

**Healthwatch Brighton and Hove**

**(HWBH)**

**Community Interest Company (CIC)**

**Agenda**

**Board of Directors meeting in public**

**Monday 8th April 2019 at 2.00pm – 4.30pm**

**Room 253 Hove Town Hall – all gather at HTH reception and we can be taken to the room together**

**AGENDA –**

| **Time** | **Item No.** | **Item** | **Lead** |
| --- | --- | --- | --- |
| **14.00** | **1.** | Welcome + declarations of interest | **All** |
| **14.10** | **2.** | Minutes of Last Meeting 4th Feb’ 2019 [see below attachment 1] | **All** |
| **14.30** | **3.** | Discussion with Dr David Supple, Clinical Chair of Brighton and Hove CCG and Chris Clark, Director for Commissioning and Integrated Care, Brighton and Hove CCG.  The purpose of this discussion is to help Healthwatch plan future projects and activities – using as guidance our most recent Quarterly Intelligence report [see below attachment 2]. | **All** |
| **15.20** | **4.** | Mental Health work update:   1. Local Brighton and Hove based work [report to follow] 2. STP wide Mental Health Programme Board – resource allocation and C&YP review of access to psychological therapies [see below attachment 3] | **Neil McIntosh**  **David Liley** |
| **15.45** | **5.** | Recruitment to the Healthwatch Board | **Fran McCabe** |
| **15.55** | **6.** | 16th April = SE Regional Healthwatch Conference  1-2nd October = Healthwatch Annual Conference | **David Liley** |
| **15.20** | **4.** | Dental Project – verbal update | **Michelle Kay** |
| **15.40** | **6.** | Lay Assessors – verbal update | **Will Anjos** |
| **15.30** | **6.** | NHS Long Term Plan – project with Healthwatch England and other local Healthwatch see [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk) | **David Liley** |
| **15.45** | **7.** | Financial Report – budget for 2019/20 [see below attachment 4] | **David Liley** |
| **16.30** | **8.** | Any other Business + close of the meeting | **All** |

Attachment 1: Draft Board Minutes from 4nd Feb 2019

1. **Present**

|  |  |  |
| --- | --- | --- |
| * Frances McCabe | * David Liley | * Roland Marden |
| * Bob Deschene | * Geoffrey Bowden | * Sophie Reilly |
| * Alan Boyd | * Michelle Kay | * Will Anjos |

1. **Apologies**

* Christine D’Cruz
* Neil Hamilton
* Catherine Swann

1. **New declarations of interest**

No new declarations of interest.

1. **Minutes of previous meeting**

Previous minutes were approved with no matters arising.

Fran referred to the previous note about collecting data on volunteer hours worked on the various projects, including the lay assessors where considerable time can be spent just booking the interviews.

[Action: David to ensure this data is now collected starting with the dental project.]

Fran reported that the Pharmacy4U survey had been posted up on our website and our Facebook page received 20,000 hits indicating a high level of interest in the topic. Geoffrey asked about “leading questions” in the survey, and David confirmed this would have been addressed by Roland. Roland has since confirmed that the draft survey had previously been sent out to the Board.

1. **Board changes**

Carol King has emailed that she is unable to continue as a Board advisor, but is still interested in helping on particular projects.

[Action: David to check if Tony Benton is able to continue as a Board Advisor.]

1. **Business Planning & Performance Monitoring**

David outlined the history of this process and where we are now: Three years ago, prior to David and Roland joining Healthwatch, the original business plan written to be completed annually. David felt this was too ambitious and not needed for a small organisation when larger ones were producing five year plans. It was agreed to produce a three year plan, with two 18 month work plans.

In March 2017, BHCC extended the existing Healthwatch contract for 12 months and offered an additional two years as a new contract. This was in recognition for the improvement that was taking place. The current contract runs to 2021.

The outline gives us all a common understanding of the process. It needs updating and completing the gap between the project information and the board having proper oversight of the work being done on the ground.

