

Healthwatch Gateshead Annual Activity Report April 2015 to March 2016

1. Introduction. This report outlines the key activities undertaken by Healthwatch Gateshead to support, promote and encourage residents to have a stronger voice in their health and social care by either being the representative of diverse communities or by providing intelligence – including evidence from people’s views and experiences – to influence the policy, planning, commissioning and delivery of health and social care.

2. Healthwatch Gateshead. The Health and Social Care Act 2012 set out that Healthwatch would be established in April 2013 in order to provide local citizens and communities a stronger voice to influence and challenge how health and social care services are delivered within their locality.

3. Governance. Healthwatch Gateshead (HWG) has undergone a great deal of change at board level over the last year. The long term chair Robert Buckley stepped down after suffering a serious illness early last year. Sharon Stewart was initially appointed as interim Chair and then replaced by Douglas Ball in October 2015 who’s position as Chair was confirmed by the board in February 2016 for a period of 3 years. This has brought much needed stability and strategic leadership to the organisation.

4. The Board has undergone a major refresh with five new board members and one founder member, committed to enabling Healthwatch Gateshead become an independent self-governing body in 2016. Under the new chair the board is working with Carers Federation and Gateshead Commissioners to achieve this aim during the 2016/17 contract year.

5. Healthwatch Gateshead is a registered Community Interest Company and is putting in place the plans, policies and procedures necessary to deliver the Healthwatch contract from Gateshead Council independently of Carers Federation. The management of the local staff team has undergone a review and restructure, and a senior strategic manager is being recruited to manage the operations, to be the contact point for the contract management and delivery and support the board to deliver on their strategic priorities over the course of 2016/17.

6. Research Projects. Healthwatch Gateshead engages with residents, commissioners, service providers and stakeholders to inform the type of research and engagement activities that Healthwatch Gateshead may be undertaken based on residents’ experiences of health and social care. From the evidence gathered we have undertaken the research projects and engagement activities identified below.

7. Health issues of Refugee and Asylum Seekers in Newcastle and Gateshead. This was a joint piece of work with Healthwatch Newcastle and the Regional Refugee Forum. Two events were held in June & October 2015 with the Regional Refugee Forum. The first event was to give Regional Refugee Forum members the opportunity to describe the unique and distinctive health and wellbeing issues affecting them. The second event brought together members of the refugee and asylum seeker communities with those responsible for planning and commissioning health and care services in Newcastle and Gateshead.

*The findings within the draft report are at **Appendix 1.***

8. Survey of patients experiences of GPs and Out of Hours Provision.

8 ct’d. Healthwatch Gateshead (HWG) was receiving anecdotal comments from residents on problems with access to GPs and the Out of Hours Provision. HWG acknowledge that there appeared to be a common theme both regionally and nationally and decided to establish a clearer picture for Gateshead residents.

9. This work was undertaken with support from the Gateshead Clinical Commissioning Group, who helped define a base point for the level of service Gateshead patients should expect. A questionnaire was developed to gauge patients' experiences on the following aspects: -

Booking appointments.
Out of hours' provision.
Dignity and respect.
Continuity of care.
Patient information.
Prescription services.

10. The report was presented to, and well received by the Care, Health and Wellbeing Overview and Scrutiny Committee, and the committee will have regard to this information when preparing its recommendations in relation to their review of GP Access. The report was also presented to the Primary Care Joint Commissioning Group and a copy of the report was provided to the MP David Anderson who passed it to the Public Accounts Committee examining the issue of 'Access to General Practice in England'.

*A summary of the report is at **Appendix 2.***

11. Understanding Patients experience of Queen Elizabeth Hospital discharge process.

This report presents the outcome of the Healthwatch Gateshead review of discharge arrangements at the Queen Elizabeth Hospital in Gateshead. The aim of the study was to examine the experience of patients who have recently been discharged from the Queen Elizabeth Hospital and where necessary make recommendations for improvements based on the evidence received from patients. This project was undertaken with the Patient Experience Team of the Queen Elizabeth Hospital.

12. The review process consisted of: -

- Gathering information on the discharge experience from patient's and carers perspectives.
- Collecting information about how patients and carers are involved in the hospital discharge process.
- Exploring the extent to which the discharge process is 'joined up'
- Making recommendations to improve the discharge process from the perspective of patients and carers.

13. For the purposes of this report, discharge from hospital is defined as: -

'the point at which the patient leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home'.

The report and the recommendations have been accepted by the Trust.

