

Making
YOUR
voice
count!



Healthwatch Worcestershire
Annual Report **2014/15**



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1. Introduction by Peter Pinfield – Chair of Healthwatch Worcestershire



It is my great pleasure and privilege as the Chair of Healthwatch Worcestershire to present the company's second Annual Report on its activities during the period 1 April 2014 to 31 March 2015. This Annual Report sets out how we have delivered local Healthwatch activities and some of the impact this has had.

During the year under review we have focused on delivering the business priorities we set out for 2014/15 in last year's annual report, and have also responded to issues as they have arisen. With the support of my fellow Directors, the Healthwatch Team, our volunteers and our Reference & Engagement Group I have been able to present a number of reports and recommendations to Worcestershire's Health & Well-Being Board.



"As Healthwatch Worcestershire has established itself I recognise the contribution it makes to the Health and Well-Being Board as our local Healthwatch. I can reassure Worcestershire's residents that Healthwatch Worcestershire's Chairman, Peter Pinfield, acts as the people's voice and champion using his seat on the Health and Well-Being Board."

Cllr. Marcus Hart, Chair, Worcestershire Health and Well-Being Board



I have been impressed by the way in which the members of the Health and Well-Being Board have welcomed Healthwatch to the Board and have received our reports.

Whilst gathering the experiences of patients, service users and carers as evidence for our reports is our core business, we have also had the opportunity to influence strategy in Worcestershire on a range of issues and contribute to national policy. Locally we have impacted on issues including the Well Connected Programme, the Future of Worcestershire's Acute Hospital Services and more lately patient safety and the quality of services at the Royal Worcestershire and Alexandra Hospitals. The case studies set out in our Annual Report highlight some of this work and how we as a local Healthwatch have carried it out.

Healthwatch continues to be stretched by our remit across the very broad range of health and social care services in Worcestershire, and by the challenges and issues our commissioners and providers face which have implications for patients, service users and carers. I am therefore grateful to all who support Healthwatch Worcestershire in ensuring their voice is effectively heard by commissioners and providers of our health and care services.

On the national stage Healthwatch Worcestershire has worked closely with Healthwatch England on a number of issues including contributing to Special Inquiries on Primary Care and Hospital Discharge, as well as internal matters such as developing quality statements for local Healthwatch, cyber security and developing the customer relationship management system. We have worked with other national health and social care bodies such as the Medicines and Healthcare Products Regulatory Agency to develop their relationships with Healthwatch England. I was delighted to be selected in November 2014 by Healthwatch England to participate in the Strategic Advisory Board to the NHS Leadership Academy.

We will continue to ensure the patient, service user and carer voice is heard and is at the heart of service design and delivery.

Peter Pinfield

2. About Healthwatch Worcestershire

Healthwatch Worcestershire (HWW) is a company limited by guarantee and constituted as a social enterprise. It is contracted by Worcestershire County Council to deliver all the statutory local Healthwatch activities, except providing advocacy.

These activities can be summarised as:

- Gathering peoples' experiences of health and social care services
- Using those experiences to influence improvements so that services better meet peoples' needs
- 'Signposting' people to where they can access advice and information about health and social care services, including how the complaints processes work
- Enabling local people to monitor the standard of provision of local health and care services
- Working with the Care Quality Commission and Healthwatch England to improve services

Examples of how Healthwatch Worcestershire has undertaken these activities are set out in Section 4 of this Annual Report.

Directors of Healthwatch Worcestershire are responsible under the Companies Act for decision making. However there is a statutory requirement on HWW to involve 'lay persons and volunteers' in carrying

out local Healthwatch activities and the decisions which relate to those activities, known as 'Relevant Decisions'. This requirement is reflected in the way HWW has been set up, which was co-produced with patients, service users and carers. We follow this approach through our Reference & Engagement Group, our Volunteering Scheme and our Board Meetings in Public.

2.1 The Reference & Engagement Group

We are developing our Reference and Engagement group as a network of voluntary sector organisations and community groups which have an interest in health and social care. We have also recruited individuals who have particular experience of health and social care as 'Experts by Experience'.

The Terms of Reference for this Group are available on our website. The Group members provide advice and guidance to Healthwatch Worcestershire in its work, for example by contributing to our Task and Finish Groups; sometimes on a 'virtual' basis.

By 31 March 2015 31 voluntary sector organisations and community groups, whose details are available in Appendix One of this report, and 11 Experts by Experience had joined the Reference and Engagement Group.

