



Healthwatch Leicestershire

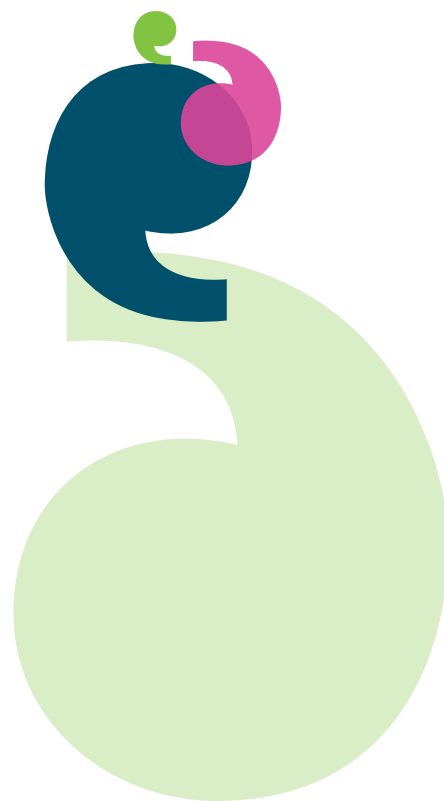
Annual Report 2013/14





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Foreword



We are both pleased and delighted to present the first Annual Report for Healthwatch Leicestershire (HWL).

Since we launched in April 2013 HWL has been establishing itself as a collective patient and public voice within the local health and social care arena.

We recognise that establishing a successful local Healthwatch means we have to listen and be responsive to what local people and communities tell us.

During our first year we have engaged with 1650 people at events across the county to find out their views and experiences of local health and social care services. In the Autumn we held consultations in each of the county districts to hear what matters most to local people. From what we heard we have been able to prioritise four areas of work that will become our focus to help improve services for county residents over the coming year – see page 14.

We have also provided information and advice to help people make choices and access services. We have signposted people to an independent complaints advocacy to support people if they need help to complain about NHS funded services – see page 16.

Our remit includes monitoring, challenging, influencing and advising in respect to NHS, Public Health and Social Care. In our first year of operation, we have established relationships and working protocols with a range of stakeholders such as University Hospitals of Leicester NHS Trust, Leicestershire County Council Adults and Communities and NHS England Local Area Team and we look forward to building on this throughout 2014/15.

We have taken our seat on the Leicestershire Health and Wellbeing Board and through this we are able to influence local commissioning decisions.

We have been involved in the Joint Health and Wellbeing Strategy Update 2013/16 event where over 50 of our members attended to give feedback on the strategy and voice their concerns. We have also been involved in the development of the Better Care Together Programme, a 5-year strategy to reform health and social care across Leicester, Leicestershire and Rutland.

We would like to thank the Interim Leadership Group, representatives, volunteers and staff that have managed the transition from Leicestershire Link to HWL during 2013/14.

In the coming year we will up our presence in the county and our team will be assigned to specific districts where they will engage with local people. This will enable us to gain an in-depth knowledge of each area and the services and VCS organisations based there. By doing this we will have a better understanding of local issues and needs.

Preview for 2014-15

We are looking forward to the year ahead and have exciting plans - this includes

- Publication of our first Enter and View visit in April 2014
- Visit to the A&E department and capture patient experience in June 2014
- Establish a signposting service in dedicated drop-in clinics across the county from Spring 2014
- Work with WL CCG on the 'MAGIC' Campaign in Spring 2014
- ELR CCG 'We are listening' events starting in July
- Run consultations on the Better Care Together 5 year strategy
- Hold a series of Road shows in each district during August and September 2014.
- Gather evidence on new themes for local priorities to feed in to the HWL work plan for 2015 - 2016 during November and December 2014.
- Hold a Spring event to feed back to members, stakeholders, partners and share the vision for 2015 - 2016.
- HWL has events planned in 2014 in response to local consultations involving work of the . Carers Task Group, in response to Leicestershire County Council's Carers Services Consultation, Social Care Task Group, in response to Leicestershire County Council's Prevention Services Review.

The Executive Summary of our Strategic Plan 2014/15 can be viewed on page 46.

Throughout the coming year we will be building our Membership to continue to develop HWL as a credible and respected voice of county residents.



Vandna Gohil
Director



Rick Moore
Chair



EasyRead Summary



Healthwatch Leicestershire helps you to speak up about the health and social care services you receive in Leicestershire.



We pass on your views to the people who plan, run and check these services. They use this information to help make services better.

What is this report about?



This is our Annual Report and it will tell you about our work during our first year.



It will tell you how we have got the views from local people and shared them with health and social care services.

Some of the things we have done this year



We have been to 36 events in Leicestershire and spoke to 1650 people about their local health and social care services.



We have now got 250 new members and now have a total of 1457 members. Our members have received local health and social care news from us by email or post.



We gave information to people that asked for help with things like finding a dentist, signing up to a doctors and finding support for a person with a disability.



We organised meetings for local people to ask questions to the people in charge of Leicester Hospitals, Ambulance services and Social Care services.



In October we held 7 events across Leicestershire. 151 people came along to tell us about their issues with health and social care services where they live. We have let the people that run services know what the issues are and we have chosen to make better:

- Access to services
- How services work together
- Patient getting the right information
- Supporting people to speak up



Our volunteers have attended many meetings with health and social care leaders to speak up for local people.



Our volunteers have been working together in groups to help make services better for people with dementia, people that need social care, people that use ambulances and carers.



We have trained volunteers so they can go into places and watch how people are being cared for.



We have shared peoples' views of The Bradgate Mental Health Unit and Leicester Hospitals with the Care Quality Commission, who make sure all care services are safe.



We have been working with the NHS to help to improve how peoples' complaints about NHS services are dealt with.



We asked people what health and social care services were important to them and informed Leicestershire County Council to consider their views when making savings in their budget.



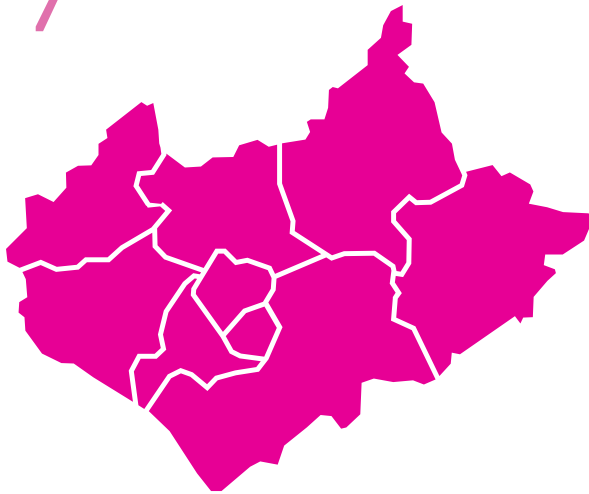
Engaging with people and communities



Engagement

Throughout the year, Healthwatch Leicestershire has raised public awareness, recruited active members and volunteers and engaged with the wider community.

