

healthwatch
Solihull

Annual Report
2013-14





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Contents

2 Introduction

3 Foreword

4 Background

5 Strategic Framework

5 Our Mission

5 Our Vision

5 Our Priorities

6 Infrastructure

6 Governance

7 Organisation, Staff and Volunteers

8 Locations

9 Finance

10 Achievements

11 Relationships

11 Engagement and Consultation

12 Enquiries and Complaints

13 Cross Border Initiatives

13 Enter and View and PLACE

14 Case Studies

16 From Our Partners

18 Forward Plan

19 Acknowledgements



Foreword



This is the first annual report from Healthwatch Solihull, the local independent consumer champion for health and social care.



I have been appointed as chair designate of the Healthwatch Solihull board this month, so I am very new to the organisation. I have previously led the commissioning of Healthwatch for another borough so I am aware of the enormous amount of work that is needed in setting up a new organisation and making its presence visible.

I would like to congratulate and thank our board, staff and partners in establishing the infrastructure and forming the many relationships necessary to move the Healthwatch agenda forward.

Foundations laid, Healthwatch Solihull now faces a new, and in some cases unique, set of challenges as it puts its policies into practice and becomes a strong and effective health and social care champion for local people. I am looking forward to the year ahead and believe that Healthwatch Solihull is now well positioned to fulfil its role.

Jacqueline Aldred
Chair designate, Healthwatch Solihull
June 2014

Introduction

Having been a Director of Healthwatch Solihull from the outset, I have watched the foundations being laid for the vital role that it is now playing in providing a voice for local people in the shaping of health and social care services.

Provision of health and social care is changing. The combined effects of constraints on public spending, longer lifespans, new forms of treatment and improved approaches to managing long term conditions all contribute to a drive for greater efficiency in the delivery of services. As these are adapted and reorganised to make better use of the available resources, Healthwatch is here to make sure that the views and experiences of patients, carers and other users of services are heard by those who plan, run and regulate them.

Above all, we are seeking to represent all sections of the community, especially from those who sometimes struggle to be heard and not just from those who shout the loudest.

This report demonstrates the work that Healthwatch Solihull has been involved in since its inception in April 2013 and our priorities for the rest of this year and beyond. There are some key current issues which we have recognised as local priorities. These include the reorganisation of the Ambulance Service, provision for growing numbers of dementia sufferers, provision of urgent care, access to GPs, support for a growing number of carers and health inequalities between parts of our borough.

Healthwatch Solihull aims to work alongside its partners in approaching these challenges and ensuring the best possible outcomes for Solihull residents.

Dave Pinwell
Vice Chair, Healthwatch Solihull



Background

Healthwatch Solihull is here to improve health and social care services and outcomes for people in Solihull.

We do this by being an independent consumer champion ensuring that the voices of local people and their reflections on local services are gathered and reach the ears of the decision makers.

We encourage the involvement of local people in the commissioning of services and in scrutinising quality and performance. We do this through the recruitment of volunteer ambassadors, including young people.

We have the power to 'enter and view', to make recommendations about how services could and should be developed and also to acknowledge good practice. Where there are particular concerns about the provision of a service, we can recommend external investigation.

Healthwatch Solihull also has a responsibility to provide local people with advice and information to support and inform the choices that need to be made when it comes to accessing local care services.

We are one of 152 local Healthwatch organisations set up as a result of the Health and Social Care Act 2012. The Healthwatch Solihull service started in April 2013 under a Service Level Agreement with Solihull Metropolitan Borough Council.

Healthwatch Solihull has a seat on the new statutory Health and Wellbeing Board in Solihull. This enables us to ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and commissioning priorities are considered.



Strategic Framework



Our Mission

Healthwatch Solihull will be a strong, independent and effective champion for users and consumers of both health and social care.

Our Vision

Healthwatch will be a sincere, well-led organisation.

Through the power of the collective voice of the local people of Solihull we will work together to find the best way of improving Health and Social care.

Healthwatch will be representative of diverse communities. It will provide intelligence, including evidence from people's views and experiences to influence the policy, planning, commissioning and delivery of health and social care.

Locally, it will also provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services.

Our Priorities

Informed by the Public and the Partners we work with, our priorities are:

1. To improve people's understanding of their rights
2. To facilitate greater patient and public involvement in developing health and social care services
3. To map data, trends and intelligence relating to organisations responsible directly for older peoples care delivery, assisting towards the best possible outcomes for older people
4. To contribute towards improved knowledge and awareness around Dementia
5. To ensure patient views/experience are fed into the right mechanisms
6. To influence commissioners of social care/health services
7. To ensure that Adult and Social Care services plan, design, commission and monitor changes by placing service users and their carers at the heart of decision making
8. To meet our seven statutory obligations

Infrastructure

Governance

Healthwatch Solihull, having been incorporated as a Company Limited by Guarantee (Company No. 08423535) on 28 February 2013, commenced its operation on 1 April 2013.