2.2 Volunteering with Healthwatch Worcestershire

During the year HWW has worked with a total of 21 volunteers, 16 of whom were recruited during the year. We were supported initially by a consortium led by Worcester Volunteer Centre to set up and manage our scheme in its first year.

Our volunteers have participated in engagement activities which have included the Urgent Care Study, attending public events, carrying out 'PLACE' assessments and our use of the formal 'Enter & View' powers to improve the quality of adult social care. More information about these can be found in Section 4.

We also involve our volunteers in decision making by inviting them to contribute to responses we prepare to matters such as national and local consultations and Quality Accounts for providers. We are working with our volunteer group to establish ways of extending their valuable contribution to our work.

"PLACE presents Healthwatch with the opportunity to make a real and measurable difference to the environment that patients and their families and friends experience when in hospital. It is so important for reassurance and confidence especially for the patient"

David Eastwood, HWW Volunteer

"Taking part in the Urgent Care Study was very enlightening - patients didn't seem to mind the wait if they were informed why there was a wait as they thought other patients brought in by ambulance were more in need of urgent attention" Sylvia Dyke, HWW Volunteer

2.3 Board Meetings in Public

At our Board Meetings in Public (BMiP) people have the opportunity to participate in decision making with the Directors.

During the year we held 'Board Meetings in Public' in Worcester, Malvern and Redditch.

We try to take 'Relevant Decisions' at a Board Meeting in Public. Sometimes, in order to make timely decisions, we have taken the opportunity of inviting the co-opted members to attend Director's meetings so that Relevant Decisions can be made at those meetings. More information on co-opted Board members can be found in Section 5.



3. Engaging with Service Users, Patients, Carers and the Public

We have used lots of different ways to hear the views of people living or working in Worcestershire about publicly funded health and social care services. This is a really important part of our work. We have:

- Talked to people at our stands at the Kidderminster, Alexandra and Worcestershire Royal Hospitals, asking patients and visitors about their experience
- Attended community events e.g. the Worcester Show; Evesham River Festival; Droitwich Saltfest; 55+ Retirement Shows and Active Age Festival
- Talked to local groups and organisations across the county about Healthwatch Worcestershire
- Engaged with Parish Councils through meetings of the County Association of Local Councils
- Carried out 6 Enter and View visits to hear the views of older people living in residential care homes
- Carried out surveys and held focus groups to find out people's views and opinions on specific issues
- Heard from people through public participation at our Board Meetings in Public. These were held in different parts of the county and at different times, including evenings, so that working people could attend
- Launched our @hwworcs Twitter account in June 2014. We had 345 followers by 31/3/2015
- Promoted our work through the HWW website and our Bulletins
- Regularly spoken on local radio about health and social care in Worcestershire
- Contributed fortnightly to the Worcester News Health Supplement
- Advertised Healthwatch Worcestershire on the side of local buses

3.1 Engaging with Young People and Parents of Children Under 12

HWW recognises that hearing the views of children and young people is really important to our work. From October 2014 we contracted with the Worcestershire Council for Voluntary Youth Services (WCVYS) to support us with this work.

WCVYS have been raising awareness of HWW and actively seeking young people's views and experiences.

Key issues already raised by young people include:

- Finding it difficult to access services, such as making doctor's appointments
- Wanting services to be more 'young-person friendly'
- Concerns about confidentiality of services and sharing personal information

A key issue raised by parents was:

- Difficulties getting advice, information and diagnosis for children with special needs



Case Study – HWW Takeover Day

On 21st November 2014 17 young people from Pershore High School and South Worcestershire College ‘took over’ Healthwatch Worcestershire!

As well as hearing about what HWW does from our Chairman, Peter Pinfield, the young people told us their views on the best ways to engage and communicate with them. They told us NOT to rely on social media as a way of communicating with young people.

We also discussed barriers for young people in accessing services.

As a result of Takeover Day we have decided to survey young people about how easy it is for them to see a Doctor.

“An informative day that allowed discussion for important issues among young people”

Pershore High School student, aged 17

3.2 Engaging with People from Black, Asian and Minority Ethnic Communities

HWW also recognises the need to engage with Black, Asian and Minority Ethnic (BAME) communities in Worcestershire. From September 2014 we contracted with Age UK Herefordshire and Worcestershire, who have established relationships with a wide range of BAME communities, to support us with this work.