In discussing the process:

* The monitoring framework about to be signed off by BHCC once legal department, then off for signature.
* Original business plan runs out March 2019. The need to revise the plan for the next three years, covering from the 18 months from October 2018 to the end of the contract in March 2012, and a further 18 months after (though speculative until financing is confirmed.)
* Fran raised a concern that Staffordshire Healthwatch was taken over by another large local Healthwatch provider, and how this might affect us.
* Fran suggested that after May elections the board to do briefing note to distribute and offer to visit stakeholders discuss issues. Geoffrey suggested this could be actioned before the elections and we should be inviting Councillors to accompany on some of the project visits.

[Action: Fran/Geoffrey to plan briefing and invites]

* Christine has volunteered to be involved with business plan. Any other board members want to be involved to contact Fran.
* Fran asked about the Equalities impact Assessment and Roland confirmed the last one had a warm response from the commissioners.
* Fran asked about the volunteer low confidence on impact reports and Roland confirmed that incoming reports are shared, discussed and used intuitively.

[Action: Roland to share the quarterly Intelligence and Insight reports with volunteers with an explanatory note.]

* Fran asked if the board could have a forward plan of all the board meetings with a standing agenda for each one, so they could plan ahead.

[Action: David/Roland to prepare agenda’s for the year based on workplan timescales.]

Bob asked that the upcoming GP review looks at extended hours and their impact on current services, as he has seen a marked deterioration locally. Roland will include this and confirmed that several new developments are also being considered such as telephone/skype consultations. Roland asked that any other suggestions be sent to him.

[Action: Roland to include extended hours in GP review]

David concluded by recommending future reporting to the board:

* Performance monitoring reports as per Commissioners, to be every 6 months.

• Financial monitoring as at present

• Summary Workplan updates as above

• Business plan and 18-month workplan update to involve Board members

The Board thanked David for his update.

1. **Intelligence & Insight Report**

Roland reported on the recent Stakeholder survey that was sent to 190 senior staff that a relationship with Healthwatch, stakeholders with influence. We are performing reasonable well, with:

* 72% stating a good awareness of HW
* 60% a strong relationship with HW

• 72% have a good awareness of HW in their organization

• 60% perceive HW as having a good reputation.

• In relation to particular groups, with more or less 70% across the board (including HWB and HOSC).

We appear to do well where we have good contact, but could do more to build relationships. Suggestions included HW to do more collaboration and partnerships. Fran suggested the board getting involved connecting more with stakeholders and to target briefing bulletins, 3 or 4 times pa.

Geoffrey was pleased by the figures, the data is good for commissioning, but disappointed by the return of only 25 out of the 190. He asked if we could ask other local HW what they scored or if HWE had a national benchmark.

David suggested that he could:

* Look back over the stakeholder section of the 360 Report completed 3 years ago.
* Chat to local regional chief officers and see if they had/would share that info.
* Offer to run an interest group on ‘performance’ at the next national conference.

[Action: David to follow up on these suggestions.]

Geoffrey said our media profile had improved, but as things change we should audit our media players. Will noted that we can get response reports on press releases sent via CRM.

[Action: Will to get response reports on press releases sent via CRM ]

Geoffrey noted that people at a GP surgery are not generally of Healthwatch at all. Alan suggested that although the board connects well with stakeholders at a higher level, projects may not get properly “sold” at the operational level: with nursing and/or health care staff when setting visiting sites and working the project. Michelle said she could update patients of the recent hospital discharge project with the completed report when it is ready.

Fran suggested we need a systematic process to disseminate reports and what promote what we do to connect more with people, hospitals, GP’s, etc. Roland noted he has already put in place a post project dissemination plan.

David said we have two big opportunities each year to connect: when formally presenting our annual report publicly and when presenting a copy to the HWB.