*A summary of the report is at **Appendix 3.***

14. Access to Adult Safeguarding Team. Healthwatch Gateshead had expressed concerns to the Safeguarding Manager about difficulties in contacting or raising issues directly with the Safeguarding Team. After meeting with the Safeguarding Manager Healthwatch Gateshead was given a direct dial number to contact the team. Reviewing the new procedure, Healthwatch Gateshead found it was not working properly and after further discussions with the Safeguarding Manager a further direct dial number was established that allows Healthwatch Gateshead direct access to the Safeguarding Team. This has resulted in a much closer working relationship between Healthwatch Gateshead and the Safeguarding Team.

15. Empowering and Informing Gateshead Residents. Healthwatch Gateshead has a statutory duty to empower local residents to enable them have voice in both national and local consultations which could impact on their health and social care and to represent their views to those who commission and provide health and social care services.

16. Healthwatch Gateshead undertakes this activity by informing residents of national and local consultations which could affect the health and social care. This is undertaken by either holding special events, participating in local events across the borough, through our social media, website, our electronic newsletter, council newsletter or through partners, our contacts database and Survey Monkey. Our electronic newsletter goes to over 500 organisations and individuals,

*A summary is shown at **Appendix 4.***

17. We have developed “**Have your say**” comment cards: which gathers the experiences people have received in respect of Health & Social Care services they’ve received. The comment cards are on an A5 card with a Freepost return address to Healthwatch Gateshead. These comments are analysed to influence and shape our areas of work.

18. We continue to hold local events across the borough to engage with residents, one series of events is in partnership with the police at ‘**Cuppa with a Copper**’ where we provide Gateshead residents the opportunity to raise any social or health care issues. Residents are encouraged to either put forward their views as individuals or to use Healthwatch Gateshead to represent their views where they feel unable or vulnerable.

19. Healthwatch Gateshead has observed that Public bodies which undertake consultations via the web can disfranchise a significant number of local residents who do not have the tools, skills or aptitude to access the web to read or download the appropriate information. Paper version of any consultation is often sparse. In addition, the language used in most consultations is not the language used by Gateshead residents, and generally do not explain the impact of the decisions they are being asked to consider. Glossy consultation documents which are dominated by confusing facts and little real information regarding the options being offered makes it difficult for individuals to understand exactly what choices they can make. Healthwatch Gateshead tries to ensure through its partnership network that it can reach those residents for whom social or electronic media is an inappropriate mechanism.

20. Major Consultations, two were undertaken this year to encourage and provide Gateshead residents with the opportunity to have a voice and influence the proposals as identified below.

21. Gateshead Council Social Care Budget consultation for 2016/17. Healthwatch Gateshead did not have the resources to hold consultation events on all eight of the councils’ budget proposals, therefore the board decided to concentrate on the consultation on the Social Care Budget. Residents had raised concerns early during the consultation period that the use of the web for dissemination of the proposals was restrictive and limiting, that there were no available paper copies or the consultations available. The central library did have 12 paper copies available for Gateshead residents, but none appeared to be available from the civic centre. These issues were raised with the council as they arose.

22. A special event was held at the Gateshead Masonic Hall on the 3rd December 2015 to ensure residents were aware of the consultation, what the timescales was for responses, to discuss how the proposed changes could affect them. Michael Laing the Director of Social Care and Independent Living presented the proposals.

*A summary of Healthwatch Gateshead response on behalf of Gateshead residents is at **Appendix 5.***

23. Deciding Together Consultation on the Future of Specialist Mental Health Services in Newcastle & Gateshead. Concern was expressed that the consultation document was confusing and did not provide sufficient information or provide a concrete local solution for Gateshead residents. Healthwatch Gateshead publicised the consultation and gathered together resident concerns and issues to produce a formal response which it submitted to Newcastle Gateshead Clinical Commissioning Group.

*A summary of the report is at **Appendix 6.***

24. Healthwatch Gateshead has a duty to inform promote and feed into local consultations which impact upon local services. Here are some examples of consultations where we have been actively promoting and/or undertaking further consultations: -

- **Safeguarding Adults strategic plan for 2016/17.**
- **North East Ambulance Service.**
- **North East Combined Authority (NECA) Transport plan.**

A more complete list is available at **Appendix 7.**

25. Strategic Partnerships Representing Gateshead Residents

Healthwatch Gateshead Chair, Board members and Staff team represent Healthwatch Gateshead at a variety of forums, networks and strategic boards. Their role is to ensure that the voice and opinions of local people are taken into account when decisions are being made about health and social care services. We have had regular representation and input to the following: -