Key issues raised so far by BAME communities included:

- Access to GP services
- GPs using “triage” or telephone call back systems can be problematic for people whose first language is not English or who do not have easy access to a phone
- Concerns over the availability of translation and interpreting services across health and social care services
- Availability of health professionals of the same gender as the patient
- Cultural awareness and understanding of staff
- Transport issues related to hospital appointments
- Lack of awareness of or reluctance to use complaints processes

Both contracts have been extended for a further year, and will continue focusing on work related to HWW business priorities.

Through our engagement work since July 2014 we have had contact with almost 4,500 people across the county.

Over the year we have gathered over 1,700 pieces of evidence, and heard numerous informal stories and anecdotes. This has informed our reports and work and helped us define our business priorities for 2015/16.

We have had success in hearing from people living in Worcestershire, including younger and older people and those who are vulnerable. A challenge for us, in common with others, is engaging with people of working age and those who work in Worcestershire but do not live in the county.

4. Our work during 2014/2015

Our business plan for 2014/2015 set out the priorities that we have worked on during the year. These formed our main work areas, although we also responded to other issues as they arose.

We have involved many people in our work throughout the year and would like to thank all our volunteers, members of Task and Finish Groups, the Reference and Engagement Group, and numerous community groups and voluntary organisations for their contribution and involvement.

4.1 Sensory Impairment

During the year we focused on hearing loss. One of the issues consistently raised with Healthwatch Worcestershire through our own database and through Deaf Direct, a local charity working with the deaf community, has been that deaf people and their families experience difficulties accessing GP services. We heard about missed appointments due to a lack of visual prompts in the waiting room, friends and family being relied upon to interpret and difficulty in making appointments due to telephone-only systems.

During 2015/2016 we will be focusing on sight impairment.

"This has been a really useful piece of work which resulted in practical recommendations. We will be looking to see how GPs have responded to these as we work to further improve access to GP services for the deaf community in the north of Worcestershire"

Jan Butterworth, Head of Primary Care
Redditch & Bromsgrove CCG and Wyre Forest CCG

"We are really grateful for the information highlighted in the Access to GP Services for Deaf People - it raises issues which if we can address will offer a more consistent service across South Worcestershire for the deaf community"

Simon Trickett, Chief Operating Officer,
South Worcestershire CCG





Case Study – Access to GP Services for Deaf People

We surveyed all 68 GPs across Worcestershire about the services they offered the deaf and hard of hearing in the County, to find out what adjustments were made to ensure the deaf and hard of hearing had a good experience of their local GP services.

We found that there were inconsistencies across GP surgeries in improving access and this could be in breach of the legislation which requires service providers to avoid unlawful discrimination and to make reasonable adjustments to ensure equality of service (e.g. to book appropriate communication support). Our Report recommended:

- Surgeries make sure a range of options are available for deaf people to book appointments
- Patients records are marked to identify that the patient is deaf and this information is included in referrals to other organisations
- Visual indicators are used in reception/waiting areas
- There is a clear process for ensuring the patient is aware when it is their turn
- The surgery know the person's preferred method of communication
- Interpreting provision and deaf awareness training are promoted

The Report has been welcomed by NHS England, Worcestershire's Clinical Commissioning Groups and the Care Quality Commission, and they are using our recommendations in their work with GP practices.

4.2 Improving the Quality of Adult Social Care

We used Enter and View (E&V) as an engagement activity to support our business priority of improving the quality of adult social care by looking at meaningful activity in residential care settings for older people, including people living with dementia.

Enter & View is the statutory power that Healthwatch Worcestershire has to visit premises where publicly funded health and social care services are provided. During these visits our trained volunteers and staff will talk to patients and service users, carers and staff and make observations. It is one of the many ways that we can find out people's views and see for ourselves how services are delivered.

We will usually discuss with the provider the timing of our visit and make any arrangements necessary to make the visit work well; only in exceptional circumstances will we visit unannounced.

A major piece of work for us during the year was developing our Enter and View policy and setting up all the processes and procedures that need to be in place to make Enter and View visits effective. HWW contracted with Age UK HW to deliver Enter and View training to staff and volunteers. Only after successful completion of this training and satisfactory Enhanced Disclosure and Barring (DBS) checks can volunteers and staff become HWW 'Authorised Representatives' and carry out E&V visits.