1. **Let’s Get You Home**

Michelle reported that the hospital discharge project with data from 80 patients interviewed in hospital and 49 at home is in the final stages.

* The interim report produced in November, received a very good response from the CCG.
* The report is now final draft format, having been shared with internals, the Royal Sussex and Adult Social Care. It is now with key stakeholders awaiting a response from the CCG to the recommendations given.
* Once all responses are in, the report will be released to volunteers and stakeholders.
* The report makes 10 recommendations in 4 key areas: communication, personalisation, delayed transfer of care, independent living (at home).
* David said this is a really important report and will be influential. He quoted an email from Geoff Raw, Chief Executive of Brighton & Hove City Council thanking HW for the “very helpful report” which was being read by himself and Rob Persey, Head of Adult Social Care.

David thanked all the volunteers involved and Michelle for a great piece of work.

1. **NHS Long Term Plan**

David reported that HWE are giving us materials and a survey to engage and consult local people, in co-operation with other local Healthwatch’s, and he is currently negotiating with BHCC to be involved too. The study will be worked during this year, from March to June.

The next part of the meeting was private so all left except David Liley and the board members present remained.

1. **Finances –** Discussion on staff remuneration – DL directed to take action as required by Directors.
2. **AOB**

*There being no other business, the meeting ended.*

**Attachment 2** – Healthwatch quarterly Intelligence review – April 2019

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**Quarterly Intelligence review April 2019**

Healthwatch uses intelligence to help inform its activities. We analyse feedback provided by the public and consider insight provided by other agencies to develop a picture of current health issues in Brighton and Hove. We then assess these issues using a prioritisation tool to identify those that we believe should be included in our workplan.

The review identified 13 key health issues for Brighton and Hove. We used a combination of Public Health Brighton’s Joint Strategic Needs Assessments (JSNA) and analysis of our own data gathered from the Healthwatch Information line, Brighton Pulse and feedback provided from Representatives attending strategic meetings to identify these priorities.

For each of these issues the report documents the rationale for making it a priority, outlining the evidence behind its inclusion. The report also discusses the level of priority Healthwatch decided to assign the issue and the current activities and recommended actions related to it.

1. **Obesity**

**Evidence**

High levels of obesity across age groups in Brighton and Hove: 13% of 10-11 year olds obese; 49% of adult population overweight or obese compared to 64% in England.

**Discussion**

Obesity is an ongoing national issue of concern with high incidence in Brighton and Hove but lower than national level. Preventive work in primary care, particularly schools and GP services, important in addressing issue. Social prescriptions important in this area along with encouragement of physical activity and healthy diets through city wide targeted programmes e.g. Ageing Well Service.

**Outcome**

Priority 6/10

Healthwatch will monitor preventive work in this area encouraging the use of evidence-based interventions to encourage healthy diets and physical activity. This issue can be raised at strategic health boards e.g. Health and Wellbeing board and Health Overview and Scrutiny board (HOCS) and in commissioning work.

1. **Mental health**

**Evidence**

Higher than average levels of mental health issues and suicides in Brighton and Hove compared to England. Particularly high prevalence of mental health issues for older people; 16% of people aged 60+ depressed, increasing to 21% for those aged 80+.

Concerns have also been raised about the quality of care provided by SPFT in psychiatric wards at Mill View hospital after a fatality in December 2018.

**Discussion**

The performance of mental health services is an issue of national concern. There is particular concern about access to primary mental health care and quality of treatment available. Access to Children and Adolescent Mental Health Service (CAMHS) is an issue of particular concern in Brighton and Hove.

As part of the STP planning process SPFT and the STP are undergoing a financial prioritisation process. This is a stand alone process reporting to the STP Mental Health Programme Board, David Liley is representing Healthwatch STP wide on the prioritisation process and the MH Board. It is becoming clear that almost all transformation projects and local CCG development projects in Mental Health will not be funded next financial year 2019/20. The practical impact of this on local services has yet to be explained to the STP MH Programme Board.