During this first year, a full governance infrastructure has been developed, which is now led by seven board members drawn from across the local community and from diverse backgrounds in skill and knowledge, including two members who bring young people's perspective to our work. The Board meets every six weeks.

Agreement of our mission and vision statements was followed by development of a list of priorities, reproduced on Page 5.

A framework of policies and procedures, including financial/safeguarding controls and staff/volunteer handbooks, has been developed and implemented within which to manage our activities.

A two year Business Plan has been developed and published, from which our work plans have been established and against which performance and achievement monitored.





Organisation, Staff and Volunteers

Healthwatch Solihull has a salaried team of five part time personnel to complement which we have recruited a volunteer force of 26.

The staff bring a mix of experience of public, private and voluntary sector roles and in particular a strong knowledge of Solihull borough, its demographics and its communities.

The volunteers play a vital role in the achievement of our priorities, provide eyes and ears on the ground and are a key part of our organisation.

The volunteers all have a passion for our work and get involved in a wide range of activities including awareness raising, data gathering, research, public consultation and supporting visits to service providers.

Our staff and volunteers meet together regularly and have an ongoing development programme, sourcing appropriate training to extend their knowledge and expertise and enable them to develop skills and competencies which enhance their volunteering experience. Key skills training has included administration, listening and communication.

All of our volunteers who are engaged with Enter and View work are selected via a Safer Recruitment process and then given DBS checks and appropriate training.



Locations

Solihull is a borough of significant health inequalities. In recognition of this, our staff operate from two offices.

Central Solihull

The first, The Priory, is in Solihull Town Centre, co-located with some key voluntary sector organisations, and immediately adjacent to the Council offices with ready access to regular meetings.

North Solihull

The second is at the Three Trees Community Centre, Chelmsley Wood - again, located in a centre of voluntary and community activity, but in the heart of an area with a relative density of health conditions.

Finance

Finance

Healthwatch Solihull receives its income from the Department of Health via a Service Level Agreement with Solihull MBC. Under this, the Council has provided funding totalling £154,050 for the 2013/14 operating year. This figure includes a performance related payment of £3,950. There has been no material income from other sources.

The total cost of our activities has amounted to £113,317. The balance is held in reserved funds for committed projects in the subsequent year.

A copy of the full Report and Accounts is available from Companies House and is published on our website.

Achievements

2013/14 in Retrospect

Our first year has been one of consolidation, challenge and achievement.

The first year for any organisation inevitably demands a programme of recruitment and appointments and a host of system and process development activities before the real work can begin. Nevertheless, Healthwatch Solihull has ensured that, as far as possible, it has hit the ground running and concentrated on making a real difference with some of the key priorities facing health and social care provision in the borough.

We have built on and taken further that which had previously been done around public involvement under the Local Involvement Networks (LINKs). We have quickly established governance arrangements with a board of directors and an operational force with appropriate staffing, including volunteers.

We have immediately established working relationships with key stakeholders, including providers, scrutineers, service users and representative bodies. These were all invited to our launch event, attended by the Mayor of Solihull, which was also a highly interactive networking opportunity. Through early dialogue with these stakeholders, we have clarified our priorities, ambition and purpose, setting out a published Business Plan.



We have commenced the challenge of achieving public awareness through a leafleting campaign in public places, the launch of paper and electronic newsletters, two public events and general exposure in the local press. We recognise, however, the challenge of achieving penetration into the public consciousness and our marketing campaign is to be accelerated.

Relationships

We have taken our seat at the Solihull Health and Wellbeing Board, ensured attendance at all of its meetings during the year, participated in discussion with a representative voice and taken a lead from the Board on some of the priorities with which we have sought public engagement.

We have been pleased on two occasions to report to the Solihull Healthier Communities Scrutiny Board. Firstly, we reported the content and key outcomes of the public consultation event which we staged at the end of November 2013 regarding the implementation of the West Midlands Ambulance Service Make Ready scheme (see page 14). Secondly, we attended in March to report on our first year of operation.

A good working relationship has been established with the Solihull Clinical Commissioning Group (CCG) and we were able to play a key role in the collection of public

opinion within the CCG's consultation about Urgent Care in the borough (see page 15).

Relationships have also been established with a wide range of organisations and networks in the voluntary and community sector, including advice providers, service user support groups and patient participation groups. An example is set out as a Case Study on page 15.

Engagement and Consultation

During the year we have attended or led over 96 engagement events and meetings. These included open public events such as Fundays, at which we were able to run a stall and engage generally, and service user networking meetings, where experience with specialist conditions could be considered.

