed and had contacted his GP practice, which advised that he would

have to attend the surgery for an appointment. We contacted the surgery on his behalf and were given the same information and advised that the district nurses could not do this as a home visit. We then contacted the district nurses directly and an appointment was made for a home visit. We then contacted the surgery to inform staff that home visits are available to housebound patients who require this treatment; and make them aware they could refer patients with similar needs in the future.

Case study: Confidentiality of prescription delivery services



A patient had a concern with prescription delivery from her local pharmacy. If the patient was not home the driver would deliver the medication to a neighbour or someone who knew the patient.

However, some of the medication was controlled and on one occasion it had not been delivered.

When the patient queried it with the pharmacy she was told it had been delivered and signed for (which had not happened). It appeared that the driver had delivered to a neighbour who had forgotten to pass the medication on.

The patient felt that her privacy had been violated as people now knew what medication she was taking. We arranged a

referral to the Independent Complaints Advocacy (ICA) to consider the complaint and, with the patient's consent, passed her complaint to the General Pharmaceutical Council.

Case study: Improvements to communication and information at a dental practice



A patient contacted us who was upset and confused about the increasing costs of dental treatment for ongoing treatment. We explained the national dental charge tariffs and sent information to the patient by post. As a direct result of the information given, the patient had the confidence to challenge the surgery's actions, decisions and payments.

In response to the patient's challenge, a partner at the dental practice contacted her to explain that there had been a miscommunication, and gave assurances that the practice would remedy the situation and address training needs within their staff team.

The patient was thanked by the partner for bringing her concern to their attention, an apology was received and a full refund offered as a gesture of goodwill.

Case study: Carer experience in social care and housing



During a regular drop-in session at a local library/housing office hub we observed a customer attempting to terminate her mother's tenancy due to a change in social care needs.

The customer was informed that she was unable to do this without an 'AC 13' form from Adult Social Care (ASC), which needed to be received by 12 noon the same day or she would have to pay another two weeks' rent. She was told to go back to ASC to chase up the form. We contacted the Head of Service at Adult Social Care to raise the issue on her behalf, and to highlight the issue of communication between partner organisations.

The service discovered that an error had occurred in the process of submitting the form which had resulted in costs being incurred. The customer was contacted the same day by Adult Social Care to discuss her issues.

Housing agreed to waive a week's rent and ASC agreed to pay for the second week. We were thanked by ASC for getting in touch on behalf of the lady and for highlighting poor customer service experience.

The customer told us that she was grateful to have met us that day as she had felt distressed and that she had been "going around in circles for weeks trying to sort things out". She could now concentrate fully on supporting her mother in her new living arrangements at a care home.



Our plans for next year



Members of the public and delegates at our joint conference with Healthwatch Newcastle (HWN) were presented with a list of eight potential research priorities, which had been selected by the Healthwatch Gateshead Board, and asked to rank them in order of priority. The staff team discussed the results of this prioritisation exercise and made recommendations to the new Healthwatch Gateshead Committee.

The Committee then agreed the following areas as our research priorities for 2017–18.

Carers



This was ranked third highest in the public/delegate prioritisation exercise. The Committee agreed that we will prioritise research into people's experiences of accessing care assessments and the follow up support.

NHS continuing health care



The Committee agreed that this will be a joint priority with Healthwatch Newcastle (it was ranked the second highest priority for HWN). It will be an excellent subject to focus on across both areas and will give us the opportunity to combine data collection from Newcastle Gateshead Clinical Commissioning Group (CCG) and acute hospitals with patient and relative feedback.

Young people



This was ranked second in the prioritisation exercise. However, we have not received any service user feedback to indicate what a research focus might be. We propose making young people an engagement priority for this year.

Mental health



Ranked highest in the prioritisation exercise, mental health was primarily on the shortlist because of long waiting times.

Service providers are working with the CCG to improve children and young people's services following engagement done under the 'Expanding Minds, Improving Lives' programme and the CCG is about to start moving towards delivery of the 'Deciding Together' decision for adult mental health. The Committee decided that research in this area might be better after this work has been implemented.

However, one potential area for research would be the physical health of people with mental ill-health. The Committee agreed that, time allowing, we will focus our research on people's experiences of ill-health prevention services (for example, smoking cessation and exercise programmes) and gain an understanding of how these services could be presented to support and encourage mental health service users to benefit from them. This will be a joint priority with Healthwatch Newcastle.

End of life



This was ranked fourth in the prioritisation exercise. The CCG is currently undertaking a review of end of life services and we are involved in this work. So rather than make this the subject of a research project, the Committee agreed that we continue with this involvement.

The other areas on the shortlist for prioritisation were:

- Queen Elizabeth Hospital – we will continue with ongoing engagement work to find out about people’s experiences.
- GP services – as we have completed quite a lot of work on GP services in recent years the Committee agreed that this should not be a research priority. However, if further issues arise from CQC inspections, etc. we may reconsider this.
- Black and minority ethnic health needs – we have not heard a great deal from BME communities in Gateshead and therefore the Committee agreed that this should be an engagement priority for this next year.
- Social care – we do not hear a great deal from social care service users and the Committee agreed that this will be an engagement priority for this next year.





Our people

Decision making

The Healthwatch Gateshead Board was responsible for making sure that Healthwatch met its statutory obligations and set strategic objectives during 2016–17. Board meetings were held monthly at our offices in Davidson Building, Swan Street, Gateshead. Two public meetings were held in May and October 2016 to provide an opportunity for residents to talk with Board members and ask questions. Policies and procedures were published on the Healthwatch Gateshead website as they were developed and agreed.

How we involve the public and volunteers

In 2016–17 we introduced two public meetings each year to enable residents to ask questions and to talk to the Board about concerns and issues.

We invited members of the public to contact us with their problems and issues through a range of media. We also made attempts to engage with young people in the borough, through Gateshead College and a range of other organisations, to ensure their voices were heard. We also designed a survey to gather the views of young people on their experience of health care services.

We have links with several representative organisations such as Age UK, Gateshead Carers' Association and the Regional Refugee Forum as a mechanism for disseminating information and collecting views on the various consultations or issues affecting their members.





Our finances

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		150,000
Additional income		
Total income		150,000

EXPENDITURE		
Operational costs		50,307
Staffing costs		104,627
Office costs		17,280
Total expenditure		172,214
Net expenditure		
Balance brought forward 1 April 2016		37,226
Balance carried forward 31 March 2017		15,012



Contact us

Registered office

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W <http://healthwatchgateshead.co.uk>

If you require this report in an alternative format please contact us at the Gateshead address above

We make this annual report publicly available by 30 June 2017 by publishing it on our website and circulating it to Healthwatch England; CQC; NHS England; Newcastle Gateshead Clinical Commissioning Group; the Care, Health and Wellbeing Overview and Scrutiny Committee; and our local authority.



We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.