7 Consultation events held in each district of Leicestershire



1650
people spoken to



250

new members recruited



1457

Total no. of members



36

events attended



24

different partners worked with



Healthwatch Leicestershire has engaged with the following communities:

- People with learning disabilities
- Older people
- Carers
- People affected by dementia
- Young people
- Teachers
- Health and social care professionals
- Voluntary and community sector organisations
- Lesbian, gay, bisexual and transgender communities
- Gypsy and Traveller communities

Going forward, Healthwatch Leicestershire aims to engage further with the five groups identified as seldom heard:

- Children and young people
- Black minority ethnic communities
- Working parents
- Rurally isolated
- Gypsy and Travellers





Communications

Healthwatch Leicestershires (HWL) communications and marketing has been developed within the parameters of the local Healthwatch Brand Guidelines provided by Healthwatch England.

Digital, printed and membership communications have been created over the year to promote HWL, engage with the public and communicate the key messages of HWL's work.

Promotional Packs

Launch of HWL

869

Promotional packs distributed to local community outlets

District consultations promotional material

377

Promo packs distributed to local community outlets



Membership

E-news

26

Issues

1616

Subscribers

Printed Newsletter

10

Issues

483

Subscribers



Media Coverage



Interviews on BBC
East Midlands
Today



Interviews On BBC
Radio Leicester



Articles in local
press



Digital

Social Media

456 Twitter followers

476 Tweets



Website

5756 Total Visitors

2870 Unique Visitors



Advertising



7 Adverts promoting the public consultation events

healthwatch Leicester

Appointment of Chair (£7,500 per annum)

Healthwatch Leicester (HWL) is the new consumer champion for health and social care services in the county.

We are seeking a highly skilled and motivated Chair to ensure HWL is a credible, respected and influential voice, and who can:

- Lead the Board in setting the strategic direction
- Ensure HWL exercises its duties and powers responsibly
- Work collaboratively and in partnership with stakeholders
- Hold to account those who commission and provide health and social care services

The ideal candidate will preferably have experience of leading groups in the health, social care or voluntary sector.

This is an exciting opportunity for someone who really wants to make a difference.

The position of Chair attracts a remuneration of £7500 per annum to reflect the work involved. Out of pocket expenses will also be paid. If you would like an informal discussion with Vandana Gohl, Director of Healthwatch Leicester, please call 0116 257 5040.

Closing date for applications is noon Wednesday 29 January 2014
Interviews will be held on Tuesday 4 February 2014

To apply and for more information visit: www.healthwatchleicestershire.co.uk **or call Vandana on:** 0116 257 5040

7 Adverts recruiting a chair

Identifying local issues

Healthwatch Leicestershire (HWL) has set four key priorities to influence and improve health and social care services within the county. The priorities were based on information gathered from local people at public consultations, a questionnaire and from stakeholders feedback.

The public consultations took place in the seven districts of Leicestershire during October and November 2013. The aim was to engage with a wide variety of Leicestershire residents to find out what they thought of the health and social care services in their locality.

HWL volunteers helped to run the consultations this included chairing the meetings, talking about the benefits of being a member and facilitating group discussions with local people about their issues with health and social care services.

A marketing campaign to promote the consultations was implemented and consisted of posters, advertising and publicity in local media throughout the county as well as communications being sent to HWL members, voluntary and community groups and stakeholders.

151 people took part in the consultation and shared their experiences of local services. Each participant was asked to select up to five priorities, which reflected their perception of the biggest health and social care issues in Leicestershire. The selection of priorities for them to choose from was made following analysis of existing key local health and social care strategies.¹



Blaby District



Melton District



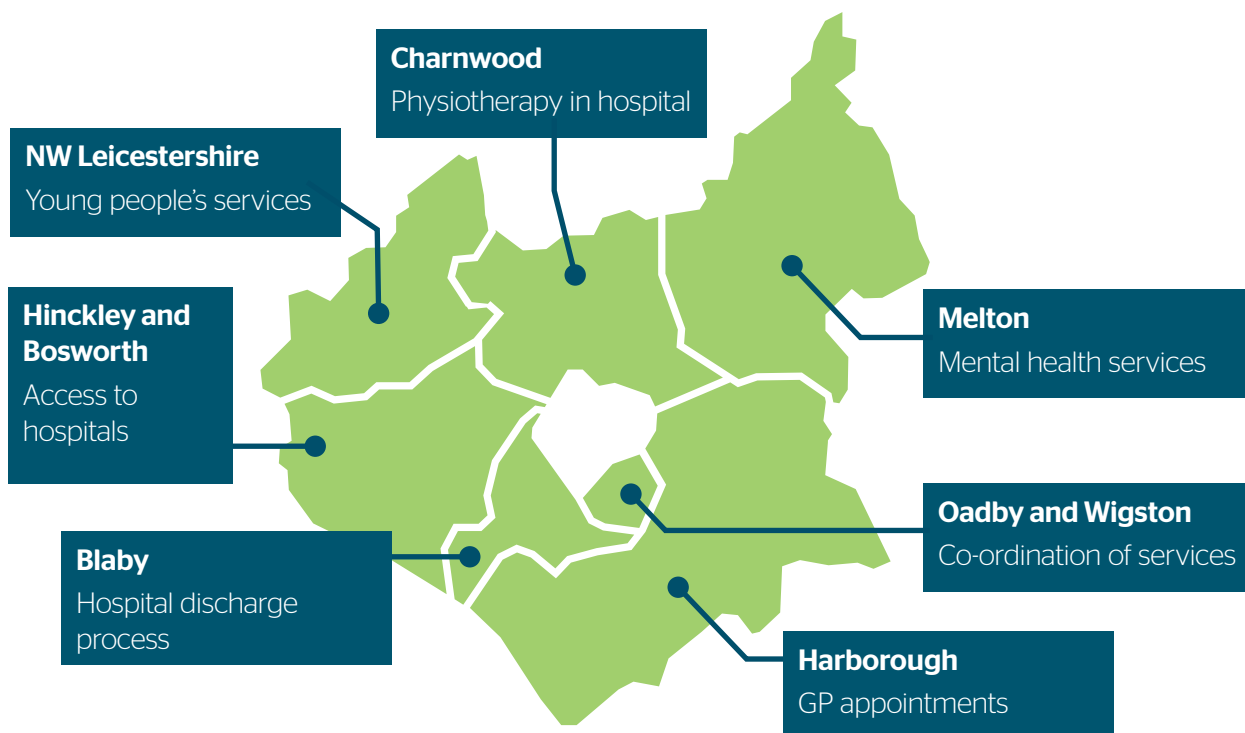
Charnwood District

¹ Leicestershire's Health & Wellbeing Strategy 2013-16, West Leicestershire and East Leicestershire & Rutland CCG priorities, Joint Strategic Needs Assessment - 2012 priorities, Adults and Communities Business Plan 2012/13 and Leicestershire Partnership NHS Trust Integrated Business Plan 2012-17.



Consultation findings

Top health and social care issues in Leicestershire



Quotes from Stakeholders

An interim report of the findings from the consultation events was produced and circulated to stakeholders for comments.

There will be a significant amount of activity relating to integration between health and social care in the coming year... Input from HWL will be extremely valuable.