- **Primary Care Joint Commissioning** - is the body responsible for the planning and commissioning of healthcare services to meet the needs of the local community.
- **Gateshead Safeguarding Adults Board**- the overarching purpose is to help and safeguard adults with care and support. Healthwatch Gateshead has provided an Interim Chair for this committee until a new chair is appointed.
- **Local Engagement Board** - Members of the public are invited to these quarterly Local Engagement Boards (LEBs) to discuss important health issues and services and to help shape, improve and develop local NHS services.
- **Health and Wellbeing Board** - established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.
- **Health and Wellbeing OSC** - Council overview of provision of health services to the local population.
- **Gateshead Patient User Carer Public Involvement Group (PUCPI)** - aims to ensure that the needs and issues identified by members are brought to discussion with commissioners.
- **Gateshead Smokefree Tobacco Alliance Gateshead Ten Year Tobacco Plan** - reducing the number of residents who smoke in Gateshead. Healthwatch Gateshead is providing the Vice-Chair for this committee.
- **Gateshead Care Home Vanguard** - a joint approach by NHS Newcastle Gateshead CCG and Gateshead Council to deliver improved health and social care into homes for local residents and their families.
- **North East Commission for Health & Social Care Integration** - The purpose is to establish the scope and basis for integration, deeper collaboration and devolution across NECA's area to improve outcomes and reduce inequalities. (The area covered by NECA and the Commission is County Durham, Gateshead, Newcastle, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland.).

- **Joint Integrated Care Programme Board/STP** - response to NHS England regarding the future structure of healthcare in the North East.
- **Achieving More together** - Gateshead Strategic partnership to enable residents make the most of their capabilities.
- **Gateshead Voluntary Sector Advisory Group** - provide input to Health and Wellbeing Board.

26. Signposting activities. Healthwatch Gateshead recognises that the delivery model and priority for this service needs reviewing against the other demands within a constrained budget. In the last 12 months take up has been slow through face to face email and telephone contact, from the beginning of the year but we have seen an increase in take up of around 15% over the last quarter.

27. The website has been refreshed and offers more information on local services and our marketing and promotional activities are increasing, including closer working with Citizens Advice. We provide an A to Z list of services for all kinds of health and social care information, advice, complaints, care pathways, patient and support groups. There is also a section on frequently asked questions which is reviewed on a regular basis to save individuals time if we have already responded to a similar question. We do however encourage new questions.

28. Signposting queries have ranged from: -

Care pathways

Complaints – referrals to Independent Complaints Advocacy (ICA)

Care costs

Specific patient group information i.e. Stroke groups

Alcohol dependency support services

Eating disorder support services

Partner to partner referrals / networks i.e. Readers at Home Service (RAH) Dementia specialist

*A list of some of the issues dealt with are at **Appendix 8***

*A list of some of the comments received are at **Appendix 9***

29. Partnership Working. Healthwatch Gateshead works in partnership with both voluntary organisations and statutory bodies to reduce duplication of effort and provides greater value for money in an era of austerity. Our partners inform Healthwatch of issues raised by their members or who may be affected by the various consultations.

30. Some examples of this are: Healthwatch Gateshead was contacted by Action On Hearing Loss, they informed Healthwatch Gateshead that there were issues within GP practices being able to interact with individuals who had hearing loss, or are deaf with BSL as their first language. Healthwatch Gateshead passed on the information to the Primary Care Commissioning group for their consideration.

31. Healthwatch Gateshead promoted a listening and engagement event held by CQC as part of their inspection of Gateshead Foundation Trust (Queen Elizabeth Hospital). In addition, Healthwatch Gateshead provided anonymous patient experiences regarding services they've received from the Queen Elizabeth Hospital to feed into their inspection process. Healthwatch Gateshead is providing input and publicising the CQC inspection of the North East Ambulance Service NHS Foundation Trust.

32. Volunteering Opportunities. In recognition of the key role volunteers play in enabling Healthwatch reach and involve residents across the Borough Healthwatch Gateshead have invested in a Volunteer Programme Manager to develop this role within Healthwatch. The programme enables residents to contribute back to society or maintain their skill set while seeking work.

33. A framework for volunteer involvement has been developed in line with national guidance and using good practice examples from other Healthwatch organisations. This framework has direct links to the

Investing In Volunteers (IIV) Quality Standard, the Volunteer Involvement Plan and priority action plans are also linked.

34. A comprehensive risk assessment of volunteer involvement has been undertaken. A 'Volunteering Toolkit' been developed which covers every aspect of volunteer involvement including branded publicity, safe recruitment and selection processes, induction training and ongoing support to placed volunteers. A series of outreach events have been undertaken, in conjunction with the staff team and partners, in a range of community venues. This was to promote volunteering and also the wider work of Healthwatch. Four volunteers have been recruited directly as a result of this approach, which is a significant return on investment.

35. Developing Enter and View is a priority area of work over the coming months. A toolkit has been developed based on Healthwatch England's guidance. A pilot Enter and View has been carried out on 31 March 2016 at Teams Medical Practice with a small team of volunteers supported by staff. Planning with volunteers will be undertaken in advance (29 March 2016) to ensure clarity of purpose, roles and responsibilities. Collaborative work is ongoing with the Practice Manager ahead of this visit.