In order to raise public awareness, to share news and information about health and social care services and to consult about priority issues we have launched a printed newsletter and an electronic one, the former being distributed through partner organisations and public venues, the latter being distributed fortnightly to a mailing list of 539 recipients.

A portfolio of marketing assets, including presently an interim website, roller banners, leaflets and a range of branded items for public events is partly developed and will be completed following a broader marketing strategy review.



We have undertaken, alone or jointly, five consultations during this year. The most significant of these, combined with a public event, is set out as a Case Study on page 14. Another major consultation was led by the Solihull CCG but with Healthwatch Solihull acting in an advisory and scrutiny capacity. Details of this may be found on page 15.

We partnered Age UK Solihull to promulgate the Local Authority's Fairer Charging consultation. Age UK sent it to their service users, who responded to us. This exposed difficulties which service users had in assimilating the concepts, which, in turn, led to fruitful dialogue with the Council about approaches and language for future consultation on proposed changes.

We supported the University of Birmingham and the Local Authority Public Health team in setting up a focus group as part of the Birmingham and Solihull REACH project. The event was reported as 'Local Healthwatch Story of the Week' in the Healthwatch England Newsletter. It gave participants an opportunity to discuss and prioritise interventions aimed at addressing the social determinants of health. The findings are still under consideration.

The launch of 'Service Watch' - as a facility on our website and as a printed form to collect public experience as users of health and social care services - has provided a tool to suggest emerging themes. Timely access to GP services is the most prominent theme

3064
website
visits

40
enquiries
dealt with

30
complaints
about health &
social care

which has arisen through this tool so far and this may inform a future project.

Enquiries and Complaints

A total of 40 telephone enquiries, 3064 website visits and 30 complaints about health and social care provision have been received and handled during the year. Enquirers have either been satisfied or signposted on to a more suitable agency.

Complainants have been signposted to other suitable organisations such as the Care Quality Commission, the Heart of England Foundation Trust, Age UK, Solihull Metropolitan Borough Council or POhWER (the current NHS complaints advocacy provider).

Cross-border Initiatives

To respond to the bridging of service provision across local authority borders, we have undertaken 23 cross-border activities, major and minor, mostly with colleagues at Healthwatch Birmingham, including the REACH project work referred to on page 12.

In more joint work with Birmingham, we followed up media reports of high death rates relating to people accessing Birmingham and Solihull Mental Health Trust services. The conclusion of this work was that actual rates attributable to mental health issues were lower than reported and that the Trust was actively reviewing the trend to ensure that learning - not just from homicides but from serious incidents as well - was being fed back into quality systems.

We joined with regional colleagues in encouraging our contacts to stimulate participation in the Ring and Ride service consultation launched by Centro. We picked up several concerns from VCS colleagues about the potential for this service to be withdrawn and about the isolation which would affect service users as a consequence. As a result of responses received from across the region, Centro made some service reductions rather than the withdrawal that had been considered.

Two complaints received were also dealt with on a cross-border basis, one regarding a resident of Solihull currently detained in Winson Green Prison, for example.

Enter & View and PLACE

Healthwatch Solihull has recruited and trained some of its pool of volunteers to assist with Enter and View visits and PLACE (Patient-Led Assessments of the Care Environment) inspections.

Whilst no Enter and View visits have been conducted in the first year, our team have participated in three PLACE inspections, at each of the Heart of England Foundation Trust (HoEFT) hospitals, Solihull, Heartlands and Good Hope, and were preparing for a fourth at the (private) Spire Parkway Hospital in April.

Each of the three inspections were organised by HoEFT themselves and our volunteers supported, and provided an independent perspective for their own inspection team. In each case, our team was able to confirm the generally positive findings but contribute to the identification of more minor areas for corrective action, such as lights which were not working, ill-equipped waiting room facilities and missing ceramic tiles in washrooms.

Case Studies



Case Study 1 West Midlands Ambulance Service

Headlines appeared in the local press announcing the closure of the two Ambulance Stations in Solihull, whilst West Midlands Ambulance Service (WMAS) had released no information to the public about the future arrangements for the service. This caused considerable disquiet amongst local citizens.

Healthwatch Solihull responded by engaging with senior representatives of the ambulance service to establish the future plan which was based around the introduction of 'Make Ready', 'Dynamic Deployment' and 'Community Ambulance bases' as a

transformation project to better deploy resources. We also established that the plans had been presented to the Healthier Communities Scrutiny Board who were seeking more detail and assurances.

We arranged a public meeting and WMAS agreed to present its plans. The meeting was well attended, filling the room which had been booked. We surveyed attendees before and after the event.

Before the event:

- 30% of the delegates believed that the service would get better or much better
- 40% of delegates believed that the service would get worse or much worse as a result of the changes.

