

HEALTH AND WELLBEING BOARD: 17 SEPTEMBER 2015

REPORT OF HEALTHWATCH LEICESTERSHIRE

ANNUAL REVIEW 2014 -15

Purpose of report

1. The purpose of this report is to present Healthwatch Leicestershire's (HWL) Annual Review 2014-15 to the Health and Wellbeing Board. Healthwatch Leicestershire's purpose is to promote continuous improvements in local health and social care services – improving outcomes for local people in Leicestershire. We believe that the best way to do this is by designing local services around the needs and experiences of local people. As the local Healthwatch for the County, everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.
2. In our Annual Review we report on our statutory activities over the last year and demonstrate the impact that these activities are having on the commissioning, provision and management of local health and social care services. We also provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively. We have complied with Healthwatch England guidance by using the Healthwatch trademark and reporting on our statutory requirements including meeting the 30 June 2015 submission date.
3. The full **Annual Review** is available at <http://goo.gl/6hGMYj> and there will be presentation at the Health and Wellbeing Board meeting on the year's successes and highlights.

Link to Better Care Together

Workstream	Relevance	Workstream	Relevance
Maternity, neonates, children and young people	☐	Mental health	☐
Long term conditions	☐	Frail and older people	☐
Urgent care	☐	Planned care	☐
Learning disabilities	☐	End of life	☐

Policy Framework and Previous Decisions

4. The County Council, following the Health and Social Care Act 2012, is required to directly commission a local Healthwatch. The local Healthwatch in turn has a set of statutory activities to undertake, such as gathering local views and making these known to providers and commissioners, monitoring and scrutinising the quality of provision of local services and a seat on the Health and Wellbeing Board.
5. HWL has become an established member of the Health and Wellbeing Board where we are able to present evidence-based insights and findings reflecting patients and the public views of health and social care services.
6. HWL also has a place on the Council's **Integration Executive** that provides the governance for delivering a £38m **Better Care Fund (BCF)** transformation plan to integrate health and care services for the benefit of local people.
7. HWL facilitated the collaboration between Loughborough University and County Council on the evaluation of interventions aimed at reducing emergency admissions to LRI underpinned by the BCF and looking to develop metrics for measuring the service users experience of integrated care. We are working with the Director of Health and Care Integration and her team on the **SIMTEGR8 project**. HWL has been given £8,000 this year from the BCF to support our engagement in the project.
8. We also use the intelligence we have gathered to inform and influence key stakeholders to improve health and social care services via **Participating Observers** and **Representatives** from HWL Board (and staff team) that sit on a wide range of key Committees and Board. More details are set out in the Appendix to this report.
9. The Chair for HWL is a member of the **Better Together Programme** Board and we have carefully considered the Better Together Programme 5-year Blueprint and as a partner recognise that the way health and social care services are delivered in the future will have to change to meet the rising and changing needs for health and social care service users.

Background

10. By Statute Healthwatch must produce a report in relation to its activities at the end of each financial year. The report must address such matters as the Secretary of State may direct and the report must be made publicly available and a copy has been sent to each of the following:
 - NHS England
 - West Leicestershire Clinical Commissioning Group (WL CCG) CCG and East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG)
 - Leicestershire County Council Health Overview and Scrutiny Committee (who will consider the report at its meeting on 11 November)
 - Healthwatch England; and
 - The Care Quality Commission.

Proposals

11. We are working with Healthwatch England to develop a set of **Quality Statements** to bolster the effectiveness of the national network (152 local Healthwatches) to exert its influence to help secure better experiences for people using health and care services.
12. The Quality Statements are based on the statutory activities, which local Healthwatch are required to deliver. HWL is in discussion with HWE to pilot an approach - further information on this will be presented at the Health and Wellbeing Board meeting. Following the pilot HWE will then publish the final set of Quality Statements for roll out in the autumn, along with the tools and guidance to enable the network to make most effective use of the Quality Statements going forward.

