

Appendix 1: Brighton & Hove City Council Summary Report of Healthwatch B&H Performance: Year 1 - 2013/14

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1. Summary

Healthwatch Brighton and Hove was set up on 1 April 2013 to become an independent organisation with statutory responsibilities to influence the design, delivery and improvement of local health and social care services through public and patient participation.

The Health and Social Care Act replaced Local Involvement Networks (LINKs) with a local Healthwatch. The statutory duty on Local Authorities to support Healthwatch remains. While LINK and Healthwatch both encouraged local involvement in planning and delivering health and social care services there are important differences:

- Local Healthwatch must be an independent incorporated body, in this case a social enterprise;
- Local Healthwatch includes the NHS Independent Complaints Advocacy function and a signposting/information function;
- A national body (Healthwatch England) provides guidance and promotes best practice.

2. Statutory Requirements

The Health and Social Care Act requires Healthwatch to be a 'Social Enterprise' meaning a not for profit company. The Local Authority cannot provide Healthwatch directly. The service was tendered in November 2012 and a contract was awarded to Community Works in February 2014, to commence on April 1st 2013. The procurement process was carried out in line with the Council's approved practice where a range of criteria including service quality was measured. The tender from Community Works included the commitment, in line with the legislation, to establish a new, not for profit company to manage the contract once it was well established. The new company would take over responsibility for strategic operation of the contract and employ the staff once Directors were appointed.

A performance monitoring framework was established at the start of the contract. It was agreed that formal reviews of Healthwatch B&H would take place on a quarterly basis starting at the end of the second quarter. The Healthwatch B&H Manager has met with the BHCC Commissioner on a regular basis since the contract commenced.

3. Commissioners Key Findings

Healthwatch B&H has stabilized this year. The organisation has redeveloped its advice and signposting process and this has ensured that the organisation is far

more effective in reacting to the general public. Crucial in the next year is for the organisation to gain its CIC status. The organisation will need to build a more stable approach to its research and public engagement and this is a challenge for the next year of development.

3.1 Headline Monitoring

Total expenditure for 2013/14 £206,757

- £199,000 from Brighton & Hove City Council.
- £7,757 from other sources

Breakdown of cases opened:

- Individual - 73;
- Group - 887.
- **Total - 960**

Total cases closed - 962

Average case length – 26 days

3.2 Main successes:

- 1) Open recruitment of a Shadow governing board and a staff team that are working hard to ensure that they are fulfilling the seven statutory requirements
- 2) The team set up the new organisation and have listened and integrated recommendations left from the LINK legacy document as well as risen to the challenge of some of the public engagement findings when we commissioned Healthwatch and NHS ICAS.
- 3) Healthwatch has also taken seriously their signposting and information work that they inherited from PALS that was based in the PCT and worked hard to embed effective information and signposting to the general public and patients and this is working very well.
- 4) The next year should see more engagement with the general public and further developments in relation to research work.

3.3 Main challenges:

- 5) Discussion and guidance on how Healthwatch is more explicit in explaining the outcomes as a result of the work Healthwatch is required
- 6) Ensuring effective analysis of finances on a quarterly basis. This work is already well underway with the new governing body.
- 7) There needs to be discussion re role of Health and Wellbeing Board and the HOSC with regards to how well Healthwatch recommendations are being addressed.
- 8) Ongoing dialogue in terms of how best to triangulate research and findings when working with statutory providers
- 9) Implement the LGA Healthwatch Audit tool over the next year.

4. Commissioners Review

The lead commissioner has reviewed Healthwatch's progress in a number of key areas to ensure that the organisation is meeting its statutory requirements, is working effectively with the Council, Clinical Commissioners Group and Third Sector, and is effectively engaging patients to improve the quality of the city's health and care services.

This review has focused on the following areas:

4.1 Governance & Management

In October 2013 a new Chair was agreed following a competitive recruitment process. The Chair recruited six Shadow Governing Body Members via an open process. The Shadow Governing Body ensures that Healthwatch is accountable to the public and its stakeholders. Its members are Frances McCabe (Chair), Bob Deschene (Finance), Clare Tikly (Engagement and Communications), Doris Ndebele (Governing body member), John Davies (Research and Intelligence), Mick Lister (Governing body member) and Rachel Travers (Governing Body member). This was in line with findings from the engagement process that helped define what governance processes should support the local Healthwatch.

4.2 Management & Support Structure

Total number of FTE staff employed at 1/4/13: was 3 and at 30/04/13 is 4.5. In May 2013 a new Healthwatch Manager was appointed. Maternity cover was recruited for the appointee until Feb 2014. The HW Manager post is a job share between two- 'Strategic & Stakeholder' and 'Operations and Governance'.

The staff include a Volunteer Co-ordinator; Engagement and Communications Co-ordinator (recruited to develop an Engagement and Communications strategy to reach 'hard to reach' groups / individuals.), Intelligence and Projects Co-ordinator, Helpline and Information Co-ordinator.

There are 34 volunteers (at 30/4/14) recruited to the following roles: Engagement and Communications Assistant; Magazine Assistant, Enter and View Representatives, Helpline Volunteers, Healthwatch Representatives; Media Monitors, Papermates and Research and Intelligence Group members. Ongoing recruitment for Healthwatch Reps and Project Prioritization group members continues.

Staff and volunteers been provided with a number of training and development opportunities, and support to enable them to make the transition from LINK to Healthwatch

4.3 Public awareness and impact of Healthwatch activities

Effective Helpline _ operates Mon-Fri, 10am-12noon each day. 300 people have contacted the Helpline since March 2013. Feedback shows that this service is “reassuring”, “helpful” and “absolutely tremendous”.