The STP are holding an STP wide review into Children and Young Peoples access to psychological therapies. Healthwatch are being kept informed as stakeholders, through a newsletter.

**Outcome**

Priority 9/10

Primary mental health services are a key focus of this year’s GP review and questions in the Patient survey cover satisfaction and quality of care provided.

Healthwatch is currently strengthening representation on strategic mental health boards. We are also in discussion with SPFT to conduct regular audits of complaints received from patients.

1. **Sexual health**

**Evidence**

Brighton and Hove has the highest rates of new STI diagnosis and HIV prevalence outside of London.

1,590 people are diagnosed with HIV (1:8 per 1000 population). Public Health England has indicated that Brighton is an area where “expanded HIV testing should be implemented”.

* 46% of new STI diagnoses were in people aged 15-24 years (51% in England).
* Young people are more likely to become re-infected with STIs.
* Young females aged 15-19 have the highest rate of new STIs diagnoses, with a rate that is more than double that of young males of the same age

**Discussion**

A health issue of particular concern in Brighton and Hove with young people particularly vulnerable. The issue requires effective preventive work – health campaigns and sex and relationships education in schools – as well as an accessible and effective sexual health service.

Healthwatch has concerns about service provided at the Claude Nicol Centre (SHAC East) in regards to environmental conditions, appointment wait times on day of consultation and the quality of service received by patients.

Healthwatch has also raised concerns about the proposed closure of sexual health services at the Brighton Station Walk-In clinic. This closure will make GUM services less accessible in the city and increase demand on remaining services.

**Outcome**

Priority 8/10

Healthwatch has conducted a briefing on sexual health needs and services in Brighton and Hove which will be published in April. A decision will be taken shortly based on this research about whether to proceed with a project in 2019.

Young Healthwatch is currently planning a sexual health project focusing on needs of young women to be conducted later this year.

1. **Disabilities and impairment**

**Evidence**

19% of school students with identified disability in Brighton and Hove compared to 15% in England

**Discussion**

The accessibility of health and social care services for children and young people is an issue of particular importance in Brighton and Hove. Previous projects and feedback from individuals has suggested that services are often not effective in accommodating the needs of those with disabilities.

**Outcome**

Priority 6/10

Disabled access to GP practices in the city was part of the 2018 GP review and this will be repeated in the forthcoming 2019 GP review. The issue will also be monitored by Healthwatch representatives on strategic boards in the city.

1. **Cancer treatment and screening**

**Evidence**

Cancer screening rates all lower than England e.g. 70% for breast screening compared to 77% in England.

Long waits for first treatment (RTT): 20% of patients with urgent GP referral wait longer than 62 days for first treatment and 15% of referrals from a cancer screening service (CCG Quality report, April 2018).

**Discussion**

There are ongoing concerns about screening rates and the waiting times for treatment. Breast screening rates are a particular concern with 30% of women invited for screening not being screened.

**Outcome**

Priority 8/10

Healthwatch has patient representation on Cancer Action Group and Surrey, Sussex Cancer Alliance and Cancer and Planned Care Delivery Board.

Young Healthwatch are conducting a Listening Lab on cancer services for young people later in 2019.

1. **Musculoskeletal conditions**

**Evidence**

High numbers of hospital admissions for musculoskeletal conditions; 14 per 1000 non-emergency hospital admissions e.g. back pain, shoulder pain, hip and knee pain. Increasing life span and high prevalence of obesity are likely to increase incidence of these conditions.

**Discussion**

This issue is likely to be an increasing problem in Brighton and Hove with aging population and high incidence of obesity.

**Outcome**

Priority 5/10

Healthwatch conducted an evaluation of the BHCC’s Equipment and Adaptations service in 2017. Healthwatch is committed to support preventive work in this area through city wide programmes that encourage physical activity such as the Ageing Well Service.