Patient and Public Involvement

13. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.
14. In the past year 2014 -15, HWL was in contact with **5,612 individuals** across **200 different events and activities** and exceeded its performance targets. The membership has also increased by **66% to a total of 2,415** and the percentage across all the districts had also grown from the previous year.
15. A key focus for HWL's work is capturing evidence and insights from patients and the public and these are in reports and publications, which have been well received by stakeholders and Healthwatch England. The Commissioners have also commented positively on the production of these reports for their readability, accessibility and quality of the findings.
16. For the period April 2014 – March 2015, HWL has produced the following reports;
 - Peaker Park Care Village Enter & View - April 2014
 - 12 Hours at A&E - June 2014
 - Signposting Directory ELRCCG - June 2014
 - Signposting Directory WLCCG - June 2014
 - Lutterworth Country House Care Home Enter & View - July 2014
 - My Voice Counts Tour – July to Sept 2014
 - Patients view on Quality of services - Sept 2014
 - **Winter Tour –November 2014 - January 2015**
The key messages will be featured in the presentation at the HWB meeting
 - Glenfield Surgery Enter & View - January 2015
 - A week at LRI - January 2015
 - Ambulance Handover at Leicester Royal Infirmary Enter & View - March 2015
17. The **Ambulance Handover Enter and View** report is being presented to Chief Executive for UHL on 23 September and the findings from this further endorse the recommendations from the '**One Week at LRI – The Patients Perspective**' report that received **Healthwatch England's highly commended award** for

making a difference to healthcare. The following are examples of some of the feedback received;

- **Anna Bradley, Chair of Healthwatch England** said, *“We had a very high standard of award entries this year, so Healthwatch Leicestershire should be extremely proud of their highly commended success in the Making a Difference to Healthcare category. The work they have done gathering the views of local people to influence improvements to A&E services is a shining example of how involving and informing local people in discussions and decisions about local healthcare can really make a sustainable impact and bring about long-term change to services.”*
- **Mark Wightman, Director of Marketing & Communications at University Hospitals of Leicester NHS Trust** commented, *“Healthwatch in their week with us held a mirror up to the hospital and we saw in it the good, the bad and the indifferent. This kind of feedback, especially when it’s carried out so meticulously and professionally, is worth its weight in gold and we’re delighted that the hard work of HW Leicestershire has been recognised nationally.”*
- **Claire Foreman, Senior Programme Manager, NHS England** commented on our report and said, *“The report is excellent. I think it is probably one of the best I have seen in terms of presentation and content and tone”.*
- **Vanessa Todman, Intelligence Analyst, Healthwatch England** said, *“Findings from this report are communicated and referenced makes it very easy for me to share the findings with national stakeholders and include the findings in national reports. This is because it is clear throughout the report where each piece of information has come from and the method that was used to obtain each piece of data”.*

18. The **'One Week at LRI – The Patients Perspective'** report has also been referenced in the successful LLR Systems Resilience Group **Urgent and Emergency Care Vanguard bid** led by the Managing Director of WL CCG. We welcome the opportunity to be involved in the proposed Urgent and Emergency Care Network for the East Midlands.

19. Using its statutory powers for **Enter and View**, HWL has produced reports, which have informed and shaped changes by the Care Quality Commission, Patient Participants Groups and NHS England Quality Surveillance Group to improve services for adults in health and social care settings. We have received the following feedback:

- **The Glenfield Surgery** commented, *“Your visiting group identified a number of areas where the surgery can improve its facilities and it was good to note that they were already working on a number of the recommendations.”*
- **Graham Martin, Chair, East Leicestershire and Rutland Clinical Commissioning Group**, *“We are pleased that Healthwatch continues to make a valuable contribution to enhancing the quality of local health services”.*

- **Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group**, “It is such a useful report and provides us with a great resource to add to our practice profiles and quality process. We will discuss this at our next Primary Care Commissioning Committee in public”.