Awareness raising and promotion 650 members of the public have been reached via awareness raising events. Key client groups reached include Carers Forum. Adult Social Care City Summit, Peoples Day, Sussex Interpreting Services AGM, Older Peoples Council; over 50’s, community, learning disability and substance misuse events.

Eleven editions of Healthwatch Magazine published since March 2013 with 1325 subscribers (1060 via email, 365 via post) Distribution is approximately 5000. Magazine received 14 positive comments about the high quality and informative content e.g. “wonderful”, “useful” and “user friendly” and 14 negative comments, two of which pertained to accessibility which were addressed by producing an easy read format, and amending layout.

Six press releases issued since March 2013 including launch and how to contact Healthwatch; Healthwatch Shadow Governing Body appointed; HW’s work on Urgent Care services; Brighton public meeting; Good feedback on Physiotherapy services in B&H; What local people think about urgent health care services in Brighton & Hove and Your voice counts (to recruit volunteers).

Social Media and Website presence -

www.healthwatchbrightonandhove.co.uk

Between Nov 2013 to Mar 2014: 9023 page views, 1828 users, 38 of them (3%) were returning users. Social Media: Facebook: 171 friends; Twitter: 457 Followers. Feedback Mechanisms are being developed to obtain feedback in a more structured way.

4.4 Influencing change and improving access

Increasing engagement of patients and care service users in decision-making

- HW Insight and Intelligence data is being used to ensure that patient and public experience is used in key decision-making structures. Over 44 members* of the public and some delegates from local health services attended HW Open meeting in March to comment on City's Well-being Strategy. (**some attendees arrived late and did not register their attendance*).

Increasing people's opportunities to take part in decision-making

- Members of the public have been able to input into the development of key strategies i.e. Council and NHS joint strategy - Happiness: Brighton & Hove Mental Wellbeing Strategy.
- Influencing the CCG to make its board meetings more involving for the public.
- Discussions are ongoing with City Needs Assessment Steering Group about how Healthwatch can feed into needs assessments and JSNA. Healthwatch reported to the Health and Wellbeing Scrutiny panel highlighting the importance of the relationship between Overview and Scrutiny and Healthwatch.

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Building Citizen & Individual resilience by improving people's understanding of Health and Social care services

- The Healthwatch Helpline works in partnership with Impetus NHS ICAS service to ensure members of the public have access to an advocate to support them in making a complaint. Healthwatch magazine raised awareness of organisations that support people to have a say and understand their rights via recent article advertising CCG's 'Patient Rights and Responsibilities' workshop and the NHS Constitution.
- HW Governing Body are developing innovative partnerships with Community Spokes in further developing work around rights and responsibilities. Healthwatch will invite Community Spokes to lead on developing programmes to work with people who find it difficult to access Health and Social Care services. This project will be modelled on the NHS Constitution and Healthwatch England Rights and Responsibilities framework. It is anticipated that programmes could cover: How to access health and social care services, the quality of care received, confidentiality, information on who to speak to if things are not going well and rights to complain if things go wrong.
- ICAS and HW continue to work together to augment and update their databases to ensure their relevance and effectiveness in sharing intelligence, also shared through attending HW team meetings and regular liaison between HW Manager and ICAS Service Manager. If trends appear or specific concerns come to light, NHS ICAS feed this into Healthwatch. An example is the long delays in responding to complaints at the Hospitals Trust, now being investigated by HW.

4. 5. Provide evidence-based feedback to commissioners and providers to influence, inform and if necessary, challenge decisions and plans to enable change

- **NHS 111 service survey** - 57 individual calls, emails, and other pieces of intelligence were received about the NHS 111 service. The key issues of concern were being able to access the service, the quality of the service, and the timeliness of responses. Survey results were fed back to Healthwatch England, to influence change to services at a national level.

- **Enter and view survey** – 3 key physiotherapy sites visited by Transition Group volunteers to ask those waiting for appointments to fill in survey. 86 people completed survey, including 27 at Royal Sussex County, 7 at Brighton General Hospital and 14 from Hove Poly clinic.
- **Urgent care services** - 179 responses to survey on urgent care services, results being analysed with recommendations due. The HW Urgent Care report published with 52 recommendations across 8 services. Responses have been received from commissioners at NHS England and CCG.
- **Out of hours GP information** – a Mystery shopper project to review local GP out of hour's practices – feedback was given to each practice and best practice shared. Patients at one surgery were better informed and had easier access to services.
- **Royal Sussex A&E** – public were concerned about safety in A&E evenings and weekends and concerns about cleanliness of waiting rooms/toilets. Cleaning rotas have been increased; security guards presence in the area including CCTV and further consideration about improvements to be made.
- **Management and Occupational Therapy**. Discussions taking place with the Councils Adult's Care Standards and Performance leads re: HW carrying out Nursing Home Enter and View visits.
- **Pain Management Clinic**: Quarterly data showed waiting times were a problem at the Pain clinic- reported to CCG to put Action Plan in place. However, we noted a rise in concerns in quarter three which will be fed-back to the CCG Chief Operating Officer
- **Dentistry mini project** – We gathered information about 60 individual cases from ICAS and the Healthwatch Helpline. These cases were commonly from local people who were confused about charges, and when it was appropriate to be referred to a private dentist. Info was made available through HW magazine and social media.
- **Pharmacies** – feedback to Local area team about how pharmacies share info with public led to following outcomes: Late night pharmacy info is now more readily available, information in community pharmacy newsletter asking Pharmacists to keep patients informed about waiting times.