By comparison, after the event:

- 60% believed that the service would get better or much better
- 0% believed that the service would get worse or much worse.

A further survey to gauge the effectiveness of the event reflected it as being very successful event in achieving its aims.

Summaries of these surveys, including observations by respondents about the Make Ready plans, were subsequently presented to the Healthier Communities Scrutiny Board and also presented to the Patient Engagement Operations Group and discussed, and also forwarded to WMAS.





Case Study 2 Urgent Care Consultation

Healthwatch Solihull supported the Clinical Commissioning Group in its consultation about changes to Urgent Care in Solihull. The consultation focused on future needs relating to the Accident and Emergency, the Acute Medical Unit, the out-of-hours service and the Walk-In Centre, in anticipation of reorganisation and improvement of the quality of service delivery and clinical effectiveness.

Misunderstanding of what was proposed had caused anxiety for many local people, in particular with the change of name from Accident and Emergency (A & E) to Urgent Care Centre, resulting in a perception that services would be lost.

As well as using its communication channels to promulgate clearer information on behalf of the CCG, Healthwatch Solihull also provided an independent oversight of the consultation, which included ongoing monitoring of the process, oversight of the results and a level of independent surveying.

As a consequence, we were able to recommend to the CCG, and to the Healthier Communities Scrutiny Board, that 'the consultation is effective, transparent, proportionate, inclusive, accountable and coherent'.

Case Study 3 Young Carers

As part of our engagement with Solihull Young Carers, Healthwatch Solihull met with the Young Carers Decision Making Group to consult on their main concerns around health and social care. The key concern they voiced was a perception that GPs did not listen to them. This was illustrated by the example of one 15-year-old stating that he had done a lot of research into his mother's condition, but that his GP had been dismissive about it, which made him feel both upset and frustrated.

To address this, we sought to explore the issue with a representative GP and identify potential strategies to help. We were able to raise the matter with Dr Victor Sagoo who has an interest in young people's health and was conducting research into why young people were reluctant to go to the GP.

We made an introduction between Dr Sagoo and Gina Ward, the Young Carers Team Leader, which resulted in the Young Carers providing information which contributed to Dr Sagoo's research. Dr Sagoo also arranged for the Young Carers' issues to be raised at the monthly GPs' meeting, with a view to raising awareness with all GPs in the borough. We understand that Dr Sagoo continues to support the group.

From Our Partners

What can HWS do for public health and what can public health do for HWS?

HWS can contribute towards improving health by ensuring that it is embedded within all of its work programmes and an assessment of impact on health undertaken on all of its major decisions.

The Public Health team at the Council will be able to support HWS with these health impact assessments.

Priority should be given to those aspects of health improvement that are set out in the Health and Wellbeing strategy: Best Start in Life, Sustainable and Healthy Communities, Ill Health Prevention and Integrated Care.

HWS and its members can play an important role as 'Health Ambassadors' or 'Health Champions' - taking every opportunity to promote health improvement in its dealings with organisations and communities.

Stephen Munday
Director for Public Health
Solihull MBC

Solihull CCG has worked closely with Solihull Healthwatch over 2013/14 through our integration programme (ICASS) and during our successful urgent care consultation. We have received support with and assurance of this consultation from Solihull Healthwatch and believe that the leadership of our local Healthwatch colleagues has strengthened the processes of public engagement and accountability for our citizens.

Dr Patrick Brooke
Chief Officer, Solihull Clinical
Commissioning Group

Healthwatch Solihull also has an important role in visiting local health and care settings to undertake quality checks. They are developing this role in consultation with the Experts by Experience, the Care Quality Commissioners and others to ensure we learn as much as we can about the experience of people who use local health care, home care and residential care.

Adult Social Care
Solihull MBC

Forward Plan

Healthwatch Solihull Forward Plan

The plans for the present year and an outline plan for the subsequent year are contained within the [Healthwatch Solihull Forward Plan](#).

It can be downloaded from our website:
www.healthwatchsolihull.org.uk.



Acknowledgements

Healthwatch Solihull works with other partners and stakeholders to ensure that the voice of the public is heard.

We particularly acknowledge the support, influence and contribution to our work of the following:

Solihull Health and Wellbeing Board
Solihull Healthier Communities Scrutiny Board
Solihull Adults Safeguarding Board
Solihull Metropolitan Borough Council
Heart of England Foundation Trust
Solihull SUSTAIN
Solihull CCG
Healthwatch Birmingham
Healthwatch Worcester
Healthwatch Coventry
NHS England Local Area Team
Care Quality Commission
Carers Centre
Age UK Solihull
Alzheimer's Society
Local PPG Groups
Solihull Ratepayers



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