

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

HEALTHWATCH NORTH LINCOLNSHIRE UPDATE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To provide an update on the progress of Healthwatch North Lincolnshire

2. BACKGROUND INFORMATION

- 2.1 A third report was submitted to this Board at its meeting of 3rd October 2013, detailing progress of Healthwatch North Lincolnshire. Healthwatch Status Report for Sept 2013 was attached as an appendix to the report.
- 2.2 The report was noted by the Board. Healthwatch North Lincolnshire is a partner on the HWB and will continue to:
- a. support the Board to meet its priorities as outlined in the Health and Wellbeing Strategy, and
 - b. fulfil its statutory duty to involve local people and be accountable to the community.
- 2.3. A Healthwatch North Lincolnshire Quarterly Report November 2013 has been produced and is attached to this report at Appendix 1 for consideration by this Board.

3. OPTIONS FOR CONSIDERATION

- 3.1 To consider the Healthwatch North Lincolnshire Quarterly report for Year 1,2 &3 2013.

4. ANALYSIS OF OPTIONS

- 4.1. The Health and Social Care Act 2012 made Healthwatch the new consumer champion for publicly funded health and social care. As part of the Health and Social Care Act 2012, Healthwatch was granted a statutory seat on the Health and Wellbeing Board. All Local Authorities have a statutory function to commission a local Healthwatch for their area. It is therefore necessary for this Board to receive and consider regular status reports from Healthwatch North Lincolnshire.

5. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

5.1. Any resource implications arising from this report will be met from within existing approved contract arrangements.

6. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

6.1 Not applicable

7. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

7.1. There are no conflicts and interests to declare.

8. **RECOMMENDATIONS**

8.1. That the progress of Healthwatch North Lincolnshire is noted and that Healthwatch North Lincolnshire continue to fulfil its role on the Health and Wellbeing Board.

HEALTHWATCH NORTH LINCOLNSHIRE

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Background Papers used in the preparation of this report:
Healthwatch North Lincolnshire Quarter Report November 2013



Progress Report for Quarters 1-3 Year 1

November 2013

Mailing list development

The mailing list database currently stands at 93. Although this is growing at a relatively slow pace, the focus has been on quality rather than quantity to ensure that the people on the database really do want to be involved in Healthwatch, therefore guaranteeing more useful and meaningful input as opposed to just signing up for no specific reason.

It is our intention to develop the mailing list because undoubtedly the more people there are, the greater resource we have to call upon for information. Although it would be easy to increase the number of subscribers quite quickly through incentive measures, this will not give us the quality we are seeking and we would be left with a list of people who rarely make an input. Instead we intend to grow the mailing list organically through associated workplan activities. These include:

- Via engagement relating to workplan activities. All participants involved or engaged in these activities will be encouraged to sign up to the mailing list to receive updates on activity. Likewise for all future workplan activities and involvement of Healthwatch in smaller activities and local consultations, members of the public will be encouraged to sign up to the mailing list.
- VCS organisation subscription to the mailing list will be developed through the Information and Signposting function which will promote the benefits of them being kept informed of the activities of Healthwatch, and the benefits to them in being able to promote their services via Healthwatch.
- A series of engagement events and open days whereby attendees will be encouraged to sign up.

In addition to increasing the mailing list in general, we also want to make sure that it is representative of the local population of North Lincolnshire. We now have quite a growing baseline and can assess the areas for development. These being:

- BME communities
- Under 25s
- Outlying towns and villages

In terms of interest area, this is well balanced and provides good segments to call upon when looking for feedback on a certain area. There is also a good balance between males and females, as well as equal representation across all age ranges (apart from the under 25s) and also quite a high representation of disabled people. The Engagement section below outlines how we intend to develop the mailing list in terms of representation.

Engagement

Engagement to date has focussed on working with existing mechanisms to reach wider networks of people across an even geographical coverage, including:

- Parish Councils
- Libraries
- Customer Service Centres
- Local Links Forum
- Rural Partnership
- Patient Participation Groups
- Regular outreach sessions across the five localities

Engagement has also been targeted at area of interest including:

- Older People via Senior Citizen Forum
- Disability via the Experts by Experience group/Cloverleaf
- Carers via Rethink Support Service and Carers Support Service
- BME Communities via South Humber Racial Equality Council

In addition to this over 70 voluntary sector organisations have been directly contacted.

