

## HEALTH AND WELLBEING BOARD

15 SEPTEMBER 2016

### REPORT OF HEALTHWATCH LEICESTERSHIRE ANNUAL REVIEW 2015 -16

#### Purpose of report

1. The purpose of this report is to present Healthwatch Leicestershire's (HWL) Annual Review 2015-16 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 2016 submission date.
3. The full **Annual Review** (Appendix 1) is also available at <http://alturl.com/9dnq3>. The summary version on the year's successes and highlights is labelled Appendix 2.

#### 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.

#### Background

6. 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 and Wellbeing Board
- Leicestershire County Council Healthwatch Commissioners
- Healthwatch England; and
- The Care Quality Commission.

### Patient and Public Involvement

7. 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.
8. In the past year 2015 -16, HWL was in contact with **2,654 individuals** across **105 different events and activities** and exceeded its performance targets. HWL Board members have represented local voices at **42** health and social care meetings and committees and our sign posting and information service helped **465** people.
9. 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.
10. Throughout the year we have produced nine Healthwatch Leicestershire reports excluding Enter & View reports. Each of our reports gives an insight into the patient perspective of the particular service we are scrutinising. All reports are based on evidence and include recommendations for improving the service. Here is a list all the reports published this year.
  - 1) **Annual Review 2014-15:** This report highlights activities over the last year and demonstrates their impact.
  - 2) **My Voice Counts Winter Tour:** This report captures experiences and also asked local people what they would change or improve about their local services.
  - 3) **Community Conversations: Talking to the public about transforming local services:** With the ever-mounting pressure on Accident and Emergency (A&E), Urgent care and GPs, we spoke to 500 members of the public about reducing strain on health services. We found a mixed picture that suggests that people want clearer information on where to go for the right health care.
  - 4) **Lost in Translation: Findings from Mental Health service users at Richmond Fellowship:** This report found that changes to the service provided by Richmond Fellowship are resulting in service users feeling less cared for.
  - 5) **Quick Poll Survey: Your views about GP services:** Local people have been telling Healthwatch Leicestershire about their opinions and experiences of GP services in the county through a quick poll.
  - 6) **Quick Poll Survey: Your views about Ambulance and Emergency services:** During September to October 2015, we asked local people about their experiences of ambulance and emergency services.
  - 7) **Unsafe Discharge for Vulnerable People:** We conducted a study in summer 2014 to understand in greater depth the impact unsafe discharge can have for patients.

The study forms part of the Healthwatch England programme of research and focuses on the experiences of homeless people, people with mental health conditions and older people. The report was published in July 2015.

- 8) **Quick Poll Survey: Your views about Dental Services:** During April to June 2015, over one third of the enquiries Healthwatch Leicestershire received were in relation to accessing dental services. The data shows that many patients struggle to find and access NHS dental provision and they have difficulty understanding dental charges. The purpose of this quick poll survey was to gather more data to gain a deeper understanding of public opinion.
- 9) **Road to Recovery: Voices from substance misuse service users and staff at Swanswell:** We collaborated with Swanswell, a national alcohol and drug charity, to listen to the experiences of people working within and using substance misuse services.

11. 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.

12. In this year we've completed six Enter & View visits within Leicestershire:

- 7 July 2015 - Barrow Health Centre
- 9 July 2015 - The Surgery, Ashby
- 24 September 2015 - Wymeswold Court Care Home
- 24 October 2015 - Lyndhurst Lodge Residential Home
- 20 January 2016 - Coalville Community Hospital
- 23 February 2016 - Child and Adolescent Mental Health Services (CAMHS) Unit

13. Each visit took approximately 12-16 weeks to complete this included contacting the service provider, pre-visit to the provider, preparation by visit team, actual visit, drafting the report, inviting provider comments, finalising the report for design and then disseminate to meet the statutory requirements. All of our Enter & View reports are available at [www.healthwatchleicestershire.co.uk/enter-view](http://www.healthwatchleicestershire.co.uk/enter-view)

### **Finance Implications and Timetable for Decisions**

14. Voluntary Action Leicester (VAL) successfully tendered for the delivery of Healthwatch functions and statutory activities is responsible for the HWL contract and the HWL Board has operational independence and exercises judgements to ensure it is accountable to the public and stakeholders.

15. VAL has established a strong and successful partnership with a 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. This governance model reflects Healthwatch England relationship with the Care Quality Commission. Through mirroring this model, HWL benefits from access to VAL's expertise, voluntary and community sector networks and in-house support services that makes use of limited resources more efficient and effective.

16. The current HWL Agreement started on the 1 April 2013 and expired on midnight 31 March 2016. The Agreement stated 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).
17. The Council has extended this Agreement by one year to March 2017 and commissioned a review of HWL to inform the specification for the recommissioning the service from April 2017. This review is the subject of a report elsewhere on the agenda and the outcome will be reported to the Health and Wellbeing Board in November and to the County Council's Cabinet.

### **Recommendations**

18. The Health and Wellbeing Board is recommended to:-
- a) Note and receive Healthwatch Leicestershire's Annual Review 2015 -16;
  - b) Note that Leicestershire County Council, as commissioners of Healthwatch Leicestershire, is undertaking a review.

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### **List of Appendices**

1. Annual Review 2015-16
2. Summary of Our year at a glance 2015-16

### **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.