



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Healthwatch One Year On	
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Report for Information/Discussion	

1. Purpose of this Paper

The purpose of this paper is to update the Health and Wellbeing Board (HWB) on the progress made by Healthwatch Bristol in its first year. Inevitably the report is a snapshot and more information can be provided on request.

2. A reminder of the background

A previous presentation to the Health and Wellbeing board outlined the functions of Healthwatch; however, in short, Healthwatch is the national consumer champion for health and social care services and came about as part of the Health and Social Care Act 2012. It has three key functions: patient and public involvement; information and signposting and NHS complaints advocacy.

3. The first year

It has been a very busy year. The journey began with getting process and procedure right in the start-up phase, moved on to gathering data and issues from members of the public, and more recently is beginning to evidence impact. The process and procedure work included staff recruitment, volunteer recruitment, induction, training and support, setting up the advisory group, establishing lines of communications with partner agencies and statutory sector colleagues, undertaking community engagement work and awareness raising about Healthwatch in general. Healthwatch Bristol has also been working with other local Healthwatches and ensuring a positive relationship with Healthwatch England as its role develops.

Healthwatch Bristol volunteers and staff

Volunteers

20 volunteers covering four types of role:

Champions (acting as a point of contact between Healthwatch and a group), representatives (on health and social care boards, partnerships etc), enter and view (in health and social care services), advisory group (overseeing direction of Healthwatch).

Volunteers are supported with a core training package, including safeguarding, carers awareness and equalities. There is specific training provided for the enter and view role.

Staff

Project co-ordinator (full time)

Development officer part time)

Volunteer support officer (part time)

Marketing and Communications Co-ordinator (part time)

Research and Evaluation Co-ordinator (part time)

Support staff – general manager, IT, admin (all part time)

Formal Partners

Bristol Citizens Advice Bureau (CAB), providing central premises when needed and support with information and signposting service;

Carers' Support Centre, providing training and carer awareness;

SEAP (support, empower, advocate, promote), providing NHS complaints advocacy

Areas of focus for Healthwatch and issues coming to and raised by Healthwatch

The Healthwatch work plan was developed by considering the Joint Strategic Needs Assessment (JSNA), the Health and Wellbeing strategy and the Clinical Commissioning Group's commissioning intentions. These documents will obviously develop over time; initially the five key workstreams identified from these pieces of work are: Mental Health, Older People and Dementia, Carers, Long Term Conditions and Cancer.

297 issues and concerns from health and social care users, carers and family members came into Healthwatch in its first year. The majority of issues were heard at meetings and events and far fewer came in from social media and online. Healthwatch heard a mixture of negative and positive comments. In the last quarter, the majority of issues related to access to a service, followed by quality of treatment and staff attitudes. The three most common services referred to are prison services, primary care/GPs and support groups. It needs to be noted, however, that the data on prison services was gathered at a targeted engagement event. Children's services and hospital services were also amongst the highest numbers reported. Targeted consultation at the event held by the Council on potential cuts to services showed that people are concerned that cuts will increase social isolation for older people, younger

people and people with disabilities, and impact on the specialist knowledge and experience available within the voluntary and community sector of working with people in these groups. There are specific issues about Child and Adolescent Mental Health services, discussions have been held on proposed closure of particular sites, referrals from primary to secondary care, and a mixture of views about GP services.

Healthwatch will now decide on which issues it does more of a “deep dive” in order to draw out more detail and which issues will have more of a watching brief.

Healthwatch is developing processes for getting data on people’s views to commissioners in a timely and useful way. Healthwatch has been asked to support engagement work with the Better Care Fund, the re-commissioning of community health services and re-commissioning of children’s community health services. Healthwatch collated feedback about AWP (Avon and Wiltshire Mental Health Partnership) and other mental health services as part of the re-commissioning of mental health services and examples of views were then fed directly into the overview and scrutiny board. Healthwatch is also meeting quarterly with commissioners to share data and has been developing a system of feeding back to the acute trusts in Bristol when we hear of issues to do with services they provide. This appears to be working well, and allows the acute trusts to be responsive to what patients are saying and quickly address smaller matters of patient/carer feedback.

Healthwatch has conducted an enter and view visit, in partnership with adult safeguarding at the Council, providing a qualitative report on a care home which will help to inform whether the home is commissioned by the Council to provide beds for Council-funded older people. A further series of enter and views into care homes with people with dementia has just been proposed to the Healthwatch advisory group.