36. Meaningful involvement of young people is another priority and initial work has been undertaken about how this could be developed.

37. Future activities. During the course of 2016/17 HWG has a number of activities planned. As in 2015-16 these represent a mix of activities to develop Healthwatch Gateshead as a separate entity, activities to work with local communities and activities to work with and influence on behalf of Gateshead residents' other key stakeholders within the local health and social care sectors.

38. We will try to encourage commissioners and service providers to move more towards an asset based approach where the resident is the centre of the service and delivery mechanisms take into consideration the practicalities issues faced by recipients of the services.

39. Throughout the coming year we will continue to offer our assistance, information informing key stakeholders of the views HWG has gathered. This includes: -

- participating whenever possible in consultation events run by Health and Social Care commissioners and providers.
- continuing to work closely with the Care Quality Commission to help inform and shape their forward plans. We will assist CQC in their inspections, provide detailed information received from Gateshead residents.
- working with the North East Commission for health and social care integration to try and ensure that any future design is resident orientated, rather than institution based.
- working with the joint integrated care programme board to develop a sustainable transformation plan with is more patient based then institution based.
- delivering the agreed contract with Gateshead Council.
- chair the Safeguarding Adults board until a permanent chair is appointed.
- promote and support the Council 10 Year Tobacco reduction programme.
- considering how we can support the focus on housing and its impact on the health and wellbeing of residents.
- considering how we support the issues around delayed discharges, specific challenges and examples of good practice
- consider how we can support ensuring that end of life policies in hospitals and care homes respect a patient's dignity.

There will no doubt be many further areas of actual or potential activity which will crop up during the year. HWG will continue to respond positively wherever possible to requests for our involvement.

40. Summary. This OSC is asked to note the contents of the report and the significant contribution that Healthwatch Gateshead has made in enabling residents of Gateshead have a voice in the health and social care they receive.

Appendix 1

Summary of Health issues of Refugee and Asylum Seekers in Newcastle and Gateshead

Mental health and Stigma of mental health

Service providers should provide a range of treatment options for those with mental health issues and actively publicise and promote these within the refugee community

Staff attitude

- Organisations should offer training to staff to increase their understanding of issues asylum seekers and refugees face.
- Newcastle Gateshead CCG to look at refugee and asylum seeker issues at one of its Time Out (training) sessions with GP practice partners and staff
- Providers and commissioners should proactively engage with the refugee and asylum seeker community to better understand the issues they face

Interpreting services and language barriers

- Newcastle Gateshead CCG should review interpreter services with BME communities and with asylum seekers and refugees in particular, to make sure that they are meeting the needs of the communities that use them
- Include accessible information about classes in English for speakers of other languages (ESoL) which they can access immediately in the initial welcome package and encourage/support people to take this up
- Refugees and asylum seekers should receive information about the right to access interpreting in the initial welcome package for asylum seekers. All relevant organisations should actively publicise this right in their public areas

Causes of mental health problems

- Asylum seekers and refugees should be enabled to take a more active role in society, through volunteering etc., and be treated with dignity and respect
- Better education for service providers about the mental health issues facing asylum seekers and refugees.

Healthy living - being active

- Provide more information and support to access free activities such as walking, bike riding etc. (most of the information that people access already is via word of mouth from people currently active)
- Produce a hard copy directory of free services in Newcastle and Gateshead, in different languages. Include where to find out about health activities and volunteering opportunities
- Give asylum seekers and refugees free access to healthy activities
- Identify people that can act as buddies or motivators to help encourage people to exercise regularly
- Support to develop exercise plans
- Investigate activities from 'back home' and reproduce them locally with support for resources etc.
- Ensure that culturally appropriate activities are available e.g. women only swimming sessions
- Public Health to work together across Newcastle and Gateshead and have shared events to support asylum seekers and refugees
- Include accessible information about how to lead an active lifestyle in the initial welcome package for asylum seekers. Include details of the services/organisations that can give support

Information on healthy eating

- Put information in community access points such as community centres and places of community activity
- Use local knowledge, information and contacts to share information about healthy eating
- Use community leaders to help spread information
- Include accessible information about healthy eating and how to lead an active lifestyle in the initial welcome package for asylum seekers. Include details of the services/organisations that can give support
- Hold more cookery courses that give advice on healthy eating and how to make healthier versions of traditional food

Access to services and information

- Use community leaders and community access points as community centres and places of community activity to share health appropriate messages
- Resource local communities to enable them to run community activities that are relevant to local needs
- Consider the use of technology: e.g. health apps
- Share information about opticians/doctors/dentists etc. through refugee centres

Appendix 2

Summary of survey of patients' experiences' of GP's and Out of Hours Provision.