Finance Implications and Timetable for Decisions

20. Voluntary Action Leicester (VAL) successfully tendered for the delivery of Healthwatch functions and statutory activities – the 3 year contract started April 2013.

21. VAL has established a strong and successful partnership including the appointment of Rick Moore as Chair leading the voluntary board working alongside a dedicated staff team employed by VAL. The role of the HWL Board is to drive the strategic direction for HWL and ensure engagement with all segments of the local population in order to provide a representative voice for as many residents and health and social care service users as possible in a way that promotes better outcomes for all.

22. The table below sets out the funding agreement and contract value for the first three years for HWL:-

Original Contact Value for three years was £859,376 but during the contract HWL has experienced a total reduction of £120,000 in years 2 and 3 due to savings made by the County Council in 2014-15 and 2015-16. The revised contract value for three years is therefore £739,376 .			
Financial Year	2013 – 2014	2014 - 2015	2015 - 2016
Original Contract Value	£324,594	£267,391	£267,391
Changes post award		The above amount was reduced with an in year cut of £40,000 to £227,391 with a further cut planned the following year.	The above amount was cut by £80,000 leaving HWL with £187,291 .
<i>Comments</i>	<i>HWL projected an underspend in its first year of operation and £50,000 was carried forward into year 2. The County Council released £27,000 that was the former LINKs underspend to HWL. These resources have been used to offset the impact of the cuts to maintain operational effectiveness. (NB: The Year 1 allocation includes Department of Health funds of £50,000 for start up)</i>		<i>HWL has restructured to accommodate less funding and reviewed its deliverables with commissioners</i>

23. The current HWL Agreement started on the 1 April 2013 and is due to expire on midnight 31 March 2016 unless extended. The Agreement also states that the

Council may extend this Agreement beyond the Initial Term (April 2013 – March 2016) by a further period or periods not exceeding 2 years (Extension Period). If the Council wishes to extend this Agreement, it shall give Healthwatch Leicestershire at least 3 months written notice of such intention before the expiry of the Initial Term or Extension Period.

Recommendations

- (a) **Notes and receives Healthwatch Leicestershire's Annual Review 2014 -15.**
- (b) **Notes Healthwatch Leicestershire's representation as Participating Observer and Representatives on a wide range of key stakeholder Committees and Boards as set out in the Appendix.**
- (c) **Notes Healthwatch Leicestershire's contribution to the development of national Quality Standards for the Healthwatch network and the actions required by the members of the Health and Wellbeing Board.**

Officer to Contact

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List of Appendices

HWL representation as Participating Observer on key stakeholder Committees/ Meetings.

Relevant Impact Assessments

Equality and Human Rights Implications

1. HWL is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.
2. Healthwatch Leicestershire is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.

Partnership Working and associated issues

3. HWL is working in partnership with the County Council and also with a number of key stakeholders including WL CCG on their forthcoming '**Healthy You, Happy You**' campaign in the Autumn and as a partner to the **Better Care Programme** we will carry out public consultation mindful of the four tests to be met with particular attention to those that focus on public and patient involvement:

- Support from GP Commissioners
- **Strengthened public and patient engagement**
- Clarity on the clinical evidence base and
- **Consistency with current and projected patient choice**

We are also keen to have the opportunity to be involved in the proposed **Urgent and Emergency Care Network** for the East Midlands.

Risk Assessment

4. The reductions in HWL's funding for 2015-16 has been mitigated with agreement of the Commissioners to reduce activity levels and targets for our planned programme of work. We are also mindful to retain flexibility to be reactive on key health and social care issues, which may emerge during the year.