1. **Dementia**

**Evidence**

4.3% of people aged 65+ in Brighton and Hove have dementia, the same level as England.

**Discussion**

The number of people diagnosed with dementia is likely to increase as the population lives longer. By 2030 it is estimated 63% of the population in Brighton and Hove will be 60+ (JSNA, 2018). Health and social care services need to be sensitive to the particular needs of patients with dementia.

**Outcome**

Priority 6/10

The care of patients with dementia in local care homes was an issue considered in the care home review conducted by Healthwatch in 2016. The care packages provided to patients with dementia is also a key issue for the Hospital Discharge project currently in progress. Healthwatch representation at the BHCC’s Care Governance Board and the Adult Safeguarding Board also proactively monitors the care provided to this population.

1. **Multiple Long term Conditions (MLTC)**

**Evidence**

53% of people 50-54 years have one or more long term condition; significantly higher rates for under 60s in deprived areas.

**Discussion**

This is an issue of increasing concern in Brighton and Hove with data showing high prevalence and strong correlation between physical conditions and mental health issues. Brighton and Hove Public Health have recently published a JSNA on this issue (December 2018) which provides detailed research.

**Outcome**

Priority 8/10

The recently published Hospital Discharge project provided insight on the issue, highlighting the mixed record of support and discharge planning for patients living with multiple long term conditions.

1. **Older person falls and hip fractures**

**Evidence**

Higher admissions to hospital and incidence of hip fractures for older people than national average: rate of emergency hospital admissions for 65+ 2,529 per 100,000 compared to 2,114 for England; 306 hip fractures for people 65-79 compared to 265 for comparable local authorities.

**Discussion**

This issue is closely related to the efficacy of care packages for older people living at home. Key issues are the quality of support provided to vulnerable older people and the efficacy of home equipment and adaptations.

There is also concern about how emergency services are responding to fall incidents. SECAMb may be assigning falls as low priority leading to long waits for victims.

**Outcome**

Priority 7/10

As for MLTCs, the Hospital Discharge project has provided insight on this issue, identifying falls as a major cause of readmission after discharge. The project identified the high risk of falls and readmission for older people living at home in isolation i.e. without a strong support network of family or friends.

Healthwatch will proactively review findings of Hospital Discharge project and new intelligence gathered on issue.

Healthwatch also welcomes the social prescription approach adopted by BHCC’s new ‘Ageing Well’ older people’s programme, making a coordinated effort to reduce social isolation and promote physical activity. We will monitor the progress of this programme in the forthcoming year.

1. **Macular degeneration**

**Evidence**

High incidence of macular degeneration among older people; 164 per 1000 for people aged 65+ compared to 123 per 1000 average for comparable local authorities.

**Discussion**

Difficult to identify why this issue would be prevalent in Brighton and Hove. It may be useful to consider the efficacy of eye screening services provided to older people.

**Outcome**

Priority 6/10

No current plans to examine this issue.

1. **GP service**

**Evidence**

Ongoing closure of GP practices and fewer GPs serving patients in the city. Consistently lower numbers of GPs serving patients than England average: 128 FTE GPs serving 317,976 registered patients (NHS Digital, June 2018); 2487 registered patients per FTE GP compared to 1783 for England.

Negative feedback has been received on primary care mental health service; difficulty accessing service and low quality and short duration of services provided.

Major changes have recently been made in the new CCG GP contract with focus on enhanced services and practices working as part of Primary Care Networks (PCNs).

**Discussion**

Declining numbers of GPs in the city is an ongoing issue of concern for Brighton and Hove that Healthwatch has been closely monitoring for last two years. Low GP capacity is likely to lead to access problems for patients, e.g. long waits for appointments, and increasing pressure on A&E service.

**Outcome**

Priority 10/10

Ongoing issue of some urgency. A new GP review is underway and will cover all 41 surgeries in the city. Healthwatch is actively monitoring number of FTE GPs in the city and this has been raised by HW representatives at the Health and Wellbeing Board and Health Overview and Scrutiny Committee (HOSC).