Amanda Price, Strategic Planning and Commissioning Manager, Leicestershire County Council

There are particular themes which are important for our acute hospitals... discharge processes and 'joined up care'...these themes will be picked up in our annual plan

John Adler, CEO University Hospitals of Leicester NHS Trust

Priority themes

The following priority themes have been selected based on the evidence from HWL consultations and will be the focus of our work in 2014/15:

- Access to services
- Co-ordination of services
- Information to services
- Voice and advocacy



Signposting and Helpline service

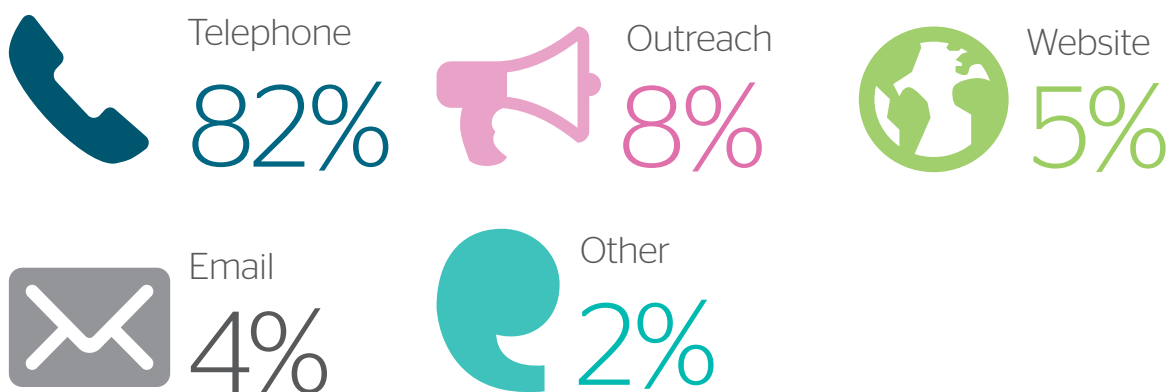


Signposting and Helpline Service

Healthwatch Leicestershire's (HWL) Signposting and Helpline service collates and gathers evidence on issue and concerns the public are experiencing locally with health and social care services.

The public can access the service via telephone, email, online form submission, post and outreach events. Below is a breakdown of how the public has accessed the service in its first year.

Type of contact:

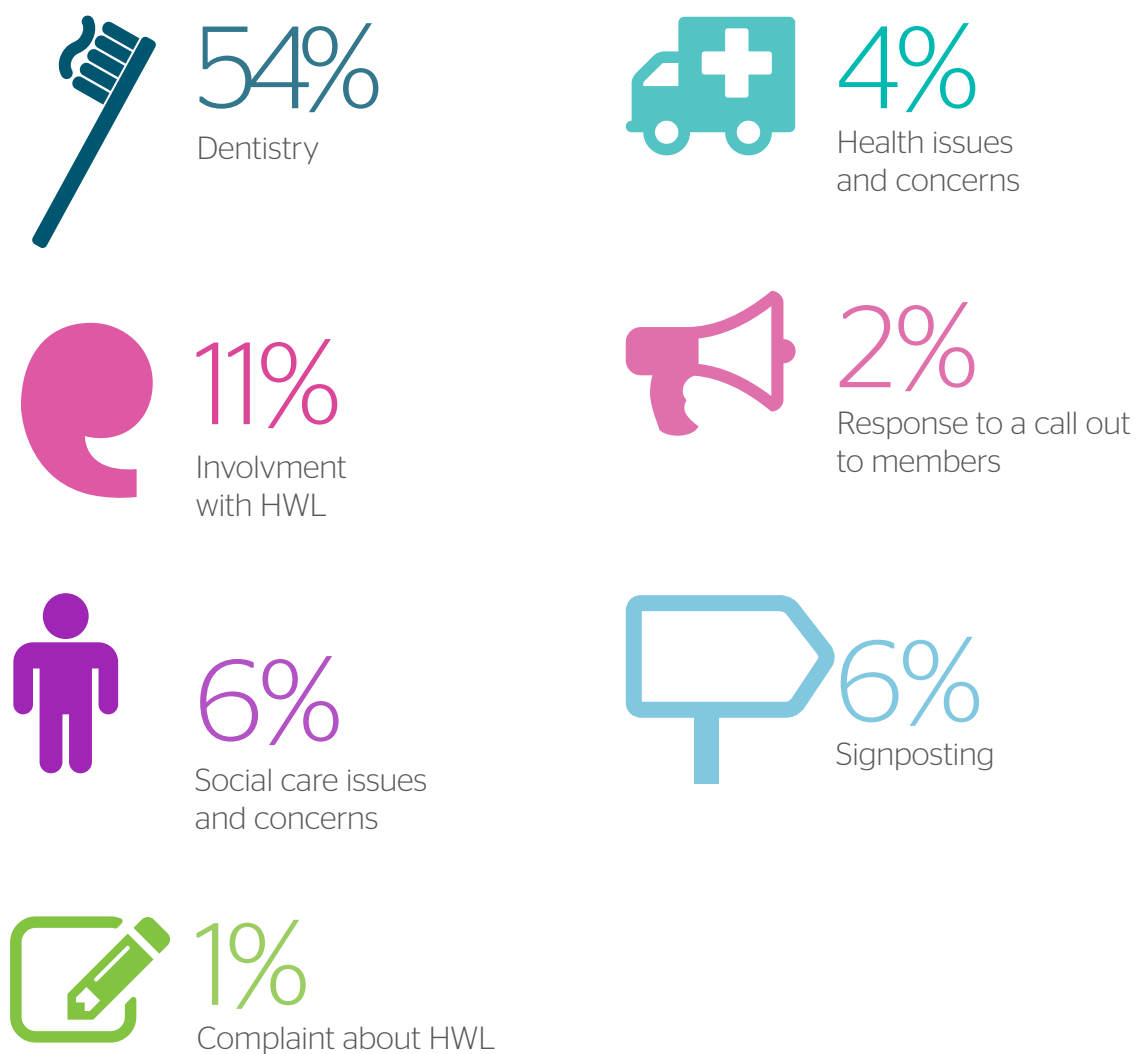


The Service:

- Collates and gathers views and experiences from the public on all health and social care provision
- Provides options for care choices available
- Refers people to POhWER who provide local NHS complaints advocacy
- Provides information and advice support on health and social care queries

Please find below a breakdown of the type of enquires the signposting and helpline have received in its first year.

Type of enquiry:





Please find below some examples of enquires received via the HWL Signposting and Helpline service:

“My husband has dementia and I’m 80 years old I’m unable to get him in and out of the bath, I’m finding it increasingly difficult to cope with the physical demand and would like a shower installed.”

The HWL signposting and helpline advisor contacted Leicestershire County Council’s Adult Social Care Customer Service who advised they would be able to offer help and support via carer assistance or an assessment to see if adaptations to their bathroom were appropriate. HWL Signposting and Helpline team contacted NHS England



“I have been told that I’m unable to sign up with my GP of choice because I do not live in the correct area.”