Community engagement

Over 150 community engagement activities and/or events took place in the first year of Healthwatch.

Healthwatch is focusing its geographical work in the areas of deprivation:

- the inner city: Lawrence Hill Ward, parts of Easton, parts of Ashley, parts of Cabot
- South: Filwood Ward, parts of Whitchurch Park, parts of Hartcliffe
- North: pockets in Henbury, Kingsweston, Lockleaze and Southmead.

Equalities focused work is taking place with Black and Minority Ethnic Communities, and people with Learning Difficulties including people on the autistic spectrum.

Children and young people

The themes for children and young people drawn from the JSNA and the Health and Wellbeing Strategy were transition from children to adult services

in CAMHS (Child and Adolescent Mental Health Services), childhood asthma and obesity. After working with children and young people at an event in February, the focus on mental health and transition from children's to adult services remains and young carers are a significant theme to emerge from engagement work. Obesity and body image in general are also really important themes for young people. Stress and anxiety, smoking, drugs and alcohol, safeguarding, sexual health services and access to doctors were important themes. There was really interesting discussion about the language used around safeguarding and confidentiality and whether people knew what these words really meant. The right to be listened to, the right to be involved and the right to access were the top three rights for children and young people.

Advocacy

The Care Forum provides complaints procedure advocacy directly and sub-contracts NHS complaints advocacy to SEAP.

Complaints procedure work in relation to social care complaints has included working with the following presenting issues: quality of safeguarding procedure, quality of Looked After Children contact, direct payments and financial assessment, staff behaviour and the level of information provided, unhappiness at way in which complaints being managed, lack of consultation over care provided for an elderly parent, changing carers and inconsistency of care, care package not meeting clients' needs. Some of the trends identified include: parents within the child protection process often feel that they do not understand the process and that the goal posts are moved with not enough explanation or transparency; unhappiness at Legal Aid on offer and advocacy is sometimes seen as an alternative route for support, and protracted assessment process.

We have received very positive feedback about the advocacy services and this includes positive feedback about social care services supporting the advocacy process to happen. We are seeing an increasing number of clients with chaotic lifestyles and/or access needs which makes the advocacy process both more complex and more time-consuming.

There have been 114 new referrals for NHS advocacy over the first year of Healthwatch as well as continuing cases from the previous year. 60-70% cases are attributed to Acute Trusts with a relatively even split between the Clinical Commissioning Group, University Hospitals Bristol, North Bristol and Avon and Wiltshire NHS Trusts. Themes have been identified for both the area of complaint and how the complaint was handled.

Area of complaint

- Uncoordinated delivery of joint packages of care – primarily in Mental Health but also in other areas of Health and Social care delivery.
- NHS Charges for not normally resident patients
- Inappropriate patient discharge across all acute/secondary care services.

- Premature discharge of Mental Health patients from secondary to primary care
- Issues with communicating with the Crisis Team.
- Attitude of staff – one of the most common grievance areas.

Complaints Handling

- Poor recording of Local Resolution meetings – unnecessarily extending the complaints process.
- Particularly poor complaints handling practice at North Bristol NHS Trust
 - Process delays not being communicated and leading to client suspicion as to the reasons for the delays.
- Substantive evidence to support the practice of Local Resolution meetings at an early stage in the process – the majority of cases resolved at Local Resolution were a direct outcome of a meeting.

In the case of grievance trends, these are reported to Healthwatch. Complaints handling issues are also reported to the Trusts and we are seeing more openness to early Local Resolution meetings.

The outcomes and benefits to clients are often located in an explanation, an apology and reassurance that the same thing will not happen again to another person. In addition, advocacy has achieved more frequent access to children on the parent's own terms, clearing of debts and reassessment offered for direct payments, understanding that social care services had acted appropriately and complaint dropped, sharing of good practice in complaints handling in both social care and NHS services, identification of where service improvement commitments have been made as a result of the complainant being supported by advocacy.

Efforts in year two will focus on reaching more clients from vulnerable and disadvantaged groups.

Enter and view and PLACE (Patient Led Assessments of Care environments) visits

Healthwatch was invited to take part in the PLACE visits across all of UHB sites and has done an enter and view visit to a local care home. More enter and view visits are planned.