Our first set of 6 engagement (Enter and View) visits were to residential and nursing homes in the County. The purpose of the visits was to look at meaningful activity. This includes structured activities (e.g. arts and crafts, quizzes, discussion groups, music etc.) but just as important can be that people

are involved to the level of their ability and choice in activities of daily living (e.g. helping in the day to day running of the home). For people living with dementia this may mean brief moments ("butterfly moments") of connection, engagement and activity which are meaningful to the person concerned. This is really important to the quality of life for people living in care homes. So that we could do this effectively our Authorised Representatives received introductory training in meaningful activity, including from the University of Worcester Association for Dementia Studies on meaningful activity for people living with dementia.

As well as talking to residents we offered relatives and friends an opportunity to talk to us. We carried out our engagement in a structured way so that we could evidence our conclusions.

Through our Reports to each provider we were able to convey what we had seen and make a number of recommendations relating to meaningful activity. These Reports (which include the provider's response to what we said) are available on our website.

"After reading the draft report from Healthwatch Worcestershire we have come up with new ideas thanks to your recommendations."

Clare Rosser, Manager, The Haven Residential Care Home

4.3 Mental Health Services

Access to mental health services, in particular crisis support services, is an issue which has been raised by both patients and service providers.



In order to improve mental health services from a user perspective HWW has:

- Built relationships with a number of groups and voluntary organisations across the County to gain a better understanding of people's experience when trying to access crisis support
- Heard the experiences of some people from BAME communities in respect of mental health services through our contract with Age UK HW
- Made a preliminary report to the County Council's Health Overview and Scrutiny Committee about our observations on mental health services across Worcestershire. We highlighted issues with the availability of crisis support services and talking therapies; and the capacity of services to meet demand
- Met with the Care Quality Commission (CQC) inspection manager to feedback service user and carer experiences reported to HWW about the Worcestershire Health and Care NHS Trust, who provide mental health services in Worcestershire. We facilitated two listening events for the CQC, to enable patients to talk directly to Inspectors about their individual experiences as patients or carers

"Really useful information gathered from two listening events organised by Healthwatch Worcestershire which helped to focus CQC on the areas for inspection."

Kenrick Jackson, Inspection Manager, Mental Health, Care Quality Commission

- Contributed to the work of the Project Board of the Mental Health Crisis Care Concordat - giving patient experience and evidence where available to ensure the implementation of the action plan is influenced by patients and carers

As Worcestershire's Clinical Commissioning Groups are recommissioning mental health services we will be continuing to contribute to work on mental health and, in particular, the development of crisis services. If you would like to be involved in our Task and Finish Group on Mental Health Services please contact us on **info@healthwatchworcestershire.co.uk** or **01386 550 264**

"HWW has visited our mental health support group twice in the last year and was very interested in our feedback on satisfaction, or lack of it in some cases, on the level of support we have received when engaging with mental health services. We were assured that all our issues would be recorded and brought to the attention of the Clinical Commissioning Group. Our group hopes that this will lead to better funding being allocated to the Redditch area to redress what we see as the acute lack of provision for those of us suffering from mental health issues."

Mary Jones, Redditch Mental Health Support Group

4.4 Primary Care

As primary care services (e.g. doctors, pharmacists, dentists, optometrists) are for most people their first point of contact with publicly funded health services it is inevitable that views and opinions about these services arise across the whole range of HWW activity.

There are a number of examples in this report of the work we have done about GP services. We have built relationships with the GP Local Medical Committee to provide a route for GPs to hear local patients' views.

Access to primary care will remain a priority for us.

Case Study – Making Sure People With a Learning Disability Are Able to Make a Complaint About GP Services

It is important that people with a learning disability understand how to raise concerns about health and social care services. We attended SpeakEasy N.O.W. members' meeting of 39 people with a learning disability to ask about people's understanding of complaints processes and if they felt able to make a complaint.

We found that very few people knew how to make a complaint; many said they would be too worried or scared to make a complaint. People thought they might not be listened to. We highlighted in our Report the need for easier to understand information about how to complain and the support available

We sent the Report to all GP Practices in Worcestershire. Recommendations included providing Easy Read complaints leaflets from a template that has been created and making this information available to their patients with a learning disability. 46 GP Practices responded. 5 practices already had Easy Read complaints leaflets; however, many more were not previously aware of the leaflet template.

Since our Report:

- 16 practices have created an Easy Read leaflet
- 25 practices have said that they would be creating this following our recommendations.