Leicestershire & Lincolnshire Area Team who confirmed that she did in fact live in the catchment area. The patient returned to her chosen GP surgery where she was taken on.





Working with Volunteers



Healthwatch Leicestershire Task Groups

Over the past year, Healthwatch Leicestershire (HWL) has successfully run a number of task groups to work on specific issues and influence decisions to help improve services.

Task groups are made up of a combination of HWL Staff, HWL members who have a specific interest or knowledge in the given area, voluntary and community sector organisations and statutory service providers. Bringing professionals and lay people together has worked well to provide a well-rounded response to problems and provide effective solutions.

HWL has created the following task groups:

- **The Francis Winterbourne & Berwick Task Group**
This group responded to the Mid Staffordshire NHS Foundation Trust Public inquiry. They produced a briefing sheet with key considerations for HWL representatives, staff and participating observers on multi agency boards, clinical commissioning boards and NHS trusts.
- **The EMAS Task Group**
This group has met recently following concerns over East Midlands Ambulance Service's (EMAS) Risk Summit and to discuss EMAS performance across the county.
- **The Social Care Task Group**
This group was recently reconvened and is now focussing its work on integration and prevention. The group works closely with Leicestershire County Council to provide a public voice on the Better Care Fund and the Review of Prevention Services.
- **Dementia Task Group**
This group has representatives on the Leicestershire County Council's Dementia Work streams and has begun to look at the Dementia Pathway to identify where there are still issues. One member of the group also represents HWL on the Better Care Together Programme as the Patient and Public Involvement Lead.
- **The Carers Task Group**
This group has spent the last 12 months working on getting carers involved in the hospital discharge process at an earlier stage. Working with University Hospitals of Leicester NHS Trust, carers and family members are now routinely involved in decision-making and are given information about support available to them from voluntary organisations. Going forward, this group will be focussing on improving services for young carers.



Working with Statutory Partners



Representation and Partnership

Leicestershire Partnership NHS Trust

Leicestershire Partnership NHS Trust (LPT) provide integrated mental health, learning disability and community health services for a population of a million people in Leicester, Leicestershire and Rutland.

This year LPT received Care Quality Commission (CQC) warning notices for its services provided at The Bradgate Mental Health Unit. Since that time LPT has had significant improvement work to do.

Healthwatch Leicestershire (HWL) volunteer representatives have been working to establish a good relationship with LPT. As a result both organisations have increased partnership working, with HWL acting as the peoples voice playing a scrutinising and where possible supportive role.

Here are some examples of HWL and LPT have worked together:

- HWL has a representation role on the Quality and Oversight Group, which was set up by the Trust Development Authority.
- HWL attends and asks questions on behalf of local people at LPT Public Board Meetings
- HWL members have the opportunity to ask questions about any issues or concerns to the CEO at regular quarterly meetings - see page 41.

East Midlands Ambulance Service

East Midlands Ambulance Service NHS Trust (EMAS) provides emergency 999, urgent care services for the people of Leicestershire.

HWL volunteer representatives set up an EMAS Task Group along with Leicester and Rutland's local Healthwatch. The group looks into all issues or concerns that are received from the public with regards to emergency ambulance services ran by EMAS and non-emergency services ran by Arriva.

The HWL representative for EMAS has developed and maintained a good relationship with the organisation at a regional and local. The representative discusses issues and concerns raised by patients and the public with the relevant individual at EMAS. They have also attended all EMAS Board meetings and reported back to the group on strategic planning, operational issues and performance.



Adults and Communities Overview and Scrutiny Committee

The Scrutiny Committee of Leicestershire County Council reviews the work of Adults and Communities department. A Healthwatch Leicestershire (HWL) volunteer representative is a participating observer on the committee. Their role allows them to comment on the papers put forward for scrutiny and to challenge making sure commissioners are aware of the need to engage with service users at all stages.

Leicestershire County Council Better Care Fund

HWL was involved in the planning of Leicestershire County Councils Better Care Fund (BCF). The Government announced the BCF in the June 2013 spending round to ensure a transformation in integrated health and social care. A sum of £38 million has been identified for the BCF by the Council and NHS bodies as a pooled budget to support local health and social care services to work more closely together.

A HWL volunteer representative worked alongside local Clinical Commissioning Groups who plan and manage local health services and the County Council to deliver the Leicestershire BCF proposal. This involved approving the proposal and submitting it to the Health and Wellbeing Board in accordance with the Government timetable.

The HWL representative built up extensive knowledge of the 'Integration Agenda,' this enabled them to provide informed comments as the proposal developed. This has led to HWL being a member of the newly formed Leicestershire Integration Executive (alongside NHS England Local Area Team, local CCGs and the County Councils Adults and Communities Dept) which reports to the Health and Wellbeing Board.

Urgent Care Working Group

HWL is part of the Urgent Care Working Group, which consists of all partners involved in the healthcare community across Leicester, Leicestershire and Rutland. Its primary function is to improve the performance of urgent care services especially in the Emergency Department at Leicester Royal Infirmary.

The work has involved a holistic review of how and where services are planned and delivered in all partner organisations² and the need to review the culture within these organisations so a 24 hour, 7 days a week service can be planned and delivered.

A HWL volunteer representative has attended all of the meetings and has been part of discussions voicing the views of the public and patients.

2 Partner organisations include University Hospital of Leicester, Local Clinical Commissioning Groups, Leicestershire Partnership Trust, Social Services, Care Homes, EMAS and Arriva.



Urgent Care Minor Injuries and Minor Illness Project Team

Healthwatch Leicestershire (HWL) is part of the Urgent Care Minor Injuries and Minor Illness Project Team set up by East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG). The aim of the team is to provide Leicestershire and Rutland with a safe fit for purpose standardised urgent care minor injuries service procured by 2015.

The group has worked collectively to agree on the type of service that will provide the best and most appropriate care for local people, this included looking at different ways the service could be provided and any issues that may occur. The group worked up three different service model options for consultation and asked the public to feedback comments during a series of engagement events or via an online survey.

HWL was involved in the planning and delivery of the engagement events and helped to publicise the consultation to members and the public. The results for the consultation are due to be published in June 2014.

Ashby Community Services Review

West Leicestershire Clinical Commissioning Group (WL CCG) started a review of community health services in Ashby, including those provided by Ashby Hospital.

HWL was invited to sit on the project board whose aim was to review the community health services in Ashby by involving patients, the public and organisations to help decide how these services may be provided in the future.

A HWL volunteer representative went along to the meetings of the project board to represent the views of the patient and public.

Joint Health and Wellbeing Strategy Update

In February 2014 Healthwatch Leicestershire, (HWL) worked in partnership with Leicestershire County Council and the NHS to host the Joint Health and Wellbeing Strategy Update 2013-16 event.

The strategy is the council's overarching plan to improve the health and wellbeing of children and adults and to reduce health inequalities.

The aim of the event was to engage with stakeholders and members of the public to examine what the strategy has achieved so far, what has changed, what the issues of greatest need are and how things can be moved forward.

Fifty HWL members attended the event to feedback on the strategy.