The focus on this activity has been to raise awareness of all elements of Healthwatch and encourage members and participants of the groups to access Healthwatch for information on local services and to come forward with their views and experiences.

To date engagement has been targeted at raising the greatest awareness whilst balancing limited resources with other developmental priorities. Moving forward engagement activity will be more outcomes focused, aimed at achieving the following outputs:

1. People know what Healthwatch is and how to access it for each of the services.
2. People are aware of the activity Healthwatch is conducting and how to get involved in this.
3. Increase in people registering on the mailing list
4. Increase in volunteers
5. Increase in number of people sharing their views
6. Increase in the number of people accessing the signposting function

Outputs 3 to 6 will be measured via the monthly activity reports and outputs 1 and 2 will be measured by simple surveys at the end of the engagement activity. The outcome of all engagement activity will be in the extent by which Healthwatch is able to influence services, evidenced by the reports it submits and the quality of input received that contribute to these reports.

We have attended various engagement events which have also been in partnership with other organisations i.e. Public Health Team- Health Check Days. We recently held an open day inviting partners and volunteers which was well received; we will continue to look to attend road show events and plan to hold open days.

The second key priority in terms of engagement will be engagement of traditionally hard to reach groups, including:

- Socially isolated people
- People with physical disabilities
- People with sensory impairment
- People with learning disabilities
- BME groups
- Carers
- Gypsies and travellers
- Ex-offenders
- Mental health Service users
- Substance misuse
- Homeless or in temporary accommodation
- Children and young people, Families with young children and Lone parents
- Working age people under 50
- LGBT
- Unemployed
- Rural communities

Initial priority areas will be Children & Young People and BME communities, and a plan to address these areas will be developed with strategic direction from the board portfolio leads.

The third engagement priority will be to address the gaps in representation as outlined in the mailing list section. We will work towards identifying where can reach some of these gaps, as well as working with voluntary groups to reach BME communities and people with disabilities.

Marketing & Promotion

Marketing and promotional activities to date have included:

- Fresh Start magazine- regular feature in quarterly magazine
- Promotional articles distributed to local infrastructure support networks
- Articles published on North Lincolnshire Council websites
- Article distributed via MP constituents
- Article in parish newsletters
- Promotional material distributed to GPs, voluntary groups, libraries, customer service centres, colleges , health trainers, community partnerships,
- Attendance at various fun days via North Lincolnshire Homes
- Website, Twitter and regular newsletters
- Healthwatch link added to partner websites such as RDaSH
- Press releases/comments distributed to press

Marketing and promotion is key in raising public awareness and we will continue to look at different marketing tools to increase awareness and so this will be a key area for development moving forward. We have held series of outreach sessions and we have used flyers, Scunthorpe Telegraph, and council website to promote these sessions.

We have built close links with the Council PR department and they have included our campaign/services/consultation through their media circulation, and we will look to continue to capitalise on these opportunities as it reaches a wide range of services areas. It will also be a priority of the Delivery Manager to explore opportunities with Health and Social care partners with regards to advertising in their publications and in appointment correspondence.

The Healthwatch Team have recently had a meeting with the deputy editor of the Telegraph in order to put a face to the name of Healthwatch with the view to encouraging them to publish our news releases and discussion around having an health column and we look continue to maintain relationships for Healthwatch to comment on regular news stories.

Generating a visual Healthwatch presence in community settings by way of leaflets, posters, etc has already commenced but we now need to ensure that such items are regularly replenished.

Website

The website is updated on a regular basis, with news and event items added to the site as soon as they are received. A number of problems have been encountered with the usability of the site and this has been a common problem reported across all local Healthwatch organisations. This has been recognised by Healthwatch England who have rolled out a programme to systematically update each site so that they match the design and functionality of the Healthwatch England site, with Healthwatch North Lincolnshire being one of the first sites to be updated.