The review of the information gathered by Healthwatch Gateshead demonstrates a variety of positive and negative experiences in using GP Services. "One size" does not fit all; therefore, it is essential that a range of methods are available to access GP appointments.

Communication is essential to ensure that the general public are clear on the various ways they can make appointments and what services /options are available to them if an appointment is not available or if it is out of hours.

It is also important that patients are aware that they can request a longer appointment if they feel it is necessary.

Patients that have an ongoing medical need who perceive they may benefit from the continuity of seeing the same GP's should be able to book in advance appointments with the same to ensure they are guaranteed this essential ongoing support.

It is clear that patients have a lack of awareness of their surgery's Patient Forums. It would be a positive initiative for some marketing to take place to raise awareness of the Patient Forums and their purpose. Healthwatch Gateshead could also play an active role in this by bringing the information to the wider public.

Appendix 3

Summary of Patients experience of Queen Elizabeth Hospital discharge process

Discharge Planning -To review and better establish discharge planning commencing on admission – this could be done at ward meetings.

Medication - Review and where possible improve the process by which medication is issued for discharge. Healthwatch Gateshead is aware that the Patient Public and Carers Involvement and Experience Group have been looking at this issue. The preparation and delivery of medication appears to cause the delay and this is for a number of reasons that are not covered in this report.

The Trust should investigate using the same electronic prescription method used by GP's. This would mean that where it is appropriate for the patient prescriptions could be electronically sent to their local pharmacy and delivered or collected whichever the patient prefers. An agreement could be put in place between the hospital and pharmacy's that sign up to the arrangement that prescriptions are received no later than an agreed time for same day delivery. If this was in place it would certainly reduce this area of delay in the discharge process for some patients.

Discharge Lounge - To promote the use of the discharge lounge as this was very low for patients who completed this survey and if it is not being used effectively to ask 'why'.

Adaptation's, Equipment and Care Packages – The Trust to better establish the 'Care Pathway' process to ensure that it is operating effectively.

Transport – At ward meetings promote the importance that transport crew are aware of the type of property a patient may be returning to especially if the patient is not mobile. Explore with the ambulance service the average waiting time for transport and the importance of advising the ward staff if a long delay is expected so patients and carers/families can be kept up to date.

Communication - The Trust is asked to better establish the consistency of information provided to patients.

- Every patient should receive a discharge leaflet.
- Every patient should receive clear information about who to contact if there are any issues post discharge.
- A discharge letter should be readily available to patient and carers.
- On discharge, every patient should have personal contact with a member of staff detailing the discharge process including medication and time of discharge etc.

Appendix 4

Recipients of Healthwatch Gateshead Electronic Newsletter

- All Care Homes in Gateshead
- All Residential Homes
- All Nursing Homes
- Individuals
- All Schools
- Various Council departments i.e. Communities, Neighbourhoods and Volunteering, Community Safety, Wellness Hub, Looked After Children, Safeguarding Team etc.
- Public Health department
- Various healthcare personnel – Sexual Health Lead, Dementia Leads, Volunteering Lead, Patient Experience Teams, Hospital Communication Department, PALS, NTW, CCG staff, Health Champions Lead etc.
- Ambulance Service
- All GP surgeries and Practice Managers
- Many voluntary sector organisations – i.e. Age UK, Carers Association, Hearing Loss Support, Your Voice Counts, Rape Crisis Centre, Changing Lives etc.
- All Community Centres
- All Leisure Centres
- Readers At Home Service
- All Councillors
- Local MP's
- All Dentists
- All Opticians
- Local Media - including radio and newspaper
- Hospital Radio
- ICA – Independent Complaints Advocacy
- All Pharmacies
- All Children's Centres
- Specific Black and Minority Ethnic Community Groups
- All Advocacy Projects in the Borough
- HWG staff, volunteers and Board members
- Other local Healthwatch's
- Health and Wellbeing Board
- All Libraries
- Clinical Professional Networks – pharmacy, dentistry, ophthalmology
- Northumbria Police
- Tyne and Wear Fire Service
- Care Quality Commission

Appendix 5

Summary of feedback from Gateshead residents re: Gateshead Councils Social Care Budget Proposals consultation.

The feedback to Healthwatch Gateshead from engaging with residents, carers and stakeholders regarding Gateshead Council's Budget Proposals on Social Care covered the following areas:

- Impact on the voluntary and community sector,
- Impact on carers and
- Impact on service users

Impact on the Voluntary and Community Sector

- In this economic climate there is concern from the voluntary and community sector that the major impact of the cuts in service will fall on them and in the current economic climate they are already struggling to meet increased demands and are having to make hard decisions regarding whom they can help. These proposed cuts will make matters worse.