Primary care mental health services are a key focus of the current GP review with questions in Patient survey examining satisfaction and efficacy of services provided.

1. **Dental service**

**Evidence**

High number of complaints about dentists received by Healthwatch. Common issues raised include lack of clarity in determining what is covered by NHS treatment and poor quality treatment.

CQC has raised concerns about access/quality of dental care provided to residents in care homes.

CQC has also highlighted inconsistent levels of dental care for older people in care homes.

**Discussion**

Complaints about dentists are widespread nationally. There is a lack of clarity of information on what is covered by NHS treatment and when private treatment is applicable.

**Outcome**

Priority 8/10

Healthwatch is monitoring complaints about NHS dental care and has shared with the CCG.

Healthwatch is currently finishing a review of dental care in care homes. A final report expected in forthcoming months.

1. **A&E**

**Evidence**

Ongoing problems at RSCH A&E with long waits for treatment and ambulance handover delays; 16% patients waiting more than 4 hours for treatment.

**Discussion**

This has been an ongoing issue of concern and has been closely monitored by Healthwatch. The pressures on A&E are likely to be related to limited emergency provision in primary care and difficulties some patients have in accessing their GP.

**Outcome**

Priority 9/10

Reviews of the A&E service have been conducted in all of last three years and a further one is planned for later in 2019.

This year’s GP review will examine the use of A&E by patients unable to access primary care through their GP practice.

Healthwatch was recently consulted regarding a forthcoming study of A&E attendees at RSCH conducted by GP, Sabry Sadek (Regency surgery).

**Attachment 3** – Mental Health update

**STP wide:**

* Case for change produced in 2017
* Strategy for change produced in 2018
* A firm plan for implementation delayed while resource issues are resolved

**Healthwatch representation:**

David Liley sits on:

* the STP wide Mental Health Programme Board representing all local Healthwatch in the STP
* attends STP wide financial prioritization meetings
* the STP wide Expert Reference group / but is looking to share this with a volunteer Adam Mason

**Key current issues:**

£13.3m gap between available resources for 2019/20 and planned provision and developments

To close that gap a number of planned developments will be set aside some are ‘transformational’ -

|  |  |
| --- | --- |
| * Rehabilitation | Across STP £1.3m |
| * Rehabilitation Infrastructure | Across STP £110,000 |
| * Recovery College | Across STP £629,000 |
| * Suicide Prevention ( still funds available Programme funded nationally) | £0 |

Some are specific to one or more local CCG’s:

|  |  |
| --- | --- |
| Personality Disorders Services |  |
| Crisis Café | B&H and others £1.1m |
| Neurobehavioural Services - Children | B&H and others £554,000 |
| Neurobehavioural Services - Adults in East Sussex |  |
| Physical Health Checks (non-SMI) on anti-psychotics |  |
| Homelessness | B&H £100,000 |
| Ambulance Triage |  |
| Neurobehavioural Services - Adults in Brighton and Hove | B&H £91,000 |

In addition to the developments being put aside there will be a proposed transfer of funds between CCG’s to put the Mental Health system in place for ‘breakeven’ across the STP by the end of 2019/20. That requires £752,000 from Brighton and Hove and £453,000 from Coastal West Sussex being transferred to other CCG’s in the STP.

These proposals will go to the STP MH Programme Board on the 18th April. We have requested further explanation in detail of the implications of these financial plans – exactly what projects and services will feel the impact. Will cuts fall on the Community and Voluntary sector? I have been told this request is being taken into consideration.