The main areas of concern were:

- Getting care right from childhood
- Managing the shift to early intervention and prevention
- Supporting the ageing population
- Improving mental health and wellbeing
- Care for those with learning disabilities

Attendees also had the opportunity to contribute ideas on how to develop the strategy and action plans to support the delivery of the Better Care Fund work streams.





Thank you

Healthwatch Leicestershire would like to thank all the volunteers and volunteer representatives that have championed the voice of local people at health and social care meetings during 2013/14.

Jane Robbins

Jyoti Patel

Janet Clews

Sue Staples Linda Wright David Henson

Mike Perks Anthony Kidger **Margaret Carter**

Susan Preston Ian Staples **Charles Huddleston**

Jenny Lacey Trevor Parr Eric Charlesworth

Elizabeth Riding **Lesley Rowland** Amy Lewis Denis Brown

Anne Smith Colin Hedley **Meena Bhandari** Anne Davis

Liz Cullinan Andrew Pearson Tony Collings

Sakarlal Gajjar **Keith Verrall** Jean Needham Peter Riley

Pamela Bird **Norma Verrall** **Elga Zivtins** John Marshall

David Gorrod **Kelvin Johnson** Kevin Blanks Pat Fraser

Gillian Pearson **Anil Ghelani** Richard Akers

Stephen Bilbie Robert Tonkins Bev Gillman

Mina Rodgers **Kaye Aris**

Tony Buck Vince Attwood

Pat Wilkins **Fiona Barber**

Dave Kirkwood

John Wallington **Zara Jones**

Colin Gell **Vijay Sharma** **Terry Kirby**

Geoff Smith **Lucy Smith** Sue Parr

John Peachey John Baker

Working with the Care Quality Commission

The Care Quality Commission (CQC) make sure hospitals, care homes, dental and GP surgeries and all other care services in England provide people with safe, effective, compassionate and high-quality care, and the CQC encourage them to make improvements.



Throughout the year Healthwatch Leicestershire (HWL) has been establishing a good working relationship with the CQC.

In August HWL supported the CQC review of The Bradgate Mental Health Unit by asking its members to share their experiences of The Bradgate Unit. This was shared with the CQC to add to their intelligence before their inspection.

HWL representatives have been participating in a monthly CQC teleconferences that focus on specific themes such as delivery of care services, NHS complaints advocacy and mental health services. Through this HWL has informed the CQC of the local picture and shared local issues, the CQC have taken forward recommendations on how they can assist HWL in working with NHS complaint advocacy services.

In January HWL submitted a joint report with Healthwatch Leicester and Rutland to the CQC as part of their inspection of University Hospitals of Leicester NHS Trust.

HWL will continue to work with the CQC and share intelligence on local services.





Quality Surveillance Group

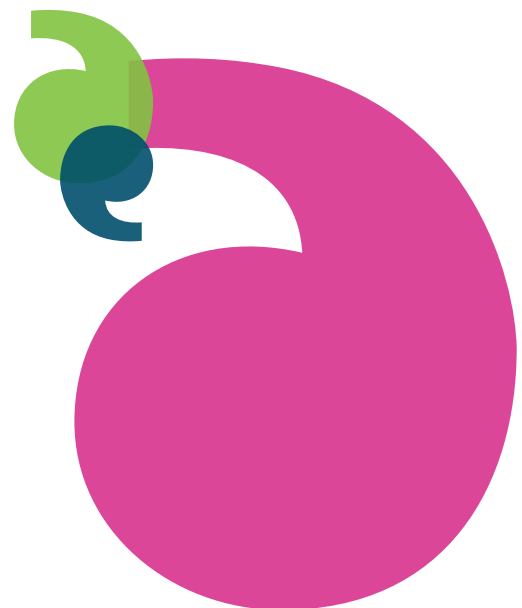
The NHS National Quality Board decided in early 2013 to establish a network of Quality Surveillance Groups (QSG) across the country. They act as a virtual team across the health economy, bringing together organisations and their respective information and intelligence gathered through performance monitoring, commissioning and regulatory activities.

The responsibility for setting up the QSG in Leicester, Leicestershire and Rutland rested with the NHS England Local Area Team. Healthwatch Leicestershire (HWL) was invited to become members of the QSG.



The QSG meet bi-monthly and each meeting has a theme such as mental health, residential and nursing homes, GP practices, acute paediatric services and child and adolescent mental health service. The evidence gathered by HWL has enabled us to represent the voice of local people at the meetings and be an effective member of the group.

Key to the success of the QSG is the relationships that have been built between members through better understanding each other's roles, responsibilities and actions through sharing information.



The Better Care Together Programme

The Better Care Together (BCT) Programme is a partnership of key health and social care organisations working collaboratively together, across Leicester, Leicestershire and Rutland (LLR).

BCT's vision is for a viable future with integrated, high quality, affordable and sustainable health and social care services delivered in the most appropriate way to local people.



Better care together

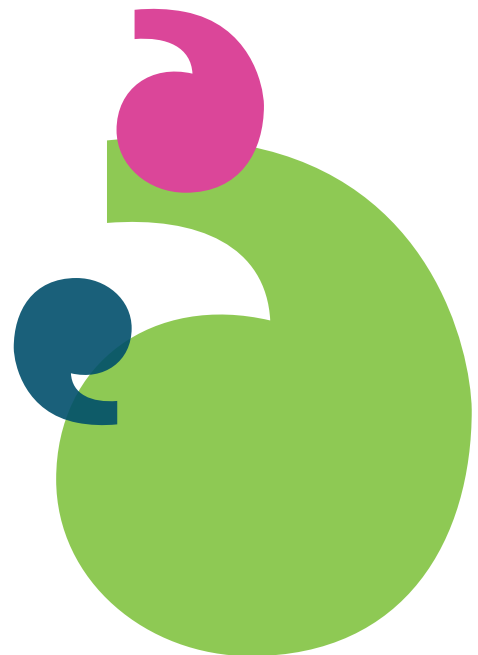
A partnership of Leicester, Leicestershire & Rutland Health and Social Care

The NHS Operating Framework 2014-19 requires LLR to produce a 5-year Strategy. In order to develop the strategy with a wide audience, a summit was held in January 2014 followed by a series of workshops.

Healthwatch Leicestershire (HWL) has ensured that the views of patients and the public are at the heart of discussions especially around proposed service changes.

HWL members have engaged in the BCT Programme by:

- Participating in a number of BCT workshops looking at ways to improve patient outcomes and services provided
- Participating in the Urgent Care Working Group seeking to address the challenges faced by the Emergency Department at Leicester Royal Infirmary
- Contributing to the successful roll out of the 111 non emergency NHS telephone number
- Given a public and patient perspective to various NHS procurement processes





Influencing, Evidence and Insights

Response to Review of NHS Continuing Care

In February 2014 Healthwatch Leicestershire (HWL) published a report outlining findings on patient experiences of the NHS Continuing Healthcare (CHC) eligibility assessment process.

CHC is free care outside hospital that is arranged and funded by the NHS. The findings within HWL's report were included in the independent review of CHC to be presented to the Integrated Commissioning Board in February 2014.