Impact on carers

- Carers are concerned that some of the budget proposals may have a massive detrimental impact on their lives. Carers stated change is often traumatic, particularly for vulnerable people and their carers. Carers need to be re-assessed to ensure that they and those they support are able to live a full life in the local community. Carers have raised concerns around the quality of care that could be delivered in the future, in the light of the proposals to re-commission services. Carers have raised concerns around ensuring robust safeguarding is in place in the event Local Authority services are re-commissioned. Some of the proposals are unclear and carers are unable to make an informed decision on the impact of the budget proposals for them.

Impact on service users

- Service users want the focus to be on preventative services and interventions. The Winlaton, Wrekenton base and the Promoting Independence Centres were quoted as examples of good preventative services. In the event proposals go ahead around changes to services, service users that live independently are seriously concerned that they may have to travel further or move to access services. This can be particularly difficult for those who heavily rely on public transport.

Residents with learning disabilities and their carers

- Service users and carers still need to have an element of independence, choice and have a voice in the services they receive. Arrangements need to be put in place for service users and carers making them aware of support that is available as services go through transition. Having plans such as this in place will ease the worry for service users and carers. It is vital to ensure that the current level and quality of care continues.

Residents who are older people and their carers

- Service users and carers are worried about changes in re-assessments and eligibility criteria of services and the cost of contributing to services. Carers of older people believe that putting services in place earlier is more cost effective in the long-term i.e. early intervention services.
- Appropriate support needs to be made available as services go through transition. Having plans such as this in place will ease the worry for service users and carers. The lack of information on the proposed changes to services caused serious concern.

Appendix 6

Deciding Together Response

The key concerns that have been brought to the attention of Healthwatch Gateshead are as follows: -

- Insufficient information for Gateshead residents to be able to make an informed choice. Gateshead is such a huge borough therefore depending upon which site was chosen would affect Gateshead residence choice.
- Concerned that options offered are not based around patients but more around the existing buildings, leases and reducing costs by concentrating services in a single point.
- Currently service provision favours locality of patients and families, providing the ability for patients to be gradually integrated back into their normal environment. The proposed Newcastle and Morpeth options would not suit Gateshead residents. Travelling for families would be more difficult and negate against the current ability of families to drop in while passing by. Maintaining family contacts are an important part of patient's recuperation.
- Families are concerned regarding the proposed increased distance to visit family members and that access by public transport would be very difficult and costly. They are unsure on the level of financial support, but more importantly the amount of time it would take and the need to use private taxis rather than public transport. There are other issues that should be considered here, such as; the emotional impact on carers in travelling long distances.
- Families have expressed concern regarding the proposals to reduce the number of beds, currently some families reported that there are insufficient beds to meet local needs.
- Concern has been expressed that access to ambulance services for patient that need to be admitted is difficult and that families use their own transport which is more difficult the further away from the residence the facilities are based.
- Document confusing, lots of facts but less real information.
- A strong belief that the decision has already been taken.
- Newcastle Gateshead Clinical Commissioning Group has commissioned an organisation to carry out an impact assessment on carers travelling long distances to visit family. Why was this information not available at the time of the consultation?
- Insufficient consultation of the patients who use the service.

Included below are examples of the comments received by Healthwatch Gateshead to demonstrate the strength of feeling regarding the consultation process and options proposed. We request that the content of this document be considered in respect of the consultation for Mental Health Services in Newcastle & Gateshead.

Comments received by Healthwatch Gateshead on 'Deciding Together' Consultation

- At the consultation meeting on 18 November Guy Pilkington stated that 80% of available finances was spent on hospital care and 20% on community care. Caroline Latta also did not know the accurate figures for this, which she then found out for the meeting which was corrected to 52% for hospital care. Having such an important role within the Consultation process, not knowing these percentages and therefore having an inappropriate view of how the distribution of monies is spent, the Chair of the CCG might have contributed towards the Consultation with these incorrect figures in mind, and publicised them erroneously at other events and meetings.
- The misleading and wholly financially inaccurate 'Spending the Mental Health Pound' exercises are another example of how people's views have been totally ignored. The vast majority of people opted for Bundle 3 with the proviso that there would be no ward/bed reduction i.e. five wards. This again came to nothing. No ward information was given for Scenario 4 unlike the other options.

When asked staff informed us that 'more wards could be built'. So how was it costed? It was thus inaccurate, arbitrary, ineffective in responding to people's views, and as an explanation of the financial situation useless.