STP wide Review of C&YP access to Psychological Therapies

* Review established with an executive group making decisions and a review panel providing independent and external assurance.
* A Chair, Board and Programme Director have been appointed the first meeting of the review panel will be on the 10th April 2019
* Updating Newsletters and emails are available and DL will forward those to anyone who wants to follow this closely
* Healthwatch STP wide [DL] did apply to be part of the review panel but was rejected.
* A number of local vol’ organisations in B&H have approach Healthwatch and asked our help to get involved with this review – Amaze etc. We offered to gather evidence, co-ordinate a response from the vol sector and sit on the review panel – all those offers have so far been rejected by the NHS.

**Attachment 4** – Healthwatch financial budget 2019/20

|  |  |
| --- | --- |
| **Healthwatch Brighton and Hove CIC** | |
| **Potential Budget 2019-2020** | |
|  | |
|  |  |
|  | **Total** |
| **Income** |  |
| **Income** |  |
| **4000 Grants** | 179,000.00 |
| **Other Income Lay Assessors Scehme** | 13,000.00 |
| **4900 Bank Interest Earned** | 5.34 |
| **Total Income** | **£ 192,005.34** |
| **Expenditures** |  |
| **7000 Bank Charges** | 60.00 |
| **Communication & Marketing** |  |
| **6030 Annual Report** | 695.00 |
| **Total Communication & Marketing** | **£ 695.00** |
| **Event Costs** |  |
| **6070 Catering** | 150.62 |
| **6080 Room Hire** | 645.00 |
| **Total Event Costs** | **£ 795.62** |
| **Governance Costs** |  |
| **6510 Trustee Expenses** | 167.95 |
| **6520 Governance Costs** | 8,190.00 |
| **Total Governance Costs** | **£ 8,357.95** |
| **Management Costs** |  |
| **6400 Accountancy Fees** | 1,500.00 |
| **6405 Book Keeping** | 2,191.00 |
| **Total Management Costs** | **£ 3,691.00** |
| **Office Costs** |  |
| **6200 Rent & Phone lines, Internet & Insurance** | 17,493.00 |
| **6210 Cleaning** | 600.00 |
| **6230 Public Liability, Empl's Liabilty & Indemnity Insurance** | 1,480.00 |
| **6235 Contents Insurance** | 150.00 |
| **6240 Postage** | 84.19 |
| **6245 IT Support** | 4,720.60 |
| **6260 Photocopying** | 659.32 |
| **6270 Office Supplies** | 700.00 |
| **6280 Membership & Subs** | 125.00 |
| **6285 Sub Invoices for Quick Books** | 300.00 |
| **6300 Computer Software & Equip** | 429.00 |
| **Total Office Costs** | **£ 26,741.11** |
| **Participation Costs** |  |
| **6010 Volunteer Expenses** | 451.47 |
| **6035 Volunteer Training/Meetings** | 189.89 |
| **Total Participation Costs** | **£ 641.36** |
| **Partnerships and Activities** |  |
| **5050 Partnerships and Activities** |  |
| **5025 Young Healthwatch (YMCA)** | 14,000.00 |
| **Total 5050 Partnerships and Activities** | **£ 14,000.00** |
| **Total Partnerships and Activities** | **£ 14,000.00** |
| **Staff Costs** |  |
| **6100 Salaries** | 123,166.18 |
| **6110 NI 'ers** | 8,184.08 |
| **6120 Pension** | 5,377.44 |
| **6130 Temporary Staff** | 300.00 |
| **6140 Staff Training** | 125.00 |
| **6150 Staff Travel and Expenses** | 2,500.00 |
| **6160 Recruitment and DBS checks** | 410.00 |
| **6165 Staff - External Meetings** | 6.00 |
| **6170 Conferences** | 2,500.00 |
| **Total Staff Costs** | **£ 142,568.70** |
| **Total Expenditures** | **£ 197,550.74** |
| **Net Operating Income** | **-£ 5,545.40** |
| **Other Expenditures** |  |
|  |  |
| **Total Other Expenditures** | **£ 0.00** |
| **Net Other Income** | **£ 0.00** |
| **Net Income/(Expenditure)** | **-£ 5,545.40** |
|  |  |