HWL was approached to lead an independent review of the CHC process in Leicestershire, Leicester and Rutland for the Integrated Commissioning Board in November 2013. HWL agreed to collect and analyse information from the voluntary and community sector (VCS) about patient experience.

HWL collected evidence through:

- An open call for evidence from interested VCS groups via the Healthwatch Leicestershire, Leicester and Rutland websites.
- A targeted request for information via the Voluntary Action LeicesterShire Social Care and Health Policy E-Newsletter.
- Targeted phone calls and emails to relevant VCS groups, including: Marie Curie; Macmillan; Coping with Cancer; Dementia Harborough; Age UK; LOROS; CLASP.

Key issues raised were:

- Patients are not given enough information about the CHC process and many would prefer someone to explain it to them.
- Many patients found attending the multi-agency Decision Support Tool (DST) meeting intimidating and felt advocacy support was not offered.
- Incomplete information resulting in the DST panel not always getting the full picture of a person's needs due to out of date assessments or patients not mentioning details during the meeting.

HWL found out that patients want a person centred approach and to feel that they are being listened to, and supported, throughout the CHC process.

The report concluded that keeping patients and families at the centre of the CHC process is of great importance. HWL also recommended that further engagement with patients, families and carers be undertaken to develop a fuller picture of patient experience of the CHC process.

Government response to the Francis Report

The Government's initial response to the Francis report,³ 'Patients First and Foremost' set out a clear plan to prioritise care and improve transparency within the healthcare system.

Healthwatch Leicestershire (HWL) worked with neighbouring local Healthwatch Leicester and Rutland to produce a response to the Government's paper and provide a local perspective to the issues highlighted.

HWL welcomed the recommendations from the Government, including ensuring staff provide the standard of care according to patient need, launching a new 'intelligent monitoring' system to improve care standards, developing a leadership programme to recruit strong leaders and a new hospital safety website for the public.

Included in the report were findings from HWL consultations with local residents that were consistent with the Francis report. Leicestershire residents raised concerns about:

- Knowing care options available and the care process
- Negotiating health and social care bureaucracy
- GP waiting times, length of appointments and booking arrangements
- The need for better transition between services
- The discharge process

HWL response was sent to key stakeholders⁴ providing a local perspective for them to consider when making decisions about future health and social care.

³ The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) was published in February 2013 sparking an array of responses and recommendations to change the culture of the NHS and health care on a national scale.

⁴ Key Stakeholders are University Hospitals of Leicester NHS Trust, East Midlands Ambulance Services, Leicestershire Partnership NHS Trust, Leicestershire County Council, Leicester City Council and Healthwatch England



NHS Complaints Review

Following the Department of Health Review on handling of complaints by NHS Hospitals, Healthwatch Leicestershire (HWL) along with neighbouring Healthwatch wrote to local NHS Stakeholders to ask what actions were being taken and how HWL can support them to review their complaints processes. Stakeholders responded to the letter positively.

We have considered the Clwyd Hart review and an executive summary has been circulated to both Executive and Non-Executive Directors. The Trust has and will be reviewing its policy in light of the recommendations and would be pleased to have Healthwatch involved in the discussion.

Dr. Peter Miller, Chief Executive
Leicestershire Partnership NHS Trust

Thank you for your kind offer to assist in this review, the Leicester and Lincolnshire Area Team would welcome a meeting with you...

Manjit Darby, Director of Nursing & Quality, NHS England Leicestershire & Lincolnshire Area

A multi-agency work group consisting of officers from NHS England Leicestershire & Lincolnshire Area Team, POhWER who provide local NHS complaints advocacy and volunteer representative from HWL and Healthwatch Leicester and Rutland have worked together to produce a NHS Complaints Standard. A draft of the standard has been issued to all Stakeholders it sets an expectation of how local NHS Trusts should handle complaints.

The next steps for the working group is:

- To sign off of the NHS Complaints Standard
- To work with NHS Trusts on how they can adopt the Standard
- To launch a survey asking for local peoples feedback on their experience of making a complaint with local NHS Trusts
- To bring together the NHS Trusts to look at how the current complaints process can adapted to offer a better service

Before the Department of Health Review HWL were already working with University Hospitals of Leicester NHS Trust on their complaints handling and continue to do so.



County Council Budget Consultation

In September 2013 Healthwatch Leicestershire (HWL) produced a report in response to Leicestershire County Council's budget consultation which urged the council to recognise the public voice in the design of health and social care services in Leicestershire.

In order to provide representative feedback to the council, HWL designed a short survey to capture information to inform our response, about which health and social care services the public felt were most important to protect and why. The survey was promoted to all HWL members through our newsletters, social media and targeted emails to voluntary and community groups.

From this engagement with our members, HWL found the top three services that respondents saw as important to protect and why were:

- **Older people services (81%)**
"Ageing population in Leicestershire means a possible increase in the number of older people who need such services."
- **Mental health services (53%)**
"Vulnerable people of all ages need as much help as possible"
- **Children's social care services (41%)**
"Children cannot protect themselves so need overseeing"

Within the survey, HWL also asked members to share their thoughts on ways of working for the County Council.

The key themes that were raised by members were a need for:

- **Better partnership working -**
better communication between different services.
- **Co-ordinated care without duplication-**
the need for a holistic approach with health and social care providers working as one.
- **More effective commissioning including that of the voluntary and community sector -** "where savings need to be made it is important to look for other more cost effective but helpful ways of providing support"
- **Better use of preventative services**
- "Focus on preventative and early intervention services thus reducing cost of high intensity, high cost crisis intervention"
- **Better patient choice -** "GPs should be more flexible about referring patients to other forms of treatment, such as physiotherapy, cognitive behaviour therapy and counselling."

These findings informed HWL's response to Leicestershire County Council's proposed budget cuts. The report was sent to the council asking to be considered by the Cabinet and the County Council during their financial planning for 2014-2018.

Government Mandate to NHS England

In November 2013, Healthwatch Leicestershire (HWL) produced a local perspective on the Government Mandate from the Department of Health to NHS England for 2014/15.

The Mandate focussed on five key areas against which the performance of NHS England will be measured. The broad areas that were identified were prevention of illness, management of long-term conditions, recovery from episodes of ill health, quality of care and providing a clean and safe environment.

HWL welcomed the direction provided in the Mandate for NHS England. HWL also included some recommendations that reflected needs in the local area. These were:

- A call for people to have access to treatment when they need it and intensive review of the processes that continue to cause delays and result in people dying prematurely.
- A call for a greater joined up approach to services that include social care, resulting in the patient receiving a seamless and cost effective service and experience.
- A call for providers of mental health services to take reasonable steps to reduce the number of suicides and incidents of self-harm including effective crisis response.

HWL's response was sent to the following stakeholders: Leicestershire County Council, University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust, East Midlands Ambulance Service, Care Quality Commission Central Region, NHS Leicestershire and Rutland.





Referrals for older people with anxiety and depression

Healthwatch Leicestershire (HWL) has been working with the Leicestershire Health and Overview Scrutiny to understand and map the current pathways for older people with anxiety and depression.