- The travel consultation was commissioned so late in the day (despite being requested a year beforehand), those involved in the consultation did not have access to its findings in time. This is another reason the Consultation lacked appropriate detail.
- Reducing the bed capacity of Newcastle/Gateshead from 86 to 54 beds (37.2%) is clearly presently unworkable, and may continue to be so in the future. The Sunderland example of greatly improved community services leading to a much reduced need for hospital beds is misleading. It has only resulted in an admission rate the same per 100,000 of the population as it already is in Newcastle/Gateshead. This was not highlighted in the Consultation document only in the very lengthy 'Case for Change'. The assumption, therefore, that bed capacity can be reduced as much as 40% by the improvement of community services is unlikely and unproven, and as such no realistic or safe viable option was given as a choice.

Readmission rates are also noted as being more or less in line with those of Newcastle/Gateshead for both 28 and 90 days and yet are somehow perceived to be improved.

- *The Commission To Review The Provision Of Acute Inpatient Psychiatric Care For Adults* February 2016 states admissions should be 'as local and as short as possible' (p.26). It goes on to recommend: 'Commissioners, providers and Strategic Clinical Networks in each area together undertake a *Service Capability Assessment and Improvement Programme* to ensure they have an appropriate number of beds as well as sufficient resources in their Crisis Resolution and Home Treatment teams to meet the needs for rapid access to high quality care by October 2017'. (p.120) Although the CCG could not have been aware of this report while compiling the Consultation, an assessment should have taken place of this nature, to enable the CCG to see if the three ward capacity replacing five wards option was at all viable. For this reason the options available in the consultation are not proven to be adequate or appropriate and render the consultation a sham. To claim 'we will not reduce bed capacity until it is safe', when we don't know if three wards will ever be safe, has created a consultation flawed as it is based merely on assumption. Implementation based on any findings thus far in this consultation should not be allowed to go ahead until these issues are looked at and resolved.
- The Gateshead option of a new build is the only one that could accommodate four or five acute wards which may be needed (if not more), with a complex care rehabilitation ward, even when community care is improved. It is the only option that has all future services in the same geographical area, and the scope to expand if needed.
- There were no Health Impact Assessments from a range of clinicians.
- No general Impact Assessments to help form a viable view.
- When questioned on the previous 'listening' consultation giving bias quotes and examples in July, Chris Piercy conceded they had relied on the Trust and didn't 'get it right'. There are no examples in the new consultation of patient experience, and no evidence of their views. How well, if at all, did the

CCG focus on getting the views of current and past acute ward service users and their loved ones? Although visitors were asked in hospital wards for their travel situations, why were they not also informed by NTW staff of the consultation and survey?

- The financial situation has not been clearly explained. For example, the 2% held for 'parity of esteem' it would seem has been wholly ring fenced for Community services (consultation meeting 6 Feb). 3 million of capital costs had also already been allocated to community services. The consultation document was worded as such that to choose anything other than the Trust wide option would eat into community service money, without explaining the extra funding already available.
- The 'Quality of Clinical Care' being only 'most consistent with best practice' for the Trust wide option is at best wholly biased, goes into no detail, even in the long 'case for change', and incorrect. The best site for acute services is close to home for patient experience, in improved buildings. At a meeting 19 January for the Gateshead Health Overview and Scrutiny committee, Caroline Wild stated, when asked about the enormous travelling/time costs for NTW staff travelling between the two hospitals and the areas staff work in, that at individual Tribunals, case meetings or just visiting their patients, case co-ordinators from the community, many of whom have worked with people for years, would not individually attend, but one person would deal with a range of cases at hospitals. How can this be best practice? If the hospitals continued to be in the Newcastle/Gateshead area the appropriate member of staff could still attend as is now the case. Also, patient experience of being so far from home, isolation, suicide rates, lack of visits due to time and financial restraints, were ignored. Home visits for patients, also essential for improving health, would also be made more difficult and expensive in the Trust wide option. The term 'Less consistent with best clinical practice' for the Gateshead and Newcastle scenarios was not explained and seem highly unlikely, leaving the terms used in an undefined way bias to the cheapest option.
- The presentation of the documents was, despite being very glossy and filled with photographs, was both confusing and lacking in detail. The 'survey was also confusing and had far more questions bias towards spending more on community care, with fewer details on hospital service user/friends and family experience.
- The consultation meetings were too structured, leaving little or no time for personal points to be made to the whole group, or individual questions to be asked.
- NTW were far too involved in the CCG set of consultations, leading to bias documents and opinions. This has led to an emphasis on the Newcastle/Gateshead area being unnecessarily linked to the NTW financial and general projected plans to move services to the Trust wide option.