"We are grateful to Healthwatch for highlighting this issue and we have already actioned the report recommendations"

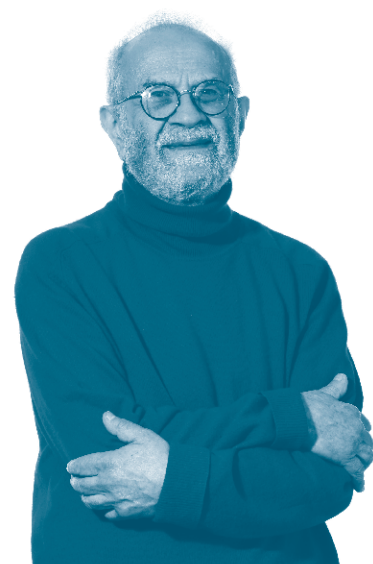
Linda Hunter-Choat, Practice Manager/
St. Martin's Gate Surgery/Turnpike House
Medical Centre

4.4.1. Community Pharmacy

HWW believes that community pharmacy can make a contribution to alleviating pressure on other health services, improving public health and reducing health inequalities. For this reason HWW has been involved in the Worcestershire Pharmaceutical Needs Assessment (PNA) which makes sure that there are an appropriate number of pharmacies in the right places, offering a range of services.

HWW role was to ensure that the consumer voice was represented in the work. Although people were generally satisfied with pharmacy services there was a lack of awareness about the range of services

available from pharmacies. More general information about opening times (especially out of hours) and access has been requested by the public. HWW raised these issues at the Health and Well-Being Board in February 2015. We will keep up our focus on community pharmacy with both the Worcestershire Local Pharmaceutical Committee and the Clinical Commissioning Groups.





“NHS Arden & GEM CSU led the development of Worcestershire Health & Wellbeing Board’s first Pharmaceutical Needs Assessment (PNA), published April 2015. Healthwatch Worcestershire (HWW) really helped us to shape the survey to find out people’s views of pharmacy services in Worcestershire. We received around 1,000 replies to the survey. The response from people was really positive. HWW helped us to focus on the user perspective and how barriers to pharmacy services could be overcome.”

Caroline Galloway, Associate: Medicines & Therapeutics

NHS Arden and Greater East Midlands Commissioning Support Unit

4.4.2 Medicines and Healthcare Products Regulatory Agency (MHRA)

Through our work in relation to the recall of medicines, which we reported on in last year’s Annual Report, we were invited by Healthwatch England to contribute to the work of the MHRA on the reclassification of medicines from prescription to over-the-counter pharmacy. We have participated in the MHRA ‘UK Stakeholder Platform’ for the reclassification of non-prescription medicines, bringing the patient perspective to their work and encouraging a whole health & care system approach. Potential benefits include the development of community pharmacy in primary care, increasing patient choice and enabling patients to manage their own health conditions.

“MHRA has welcomed the patient perspective that Healthwatch Worcestershire has brought to the work on our strategy for enabling the public to access more medicines through their pharmacy.” Jan MacDonald, Group Manager, Access & Information for Medicines & Standards, MHRA

4.5 Urgent Care Study

The purpose of the Urgent Care Study was to increase the understanding of why patients attended Accident and Emergency Departments (A&E) and Minor Injury Units (MIUs) in Worcestershire. We did not survey patients who attended A&E in an ambulance. HWW spoke to 339 patients in waiting rooms across the A&E and MIUs in Worcestershire over the months of September and October at various times of the day and night. We had intended to survey 1000 patients however during our visits to A&E we noted that although the waiting time was usually at or about 4 hours, the number of patients making their own way to A&E was small. We stopped the survey when we had interviewed a third of the planned number of patients because of the small numbers we were able to see on each visit.

Of the people we spoke to 37% had been told to attend by a health professional (including NHS 111), or school. Of the people who had gone to A&E/MIU themselves 35% believed their situation was an emergency.

We found that whilst local people are aware of Minor Injuries Units there is a level of confusion about the difference between MIUs and A&E services. People are also unsure about opening hours and when X-ray services are available at an MIU. There was also a lack of awareness about the function of other Out of Hours services (e.g. GP Out of Hours) and how to get in touch with them.





As a result we recommended that there should be improved communication around MIUs, their opening times and range of services. The possibility of X-ray department opening hours matching those of the MIU should be explored. There should be improved information about the Out of Hours service on GP Surgery websites and the recorded messages on the out of hours telephone lines. Some pooling of resource between GP Out of Hours and MIUs should be considered to increase the range of treatments available.

The report was distributed to Clinical Commissioning Groups, Worcestershire Acute Hospitals NHS Trust, Worcestershire Health & Care NHS Trust, Worcestershire Health and Well-Being Board, NHS England and Healthwatch England.