Information and signposting

Some of the data are hard to pull out just for Bristol as Well Aware covers Bristol, Bath and North East Somerset, North Somerset, Somerset and South Gloucestershire. In terms of people using the website, Google analytics currently records the IP address of the searcher, not necessarily the area in which they are looking for services. We are working at the moment on refining the analytical tools to be able to give us more specific data in terms of where people are when they use the website. Last year, there were 505,634 page views. Healthwatch Bristol has 977 Twitter followers and 761 Facebook Friends.

Over the first year April 2013 to March 2014, the Healthwatch Bristol e-bulletins have had 15,931 opens in total, 3121 of these have been from Twitter which is growing steadily.

The Healthwatch Bristol website has had 15,323 page views during the first year which has been an upward trend; the website now gets around 870 visitors per month, an average of 40 visitors per day.

4. Key risks and opportunities

Diversity of volunteers

The volunteer support officers are focusing this year on reaching more diverse volunteers. Through voluntary sector networks we have good reach into communities to hear about issues; this now needs to be reflected in the volunteers themselves.

Making an impact

Healthwatch is developing ways of getting the data to commissioners in order to make an impact and effect change. Data can be generated from the views and issues people share with Healthwatch, and the data needs to be shared in a timely way to have the maximum value and impact. The first year focused initially on awareness raising and getting to as many places and meetings as possible; the second year needs to focus more on specific pieces of work with clear feedback loops following a “you said, we did” model. People in Bristol have shared their views and experiences generously; Healthwatch will ensure people know what happened to their views.

Targeting Healthwatch

Healthwatch Bristol decided right from the start that its focus is on equalities groups, seldom heard groups and individuals, and those who have traditionally not been able to have their say. Any member of the public can contact Healthwatch and we are doing awareness raising to the general public where we can. The targeted engagement work is, however, unapologetically focused on those groups who are less likely to express their views.

Social media and communication

Developing social media to generate discussion is slow. It seems to have taken off in terms of people receiving information about Healthwatch, for example the number of times the e-bulletins have been opened from Twitter, but the possibilities of social media and online discussion are not yet fully maximised.

Social care

Even its name can make people feel that Healthwatch is just about health services. It covers both health and social care services and over the next year Healthwatch will need to make sure it works on social care services as much as health services.

Better Care Fund

Healthwatch has been additionally resourced to support patient and public involvement in the Better Care Fund. This is a real opportunity for patient voice to be part of integration and joint commissioning of services.

Positive reception

The Healthwatch staff and volunteers have had a very positive reception over the first year. All parts of the new health and social care landscape have expressed willingness to engage with and support Healthwatch whilst recognising its independence and role as a critical friend. The voluntary and community sector has also welcomed having the opportunity to share issues and concerns and having a conduit for these to be shared directly with health and social care commissioners.

Working with other areas

The Care Forum provides Healthwatch in Bristol, Bath and North East Somerset, Somerset and South Gloucestershire. We also work very closely with other local Healthwatches, and are able to feed into health and social care issues across a wider area than just Bristol.

Links to South West and national networks

Christine Teller, the Healthwatch representative on the Health and Wellbeing board, says: "... as a Healthwatch (Bristol) representative volunteer, I was nominated by Healthwatch to sit on the Citizens' Assembly (CA) of the South West Clinical Senate (there are 12 Senates in England, part of the 12 Strategic Clinical Networks) and in January 2014 I was appointed as the Citizen Commissioner of the SW Clinical Senate and in that role I am Chair of the Citizens' Assembly.

The Citizens' Assembly consists of 26 Healthwatch nominated volunteers/staff - two each from the 13 Healthwatch organisations in the South West - and meets quarterly. Its primary purpose is to feed in the patient/citizen perspective to the Senate Council, which meets bi-monthly to deliberate on questions put to it by health services commissioners in the South West, mainly Clinical Commissioning Groups and SW Specialist Commissioners (part of the NHS England structure), to 'add value' to commissioning decisions. The patient/ citizen perspective is gathered by members of the Citizens' Assembly by going back to their local Healthwatches and communities and feeding back to the Senate Council. Healthwatch, and its representatives, as can be seen, are at the centre of this key NHSE structure, where patients, carers and citizens have an essential role in informing health services' commissioning, delivery and review."

5. Conclusions

Healthwatch moves into year two pleased with achievements in year one and at the same time very aware of the tasks and challenges ahead. Staying focused on equalities groups, staying focused on work plans rather than trying to respond to everything and addressing public concerns are top priorities.

6. Recommendations

- For the board to note the contents of this report and to ask any questions it may have.
- For board members to continue to support the work of Healthwatch Bristol.

7. Appendices

None.

Contributors to report

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