The Joint Health and Wellbeing Strategy identified depression as the most common mental health problem in older people and therefore decided the issue needed further exploration. HWL, alongside Voluntary Action Leicestershire (VAL), produced a report that fed into the development of the Joint Health and Wellbeing Strategy for improving mental health.

HWL and VAL contacted relevant voluntary and community sector (VCS) organisations that work with those suffering from anxiety or depression to gather information from a service user perspective and experience of their organisations.

One to one discussions were held with LAMP, Good Thinking Therapy, Network for Change, Age UK and Voluntary Action South Leicestershire. Information about the consultation was also sent out via the VAL e-briefing, the VCS Health and Social Care Forum, Market Harborough Mental Health Forum, the VCS Adult Transformation of Social Care Group, as well as via the HWL newsletters and website.

Key issues that were raised by the VCS and service users during the consultation were:

Access to services

- HWL heard how one service user was unable to visit their local surgery due to struggling with Agoraphobia and their therapist would not visit them at home.
- There were also issues surrounding the access of mental health services by

BME communities, partly due to the stigma attached to accessing these services within those communities.

Service delivery

- Several service users felt that therapy sessions were too short (many only 20 minutes long) and they were unable to progress with their issues in this space of time.

Maintenance of good mental health

- HWL heard how one service user was not given any other advice or information about alternative services when Improving Access to Psychological Therapies (IAPT) service was unable to help.

Some wider considerations were also identified, such as a need for partnership working with Housing Support Groups who frequently engage with older people as risk of isolation.



In response to these findings, HWL and VAL recommended that:

- There is a need to consider developing new ways to help BME sufferers of anxiety and depression to be able to access services more frequently.
- There is a need to better understand how alternative services are promoted and offered by GP's.
- Information, Advice and Guidance workers should be employed by the IAPT to inform service users of alternative service provision and refer patients to specific services, such as debt or housing advice which could deal with the cause of the depression or anxiety.

This report was able to help the Overview and Scrutiny Committee to understand service user experiences, the relationship between statutory and voluntary sector providers and the benefits of them working closer together.



Adult Preventative Mental Health Services Consultation



Healthwatch Leicestershire (HWL) launched a consultation in October 2013 to find out how local people may be affected by proposals to change the Adult Preventative Mental Health Services that Leicestershire County Council's commissions.

The Council's proposal plans to decommission befriending services and make changes to the social drop-ins services.

HWL designed a survey, which was sent out to Voluntary and Community organisations that are in contact with users of befriending services and social drop-ins. The survey was also sent out via targeted emails and evidence was obtained through one-to-one conversations. The survey gathered a range of case studies, which gave insight into the importance of these services to local people.

Feedback from the Voluntary and Community Sector Mental Health Partnership:



Befriending services and the peer support offered by drop-ins form a vital part of early intervention and preventative services

 **My befriender is a lifeline... this is the only service that has worked for me. He is very good at calming me down and helping me to rationalise my fears**
- Service user 

Feedback from Age UK:

Service users were very complimentary of befriending services. They commented that

their mental health had improved since using the service and that it made a big difference to their lives.

 **Her visits help to distract me from more negative thoughts. They help break up the day and I feel less isolated** - Service user 

HWL produced a report following the public consultation, highlighting the following:

- Decommissioning of befriending services would have a detrimental effect on those currently using and benefitting from these services.
- HWL would like involvement in the process of reviewing and planning these services to represent the public voice.
- HWL requested that the services users featured within the report are monitored to assess the effects the proposed changes have had on them within the first year

This report was sent to Leicestershire County Council, University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust, East Midlands Ambulance Service, Care Quality Commission Central Region and NHS Leicestershire and Rutland.



Challenging and Scrutiny

Quarterly Meetings with health and social care providers

Healthwatch Leicestershire (HWL) has established a number of meetings with Chief Executives (CEO) of health and social care providers.

The meetings enable members of the public to ask questions directly to the people who make decisions concerning local services. They are also a way for HWL to establish effective working relationship with important service providers.

The meetings, held on a quarterly basis, are with CEO's and senior staff from:

- University Hospitals of Leicester NHS Trust
- Leicestershire NHS Partnership Trust
- Leicestershire County Council's Adults Communities Department
- East Midlands Ambulance Service.

Over 60 questions have been submitted by members of the public to be asked at these meetings.

Twenty-five HWL representatives have attended the meetings, to represent the public voice, and challenge when necessary.

An online form has been added to the HWL website so that the public are able to submit questions at anytime and these will be asked at the next meetings.

In the future, HWL hopes to establish similar meetings with the Clinical Commissioning Groups in the county, given how successful these initial meetings have been.



Examples of Questions & Answers asked at the Quarterley meetings

East Midlands Ambulance Service (EMAS)

Q. How much training do EMAS staff receive on none medical issues around mental health apart from signposting patients to consultants?

A: EMAS is working with local partners Police to improve service provision for patients with mental health issues.

- All EMAS frontline staff receive training on the Mental Health Act including Section 1, 2, 3 and 136.
- In the last three years the education that they have received is Level 2 Learning disabilities, Level 2 Dementia, this year they are receiving training on suicide and self-harm.
- They have received education on geriatric medicine and the associated mental health issues with that age group.
- A Core performance Indicator has been developed to ensure standards are monitored nationally in relation to individuals with mental health problems with the aim that this will be in place by 2014
- EMAS – Part of the National Mental Health Ambulance Group this is a sub group to NAS med.

There is currently a scheme in operation in Leicestershire, commonly referred to as a 'Mental Health Triage Car Scheme', operated by the Police and Crisis Team Nurses. It is a scheme that EMAS is looking to work with more closely in the near future. However, as it is not a scheme that EMAS is currently part of further information will need to be sought from the Police or the Crisis Teams.

University Hospitals of Leicester NHS Trust (UHL)

Q. When a patient has been an inpatient on a High Dependency Unit (HDU) for a month or more what follow up from their GP should they expect? Should they be followed up by their own GP either by phone or a courtesy call or are they simply left to fend for themselves. This question is assuming that they do not require any social service input and have somebody at home to care for them. It is a huge transition from being very ill in a hospital ward with 24/7 care to being at home with medication and being very weak.

A: Traditionally when a patient is discharged from Intensive Therapy Unit (ITU) / High Dependency Unit (HDU) they are placed on a ward until they are fully recovered and fit for discharge. Follow up is usually by the specialty caring for the patient rather than ITU/HDU and the ward will send a letter to the GP as part of the discharge process alongside any other discharge arrangements.

In some organisations patients who are discharged from ITU/ HDU have a follow up review by a specialist nurse alongside their routine care. This is a service UHL are looking to develop. Discussions have started to look at the needs of patients who are being discharged from ITU/HDU and how best the specialist nurses can support this transition and indeed any further discharge arrangements.



Enter & View

Healthwatch Leicestershire (HWL) has developed a robust process for recruiting and training volunteers to become Enter & View ‘authorised representatives’.

The Government's Health and Social Care Act 2012 made provisions for Enter & View. The responsibility for this role sits with all local Healthwatch. Enter & View allows authorised representatives from local Healthwatch to enter premises to observe the nature and quality of services.