"We have found the research Healthwatch did with patients about urgent care services extremely useful. We are using it to help plan our services and the expansion of the Emergency Department at the Worcestershire Royal Hospital going forward" Ann Carey, Divisional Director of Nursing - Medicine, Worcestershire Acute Hospitals NHS Trust

Case Study – Homelessness and Access to Health Services

We are undertaking a long-term piece of work to find out the views of people who are homeless about health and social care services.

We have published our preliminary report which sets out the headlines of what we have learnt so far. We have more work to do but have made a number of recommendations to providers relating to monitoring the use of local health services for homeless people, GP registration and hospital discharge protocols.

The report was also sent to Healthwatch England as a contribution to the Special Inquiry on hospital discharge.

HWW plans further work to hear the voices of homeless people, particularly of young people who are or have been homeless.

"We are delighted about the front-footedness HWW is taking to find out about the health and social care experiences of homeless people, including the so called "hidden homeless" who may be sleeping rough or on sofas or using hostel provision such as ours at St Pauls Hostel. This is a group of people who are easily overlooked and whose opinions are very rarely sought, which is surprising given the evidence they experience some of the worst health outcomes amongst any in our society."

Jonathan Sutton, Chief Executive,
St Pauls Hostel



4.6 Engaging In Service Redesign and Integration

Over the year we have published and promoted opportunities for local people to take part in consultations about the design of local health and social care services. HWW has used the Reference and Engagement Group and our relevant decision making processes to submit a response to the consultations on:

- Worcestershire's All Age Autism Strategy 2014 - 2017
- Worcestershire's Pharmaceutical Needs Assessment
- Worcestershire Carer's Strategy 2015 - 2020

4.6.1. Future of Acute Hospital Services in Worcestershire

HWW believes it is important that local people's views and opinions influence the development of future services. For this reason we have been and will continue to be actively engaged in the Future of Acute Hospital Services in Worcestershire.

"Worcestershire Healthwatch have worked with the Future of Acute Hospital Services in Worcestershire programme (FoAHSW) throughout the year to ensure that the voice of residents from across the county have been heard. We welcome the challenge and input offered to ensure that acute hospital services for the whole of Worcestershire will be sustainable."

Jo Newton, Independent Chair, Future of Acute Hospital Services in Worcestershire

4.6.2 'Co-Production'

A commitment to ensuring patients, service users and carers are at the heart of health and care services is set out in Worcestershire's 5 year Health and Care Strategy. The process to ensure this happens by giving people a voice is known as 'Co-Production'. We have done a lot of work in leading the development of 'Co-Production' with patients, service users and carers as part of Worcestershire's 'Well Connected Programme' which is integrating health and care services locally.

Through a series of engagements which have included workshops and a survey to which we had over 700 responses, we have written a local definition of 'Co-Production', 4 Key Principles and a number of Critical Success Factors which commissioners and providers of services should take into account to make 'Co-Production' work for the residents of Worcestershire.

Our approach was tested with patients with long term conditions and their carers at workshops which were sponsored by the NHS and facilitated by the Young Foundation. Our work in this area is by no means complete. We now need to explore how Co-Production will work in commissioning, service design and delivery, and individual care planning. In 2015/16 we will be presenting a paper to the Health and Well-Being Board with recommendations.

"Healthwatch Worcestershire has made a significant contribution to developing our approach to co-production which will ensure that the voice of patients, service users and carers is at the heart of the way we design and deliver services in the future". Frances Martin, Integrated Commissioning Director (Adult Services), Worcestershire

4.6.3. West Midlands Academic Health Science Network (WMAHSN)

We have engaged with the West Midlands AHSN to understand the role of the Network. We have established that it brings together the NHS, Universities, Councils and business to suggest new ideas to improve health and social care. We have identified opportunities for the 'Well Connected Programme' to engage with the Network.

"The West Midlands AHSN's partnership with Healthwatch Worcestershire is really effective. Their advice and support to the AHSN on how to engage with service users, carers and the public have been of immense help. We've used that advice not just within Worcestershire, but to improve our impact at a regional level too."

"Since our formation, Healthwatch Worcestershire has always been a willing participant in AHSN activities, which is illustrative of their forward thinking mentality. For example HWW were a very well informed panel member during our Health and Wealth Economic Summit in autumn 2014."

"Consequently, the AHSN looks forward to the continued contribution of Healthwatch Worcestershire in promoting the patient voice in healthcare innovation for the benefit of all the county's residents, as well as the wider West Midlands."