Overview of Healthwatch Leicestershire Representation and Leads

	Board / Committee	Frequency	HW Leicestershire Lead
1	LCC Health & Wellbeing Board	Bi monthly	Rick More - Chair Gillian Adams - Vice Chair
1.1	LCC Integrated Commissioning Executive	Bi monthly	Vandna Gohil
1.2	LCC Joint Strategic Needs Assessment / Joint Health and Wellbeing Strategy	Monthly	Chris Faircliffe
2	LCC Health Overview and Scrutiny Committee	Monthly	Rick Moore
3	LCC Adult & Communities Overview & Scrutiny Committee	Monthly	Fiona Barber
4	<i>LCC Children & Families Overview & Scrutiny Committee</i>		<i>TBA</i>
5	LCC Carers Project Board	Quarterly	Pat Fraser
5.1	LCC Winterbourne Action Group	Bi-Monthly	Anne Collier
5.2	LCC Carers Champion Network	Quarterly	Pat Fraser
5.3	LCC Young Carers Multi Agency Network	Bi-monthly	Pat Fraser
5.4	LCC Learning Disability Partnership Board	Bi-Monthly	Anne Collier
6	LCC Leics & Rutland Safeguarding Board - Safeguarding Effectiveness Group		Sue Staples
6.1	LCC Leics & Rutland Safeguarding Board - The Engagement and Participation Group		Gemma Barrow
7	Public Health – Pharmacy Needs Assessment		Chris Faircliffe
7.1	Public Health – Quality and Clinical Governance Board		Fiona Barber
8	Quarterly meeting with: Director of Adult & Social Care	Quarterly	Fiona Barber, Pat Fraser
9	CQC – Information Sharing with LAs	Bi monthly	Sue Staples and Fiona Barber
10	East Leicestershire & Rutland Clinical Commissioning Group	Monthly	Sue Staples
10.1	ELR CCG Co- Commissioning Board	Monthly	Sue Staples
10.2	Primary Care Strategy Board	Monthly	Sue Staples
11	West Leicestershire Clinical Commissioning Group	Monthly	Fiona Barber

11.1	WLCCG Co- Commissioning Board	Monthly	Fiona Barber
11.2	WLCCG Primary Care Strategy Board	Monthly	Fiona Barber
12	Better Care Together (BCT) Programme Board	Bi monthly	Rick Moore
13	BCT – Public and Patient Advisory Group (PPAG)	Monthly	Fiona Barber Mina Rogers Alistair Wood
13.1	BCT PPI – Frail Older Person work-stream	Monthly	Fiona Barber
13.2	BCT – Planned Care Board	Monthly	Chris Faircliffe
14	Leicestershire Partnership NHS Trust (LLR)	Monthly	Sue Staples
14.1	Quarterly meeting with Chair of LPT Board	Quarterly	Sue Staples <i>HWL co-ordinates the Healthwatch LLR meetings</i>
14.2	LPT Patient and Carers Reference Group	Bi –monthly	Pat Fraser
15	NHS England Central Midlands Area – Quality Surveillance Group	<i>Quarterly</i>	Rick Moore and Vandna Gohil
16	University Hospitals of Leicester Board (UHL)	Monthly	HW LLR Tripartite rep
16.1	Quarterly meeting with Chair of UHL Board	Quarterly	Gillian Adams <i>HWL co-ordinates the Healthwatch LLR meetings</i>
17.	Leicestershire Improvement and Innovation Core Development Group (LIIPS)	Monthly	Chris Faircliffe
17.1	Leicestershire Improvement and Innovation Steering group (LIIPS)	Monthly	Vandna Gohil

List of Board Members: Rick Moore - Chair : Gillian Adams - Vice Chair : Fiona Barber : Sue Staples : Ian Clarke : Anne Collier: Mina Rodgers: Narendra Waghela : Alistair Wood : Chris Faircliffe and Vandna Gohil

List of staff members : Vandna Gohil, Director, Gemma Barrow, Development Officer, Ivan Liburd, Development Officer, Yachna Desai, Information Assistant and Trish Latorre Communications Officer(p/t)