HWL formed an Enter & View steering group made up of volunteers and staff. The group attended Healthwatch England's Enter and View training course, which enabled them to write a training programme for volunteers to become authorised representatives.

The programme ensures that attendees know what to look for when visiting health and social care premises and also includes a Safeguarding course.

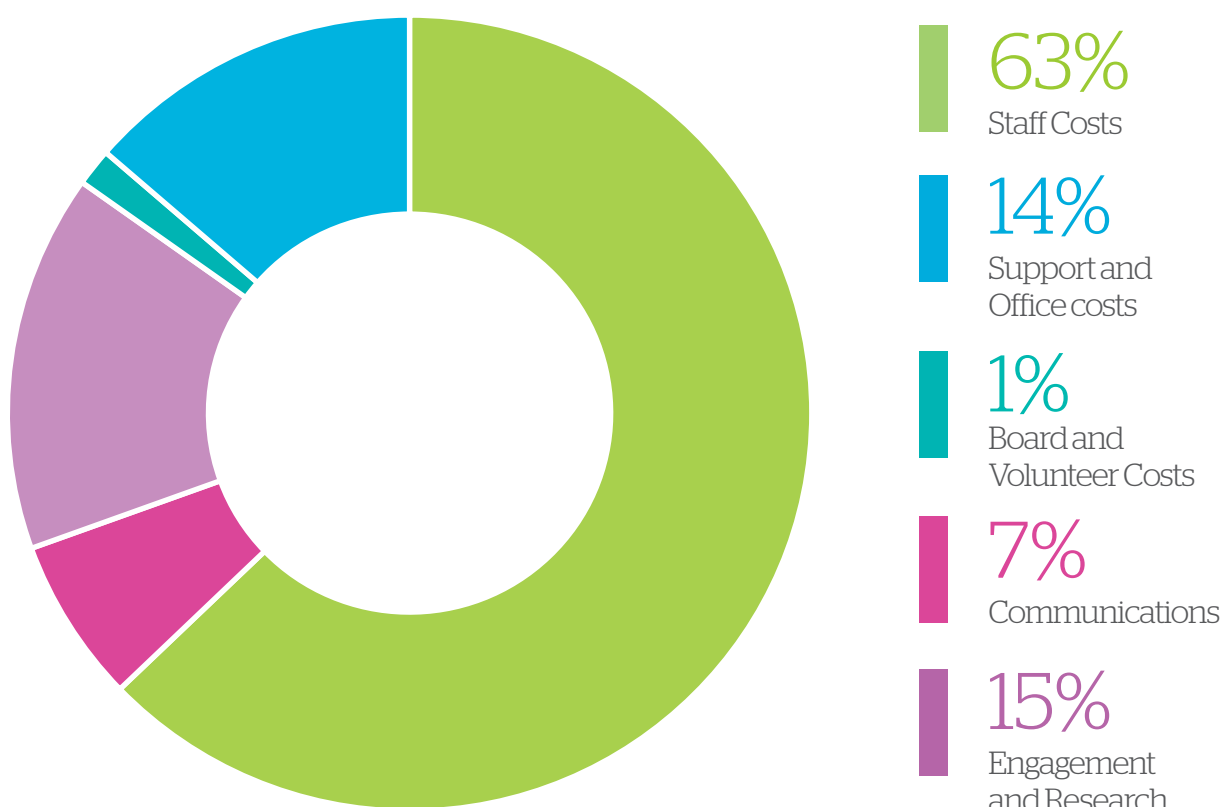
The first Enter & View visit will take place in April 2014. Reports following each Enter and View visit will be published on the HWL website.

A recruitment campaign targeting HWL members to become Enter & View authorised representatives will launch during summer 2014.



Annual Accounts

2013-14



Full audited accounts for Voluntary Action Leicester (including these accounts) will be available in September/October 2014.

The yearly figures for 2013/14 are (subject to audit)

| | |
|-----------------------|----------|
| Income for the Year | £325,000 |
| Spending for the Year | £269,928 |
| Surplus/(Deficit) | £55,072 |

Healthwatch Leicestershire is commissioned by Leicestershire County Council



Future 2014/15

Our Vision

Higher quality and more accessible health and

Our Mission & Objective

To be an independent, influential consumer champion social care are understood and delivered.
We will achieve this by:

Understanding what matters most to people, especially those least included, by always starting with their needs & rights.

Our Guiding Principles

Engaging - listen to the views and experiences of the public.

Visible - within key groups and seldom-heard/hard to reach communities giving them a voice.

Priority Work streams 2014/15

- 1. Listening to the local population, consumers and stakeholders** - engaging with the public and targeting seldom-heard/hard to reach communities to understand what matters most.
- 2. Advice & information** - delivering an effective helpline providing high quality advice and information that is supported by an extensive information bank developed with key stakeholders.

Success Criteria

- 1. Reach and access** - to be accessible by and communicate with the public, patients and communities.
- 2. Involvement** - to actively involve volunteers in many areas of work within the delivery of services by Healthwatch Leicestershire.

Key Outcomes

Equality and diversity - working with stakeholders and affected communities to reduce inequalities of health and social care

Operations - accessible and linked across the community, providing a single point of access for advice, information and involvement



social care services in Leicestershire through public involvement

of health and social care services in Leicestershire where people's rights and responsibilities in health and

Developing evidence-based local insights to share with local partners and Healthwatch England to inform national insight.

Influencing those who have the power to change the design and delivery of services to better meet the needs and rights of users are better.

Strategically focused

- keeping relevant issues and the provision of health and social care at the forefront of our direction.

Partnership - develop

a credible working style that provides the right service, effectively with the public, commissioners and stakeholders.

Influence - the design

and delivery of services by commissioners and health and social care professionals.

Challenge - drive for change

on issues that matter the most to the public, taking into account the experiences of users and stakeholders.

3. Gathering intelligence to inform Healthwatch Leicestershire's role of influence, challenge and scrutiny - to be well informed of local and national health and social care initiatives, analysing and reporting on intelligence gained from the local people.

4. Influence on key stakeholder committees to inform commissioning and service delivery - to have representatives on key strategic boards and committees and develop collaborative partnerships that will influence health and social care services.

5. Challenge and scrutiny - an Enter & View programme delivered by authorised and trained volunteers who will report findings and recommendations to commissioners and providers.

3. Intelligence, Evidence & Insight - an effective Healthwatch information and signposting service

4. Influencing change - key stakeholders know that Healthwatch Leicestershire is effective in two key areas:

- Contributing to commissioning and influencing change
- Engaging the public

5. Challenge & Scrutiny - health and social care services are reviewed as a direct result from reports and recommendations made by Healthwatch Leicestershire. The Health and Wellbeing Board have been engaged and influenced to inform commissioning and service provision.

Governance and involvement -

a credible and effective organisation that supports active volunteering in all aspects of its work

Relationships and partnerships -

positive and effective working relationships that are collaborative, inclusive and transparent

Influence, evidence and insight -

influences commissioning, provision and service development supported by evidence and quality information



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