For the above reasons respondent believe information provided was inaccurate and potentially misleading. It was felt to be totally bias in favour of the Trust wide option therefore putting hospital service users potentially in an inappropriate setting too far from home; it was overly confusing yet gave little detail. It refrained from important detail, for example the financial situation, the details of best clinical practice, health impact assessments.

Respondents do not believe the CCG has taken into account how isolated the hospital service users would feel, or how this would impact on their health, if the Trust wide option went ahead. They are seen as part of a 'trade off' (Guy Pilkington 6 February) where community services take priority, and hospital service users potentially get a worse service to save money.

Appendix 7

Other Consultations promoted

- Care Costs – Deferred Payment Arrangements in Gateshead
- National Maternity Care
- Blaydon Medical Practice
- 0 – 19 yr old services and their families
- Outpatient Appointment Options
- Long Term Conditions
- Cancer Drugs Fund
- Patients Voice Representation in Public Participation
- Lesbian, Gay, Bi-sexual and Transgender healthcare views
- Overseas and migrants – extending charges for NHS services
- Developing Mental Health Services for Veterans, Lesbian, Gay, Bi-sexual and Transgender Sexual Health Clinics
- Dementia Friendly Swimming Sessions

Appendix 8

Examples of Signposting

My husband is a hearing aid wearer and can't hear on the phone – is there anything or anyone to help him hear on the phone?

Referred to Action on Hearing Loss and Hearing Loss Support – 2 local charities operated by and for deaf / hard of hearing people. Also referred to Adult Social Care for an assessment, to perhaps pick up other issues in the home that may make general life and chores easier.

The doctor suggested my husband and I get some help around the house because we're both in our late 80's now and need some help with the heavier chores. Do you know who can help? My husband has recently come out of hospital too.

Referred wife to Adult Social Care for re-enablement team services, Age UK and Happy to Help Scheme via Teamwork Services.

How do I get a Power of Attorney for my mother?

Referred to Age UK Gateshead and either a family solicitor or any local solicitor firms.

My father has just been diagnosed with Alzheimer's and my mother's health is failing. They are both in their 80's, is there any help we can get for them?

Staff referred family to Alzheimer Society for specific advice information and support. Also Gateshead Carers Association (GCA) for advice, help, support, breaks etc. for family members caring for individual. Made reference to the Care Act to make family aware of their rights and GCA could provide a more detailed explanation. Also referred to Citizens Advice Bureau (and Carers Association) to see if household income needs altering / reviewing. See Healthwatch Gateshead's website for in depth information on Dementia Directory. Keep in touch with Dementia Lead at local GP, memory clinic or hospital (whichever healthcare family member is under).

I'm worried about my neighbour; I think she's got undiagnosed Dementia – what shall I do?

If neighbour is in immediate danger for herself or others call 999. If you know family well perhaps approach family (only if you feel comfortable doing so) and explain your worries / concerns / fears. Call Adult Social Care and raise a safeguarding alert and explained to caller you can do this anonymously. (gave caller the phone number and website address so they can look at in further detail).

Where can I get my wheelchair fixed from?

Check it's under guarantee from supplier first. Consumer rights via Trading Standards if no resolve. If purchased secondhand, try Shopmobility Scheme and / or Peacocks (a private company in Newcastle).

My brother is recovering from poor mental health is there anything he can access to reduce his isolation?

Healthwatch Gateshead asked if there was any "underlying" issues i.e. veteran, alcohol dependent, age etc. in order to identify any specific services. Staff gave details of community mental health services and Talking Therapies service care pathways. Provided Samaritans and Initial Response Team number/details given for emergencies, also provided details of local charity organisations given i.e. Library, MIND and Gateshead Clubhouse that offer drop in's, courses, wellbeing activities, peer support groups etc. Also gave details of Our Gateshead website which details voluntary activity and events in Gateshead i.e. walking groups, history groups etc (i.e. hobby related interests). Gave NTW website details too for patient information leaflets <https://www.ntw.nhs.uk/pic/selfhelp/>

Appendix 9

Public Feedback

Information you gave us was perfect thank you very much. My father in law now has carers attending 4 times a day. He may have to go into a hospice now but we find out tomorrow. We will definitely call you again if we need anything else. Thank you.

You are the first person I've spoken to that I actually feel I have been listened to. I feel better thank you.

Thanks for getting back to me so quickly Victoria I appreciate it.

That's great, you've been a great help. I really appreciate it. Thanks so much for your help.

It's great to have a staff members name so I know who to ask for next time. Thank you Victoria.

Once again, thank you for all your help and support. Let me know if I can do anything to support your cause in terms of government budget or funding reductions.

Great, Thank you. I just didn't know where to turn. Thanks again.

Thanks for listening to me.

I can't thank you enough for this information it is very, very useful to us.

Eh gosh, thank you so much. I've got all this information now I'd better get cracking.