Social Media

Healthwatch are regular users of Twitter and Facebook and as of 12th November 2013 we have 309 Twitter followers, 63 individual Facebook likes and 10 organisation likes. Our Chair has also set up a Twitter account in her role and has 30 followers, and also has a regular blog column featured in our newsletter.

This method is used to provide relevant and updated information and is a key tool to let the general public know about our upcoming engagement events. We are aware that we need to attract a greater younger audience to our Facebook and Twitter pages and this is something we plan to develop.

Stakeholder & Partnership Development

Significant progress has been made in terms of relationship development with key stakeholders and partners and we can be confident in saying that much of the ground work here has been completed. Over 70 local and regional key stakeholders have been contacted or met with including all local NHS providers, commissioners, Council departments, MPs and neighbouring Healthwatch organisations. All stakeholders have responded positively to Healthwatch and already showing proactive approaches to working with us. Where appropriate, such relationships are now being formalised with protocols and these have been completed with NLAG and the Health Overview and Scrutiny Committee. Ongoing relationships will be maintained through protocol formalisation, regular communication, and moving forward via workplan activities.

A key area for development moving forward will be with social care providers, and it will be a key task for the Delivery Manager to create these links.

Volunteering

In addition to the recruitment of the Board Directors we have been encouraging community members to apply for volunteer roles. Whilst there have been plenty of opportunities for volunteers to be involved in the awareness raising and general surveying of the public, we have steered the recruitment towards more specific roles such as the enter and view role and task and finish group roles. We are keen to encourage volunteers from a cross representation of local communities to get involved to ensure that services are responsive and meet the needs of the local community.

Enter & View

To date, caution has been applied to the progression of this function for the following reasons:

- As a result of the promise and expectation that Healthwatch England would be providing standardised training and information on this function.
- To ensure that when we do implement this function it is professional and respected by service providers (a tool and not a weapon) and has the necessary systems in place to support it.

Healthwatch England have now issued their package of support and this has been developed and integrated with the good practice obtained from the three LINK legacies we have inherited. All training, policies and support materials are now in place and the first round of volunteer recruitment and training will be completed by Christmas. Whether visits will actually take place at this point will be dependent on the evidence suggesting a need for a visit.

Priority Workplan Activities

The current workplan activities have focused on the set up of the Healthwatch project and its purpose. Recently Healthwatch launched a survey to find out local people's views and experiences of local health and social care services and have since received 480 responses. Healthwatch will use the information gathered from these surveys to spot important issues and local trends to then inform the board when setting future work priorities. It is anticipated that priorities for progression resulting from this activity will be decided in December/January, and will allow a staggered workplan to take place.

Board Development

A Board consisting of a Chair and 5 Directors has now been appointed and will be holding their first meeting in November. The next two months will be spent supporting the Directors in their development so that they fully understand their oversight role and will identify portfolio leads in their specialist areas.

Policies

The following policies will be submitted to the board for their approval and adoption at their first meeting:

- Complaints Policy
- Confidentiality Policy
- Conflict of Interest Policy

- Data Protection Policy
- Escalation Policy
- Code of Conduct & Nolan Principles Policy
- Volunteer Policy
- Expenses Policy (Directors and Volunteers)
- Volunteer Problem Solving Policy
- Health & Safety Policy
- Safeguarding Vulnerable Adults Policy
- Safeguarding Children Policy
- Equal Opportunities Policy
- Lone Working Policy
- Disclosure and Barring Policy

All policies will be maintained in line with legislation and new policies will be implemented in response to need or recommendations.

Representation

Healthwatch have been invited to provide representation on a range of external health related board forums and committees. Many of these forums provide a great opportunity to obtain issues and in introducing Healthwatch to these forums forms the basis for future working relationships.

Our Chair has also been representing Healthwatch at a range of forums and once the Directors have agreed their portfolio, they will look to attend relevant forums where they can make a difference.

Information and Signposting Function

This being the newest function under the remit of Healthwatch it has obviously been the hardest to predict how it would develop. Within Healthwatch North Lincolnshire teething problems have occurred in this area as a result of technical difficulties. However, on a national scale this function has not had the immediate uptake that had been anticipated or hoped for and demonstrates that in practice this area is going to take time to develop. In adding this function to Healthwatch the government had hoped that it would become the core place for people to go to for health and social care information, but whilst at the same time not eliminating any of the other bodies that are already fulfilling this function. Therefore for any local Healthwatch organisation, it is going to take time for people to recognise Healthwatch as the central information provider.