Dr Chris Parker CBE, Managing Director,
West Midlands Academic Health Science
Network

Case Study – Visit from Jon Rouse, Director General for Social Care

Jon Rouse, Director General for Social Care, Local Government and Care Partnerships at the Department of Health, accepted our invitation to come to Worcestershire and meet members of our Reference and Engagement Group.

This was an opportunity for local people to tell Jon about local issues. HWW invited a range of representatives from local organisations, each accompanied by a service user, to talk about "hot topics" locally including - issues for Older People; Carers; Homelessness; Child and Adolescent Mental Health; and Mental Health.

Jon then went on to meet with the Midlands Healthwatch Network where each local Healthwatch had an opportunity to discuss local issues.

"Was struck yesterday that the first topic @hwworcs wanted to discuss with me was digital inclusion, crucial for ageing rural areas #digital inclusion"

 @RouseJonDGDH

4.7 Helping People to Monitor the Standard of Local Health and Care Services

Healthwatch Worcestershire's overriding concern is for patient safety and quality of services. We have enabled local people to monitor standards of provision of health and care in the following ways:

- Attending the Health and Well-Being Board and Joint Strategic Needs Assessment Working Group at which Worcestershire's Health Indicators are considered

- Attending the formal meetings of Worcestershire's Clinical Commissioning Groups and the NHS England Regional Quality Surveillance Group at which patient safety and performance is considered
- Commenting on the Quality Accounts of NHS provider organisations - including the Worcestershire Acute Hospitals NHS Trust, Worcestershire Health & Care NHS Trust, St Richards Hospice and Primrose Hospice
- Attending and contributing to the work of Worcestershire's Health Overview and Scrutiny Committee, and Worcestershire County Council's committees which undertake scrutiny of adult and children & young people's social care services which are commissioned by and provided for the Council
- HWW volunteers participating in the 'Patient Led Assessments of the 'Care Environment' (PLACE) of non-clinical services and condition of buildings at the invitation of Kidderminster Treatment Centre, The Alexandra Hospital and the Spire South Bank Hospital Worcester, as an NHS provider

"The Health Overview and Scrutiny Committee relies heavily on Healthwatch being able to provide a voice that represents the view of the public which is unfettered by bias or self-interest.

Healthwatch has managed to build a profile which means that the patients, health employees and the public know where to go to when help is needed.

In my view of all the changes that have happened around the NHS in the last few years the creation of Healthwatch has been amongst the most successful."

Cllr Andy Roberts, Chair of Worcestershire County Council Health Overview and Scrutiny Committee

4.7.1 Worcestershire Acute Hospital NHS Trust Risk Summit

HWW attended the Regional Quality Surveillance Group which is organised and chaired by NHS England. This Group monitors the performance of the 'provider' organisations, such as GP Practices and Worcestershire's NHS Trusts which are commissioned to provide health care. Attendees are numerous but include Worcestershire's Clinical Commissioning Groups, the Trust Development Authority (TDA) and the Care Quality Commission (CQC).

We have closely followed how the Regional Quality Surveillance Group has monitored the performance of Worcestershire Acute Hospitals NHS Trust. In February we asked for, and were given assurances by NHS England, the TDA and the CQC in relation to performance issues at the Trust.

NHS England subsequently convened a 'Risk Summit' in March which we attended. Outcomes of the Risk Summit were the appointment of an Improvement Director to support the Worcestershire Acute Hospitals Trust Board to improve performance and a 15 point action plan which addresses issues across the health and care economy in Worcestershire.



4.8 Signposting People to Advice and Information

HWW took the decision not to create its own directory of publicly funded health and social care services because the County Council and NHS organisations are required to provide advice and information about services they commission and provide. Therefore we will typically signpost enquirers to the relevant organisation.

During the year 107 local people contacted us for information about their local health and care services or for help in finding their way around these services.

People can contact us by telephone, email, via the 'Talk To Us' form on our website, by post or personal visit.

"My contact with Healthwatch constituted the most help I have had in the last 2 years of trying to resolve a health complaint. All have made every effort to be understanding, helpful, supportive and have made every effort to give me practical help that has been effective"

HWW Signposting Service User

For many the thought of complaining about Health and Social Care services can be daunting.

HWW has published two guides:

- How to complain about health services in Worcestershire
- How to complain about social care services in Worcestershire

These take people through the process of making a complaint, provide local contact details and signpost to where people can obtain further information. They are available on our website or by contacting us.