The Signposting Officer is a part time position and their workplan is split between desk research and collation of local agencies, community outreach activity, and meetings with key agencies to obtain a better understanding of service provision, to discuss appropriate referral paths and to obtain information for distribution. Collation of local services is an infinite task and so initial research and collation focussed on generic services, e.g. GPs, dentists, care homes and larger charities. Moving forward the Officer will take a thematic approach, working systematically through each area ensuring that all local knowledge is collated. In conjunction with this, the Officer will also operate on a reactionary basis, and so if someone calls and asks for information on a specific condition/service area that is not already on the database, they will use the opportunity to collate all information at that point. This will help ensure we are building information on some less obvious and more specialist areas that may not have been considered.

This is clearly quite a considerable workload for a part time position and does not leave much resource for actual promotion of the service available. Therefore promotion of this service will go hand in hand with the promotion of all other Healthwatch activity as outlined in the Engagement and Marketing sections.

NHS Independent Complaints Advocacy

The registered charity Carers Federation had been subcontracted to provide the function of NHS Independent Complaints Advocacy for North Lincolnshire under the umbrella of Healthwatch North Lincolnshire.

North Lincolnshire ICA is a totally free and independent service which supports people through the NHS complaints process to seek an explanation, an apology or to ask for a service to be improved. People are offered a Self Help Information Pack if they would like to make a complaint themselves, or if they need more support a team of experienced Advocates is then on hand to help.

The Advocate currently has ten live cases and clients are seen in their chosen settings, i.e. their homes, office or community venues.

Monthly outreach sessions have been held at Local Links across North Lincolnshire and at South Humber Racial Equality Council. Organisations have been provided with external referral forms in order for their staff to be able to signpost complaints directly through to the Advocacy Service.

Contact has been made with local solicitors informing them about the Complaints Advocacy Service and advising them on the option to refer cases for complaints to ICA.

It is our intention to ensure that our service is promoted widely through media /promotional campaigns and continue to provide outreach sessions in the different localities and ensuring that we reach the traditionally under-represented groups such as BME Communities and younger groups as outlined above in our engagement section.

Our work plan for this function includes:

- Promotion/ Outreach sessions
- To provide a training package on the NHS complaints process to enable staff/organisations to obtain a better understanding of the complaints process in the community and to assist organisations in understanding when referrals to the service should be made.
- Establishing multi agency peer advocate support meetings.

Demographic breakdown of current ICA Service users:

Gender:

Male - 5

Female - 5

Age:

18-30 - 0

30-60 - 6

60+ - 3

Not Given - 1

Ethnicity:

White British - 9

Black British - 1

Disability:

Multiple Disabilities - 2

Long Term Conditions - 3

No Disability Recorded - 2

Mental Health Condition - 3

Location (In receipt of Self Help Information Pack):

DN8 x1

DN15 x2

DN16 x2

DN17 x3

DN19 x1

DN20 x1

Location (In receipt of Advocacy Support):

DN8 x1

DN15x1

DN16x2

DN17x3

DN38x1

LN7x1

Grievance Service areas:

Scunthorpe Hospital -3

GP Practice - 3

Rotherham, Doncaster & South Humber NHS Foundation Trust - 2

Other areas - 2

Staff Priorities for Quarter 4

Delivery Manager

- Protocol setting around complaints and issues
- Stakeholder relations management
- Partnership building
- Implementation of Enter & View
- Identify work priorities from recent survey
- Patient Care Pathway Research
- Gathering trends

Communications & Outreach Officer

- Social media development
 - Media releases
 - Volunteer promotion
- Engagement activities
- Gather patient and public views

Information & Signposting Officer

- Database development
- Encourage listing of Healthwatch in local directories
- Encourage VC organisations to sign up to HW mailing list

NHS Complaints Advocate

- Promotion /outreach sessions
- Training package on the NHS complaints process
- Multi agency peer advocate support meetings to be established