In Worcestershire the Independent Complaints Advocacy Service (ICAS) is provided by Onside Advocacy, and we referred 17 people to this service over the year.

"Without the assistance and guidance I received from Healthwatch I would still be under the impression that I did not have rights within the NHS system"

HWW Signposting Service User





5. Company and Financial Information

5.1 Directors

The following served as Directors of Healthwatch Worcestershire from 1 April 2014 to 31 March 2015:

- Isobel Dale BEM
- Martin Gallagher
- Peter Pinfield – Chairman
- Jo Ringshall
- John Taylor
- Carol Thompson – Vice Chair

We have still to co-opt members who can provide the perspective of the BAME community and of young people. We anticipate members will be recruited to these roles through our specialist engagement activity with BAME communities and Young People. The co-opted members as at 31 March 2014 were:

- Anne Duddington [Vice-Chair of the Reference & Engagement Group]
- Sylvia Dyke
- Ray Eades
- Barbara Pugh

5.2 The Company Membership Scheme

Organisations and Experts by Experience who belong to our Reference & Engagement Group and those who volunteer with us have the opportunity to become a member of the Company's membership scheme. A list of our Company members can be found on our website.

To date we have co-opted 4 members of the membership scheme to sit on our Board of Directors when it meets in public. Their role is to provide advice, guidance and to quality assure the decisions of the Directors. The Company has safeguarded against co-opted members becoming de-facto Directors.



Healthwatch Worcestershire Income and Expenditure Account For the Year Ended 31st March 2015

(Registered number 08411386)

	Year Ended 31st March 2015	£
Income		<u>321,434</u>
Expenditure		
Salaries including employer's NI	193,228	
Staff Travel & Expenses	14,085	
Staff Training & DBS	3,506	
Serviced Accommodation	10,510	
Telephony	5,114	
Stationery	3,692	
Post	597	
Translation/Interpreters	1,248	
Information Technology	2,991	
Professional Services	12,543	
Insurances	2,554	
Engagement	64,981	
Volunteer Scheme	11,369	
Total Costs Excluding Depreciation		<u>326,418</u>
Net (Deficit)/Surplus before Depreciation		(4,984)
Depreciation		4,030
Net (Deficit)/Surplus		<u>(9,014)</u>
Reserves brought forward		<u>142,234</u>
Reserves carried forward		<u>133,220</u>

5.3 Financial Information

In this section we have summarised financial information for the year ended 31st March 2015 from the report which we are required to submit to Companies House by the Companies Act. The report has been prepared by Attwoods Accountants and contains the quality assurance statement which they have issued in respect of our accounts.

In 2014/15 the County Council paid Healthwatch Worcestershire £321,434 under the contract

Whilst expenditure exceeded income for the year 2014/15 this was planned and the final deficit of £9,014 was consistent with the financial budget.

Worcestershire County Council exercised its option to extend the contract for the delivery of local Healthwatch services in 2015/16.

Having been prudent with resources and built capacity during years 1 and 2 of the contract the Directors have approved an ambitious but considered plan for 2015/16 which will use a considerable proportion of the reserves carried forward. The Directors will continue to maintain a contingency reserve in accordance with best practice.





Appendix One – Healthwatch Worcestershire Reference and Engagement Group

(as at 31st March 2015)

Acorns Childrens Hospice	Our Voice Worcestershire
Action for Children	Redditch Mental Health Action Group
Age UK Herefordshire & Worcestershire	Redditch Older Peoples Forum
Alymer Lodge/Cookley Patients Participation Group	Samaritans
Alzheimer's Society	Sight Concern Worcestershire
Bromsgrove Forum for Older People	Speak Easy NOW – Health Checkers
Carers Reference Group Worcestershire	St Paul's Hostel
Learning Disability Partnership Board	Evesham and District University of the Third Age
Deaf Direct	Worcester City Forum for older People and Pensioners Action Group
Diabetes UK	Worcester Community Trust
Evesham & District Mental Health Support Services	Worcestershire Association of Carers
Festival Housing	Worcestershire Coalition for Independent Living
Guide Dogs for the Blind	Worcestershire Council for Voluntary Youth Services
KEMP Hospice	Worcestershire Partnership of Older Peoples Forums
Macmillan Cancer Support	Your Ideas Youth & Community Project
Maggs Day Centre	
Mentor Link	

Experts by Experience

There were 11 Experts by Experience on the Reference and Engagement Group at 31/3/2015.

**Talk To Us -
We Welcome
Your
Views!**



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