# North Tyneside Health & Wellbeing Board Report Date: 12 January 2017

ITEM 5

**Title: Healthwatch North** 

**Tyneside** 

**Report from :** Healthwatch North Tyneside

**Report Author:** Wendy Hodgson – Interim Director 0191 2635321

# 1. Purpose:

The purpose of this paper is to give a progress update on the work of Healthwatch North Tyneside, covering key work areas over the past 18 months, and to present and represent a record of concerns relating to health and social services received from residents of North Tyneside. The report is intended to help inform discussion so that the Board might judge the extent to which resident's views have helped shape and been addressed by the commissioning intentions.

### 2. Recommendation(s):

The Board is recommended to:-

- i) Note the progress made by Healthwatch North Tyneside; and
- ii) Consider the concerns gathered from residents of North Tyneside (listed in Appendix 1 of this report) in considering commissioning objectives in 2017/2018.

### 3. Policy Framework

This item relates to Objective 4 of the Joint Health and Wellbeing Strategy 2013-23: "To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed".

### 4. Report:

### 4.1 Introduction

Healthwatch North Tyneside is an independent Charitable Incorporated Organisation (CIO) and is working to a contract with its commissioner, North Tyneside Council, with the contract currently running until 31 March 2018. Our role is to ensure that people's views are heard and that existing and new services reflect the needs people have told us about. Everything we say and do is informed by our connection to local people. Our focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their agenda. We believe that in asking people more about their experiences we can identify issues that, if addressed, will make services better.

### 4.2 Background

In 2012 the Health and Social Care Act received Royal Assent and within the Act is the requirement for each local authority in England to establish and resource a local Healthwatch. Healthwatch North Tyneside (HWNT) operates with a team of 3.4 FTE paid staff and 16 active volunteers. The organisation is based in Wallsend but carries out engagement activities and attends events and meetings across the borough. HWNT is governed by a Board of Trustees currently with a membership of 8, including local residents and members with interest, experience in or knowledge of health and social care. Our board meetings are open to the public. Board members participate in the development of project plans and take on the role of 'project sponsor' to support decision making on specific projects. As HWNT is a small charity, the involvement of Board members in representing us at meetings and engagement activities is crucial in the delivery of our work.

# 4.3 Healthwatch North Tyneside Priorities for 2015 – 17 and Beyond

## Strategic priorities

- Gathering information: Gathering views, experiences and needs of local people
  about their health and social care, focusing on those who are underrepresented in
  decision making or face barriers to influencing the system. Gathering and monitoring
  other key information that tells us how the local health and social care system is
  working for people.
- **Influencing:** Influencing services and their commissioners to consider and act upon the views, experiences and needs we present. Championing the involvement of North Tyneside residents in the development and evaluation of services.
- **Providing information:** Enabling people to get the most of the current system by providing information about service provision, the rights people have in relation to their care, and opportunities they have to influence what care looks like.

# 4.4 During 2015 and 2016 we gave priority to the following themes when gathering views in order to improve services:

- Mental health
- Hospital food
- Northumbria Specialist Emergency Care Hospital
- Urgent care
- Meaningful activity in residential care homes
- Food and nutrition in residential care homes
- Carers
- Young People's views

As a local Healthwatch the organisation needs to be responsive to emerging trends and issues across North Tyneside.

### 4.5 How does HWNT decide on its priorities?

When deciding on priorities our Healthwatch Board consider:

- Trends in the views gathered through engagement and outreach
- Ongoing work where we need to monitor implementation of recommendations
- Priorities and commissioning intentions identified through the Health and Wellbeing Board, Overview and Scrutiny Committee and the Joint Strategic Needs Assessment
- Views of the board, staff, volunteers and the general public

In 2016 we also gave priority to implementation of our Healthwatch database and Feedback Centre. This allows us to identify trends, produce reports on feedback received and action taken and makes our decision making increasingly transparent and accountable.

### 4.6 How does HWNT gather views?

Our staff team conducts outreach activities with the general public across North Tyneside, listening to their issues, concerns, points of view and compliments about health and social care services. HWNT also conduct targeted outreach through voluntary and community groups and has an important role in reaching people and communities whose views are not often heard or find it difficult to get involved. HWNT takes part in events, such as Carer's Rights Day and Northern Pride. We also receive issues direct from the general by phone, email, letters, and online forms and social media. For specific projects and areas of research we conduct "Enter and View" visits, supported by our trained volunteers.

Our Feedback Centre (launched July 2016) facilitates the input of direct reviews of services by the general public via our website. We have an accompanying form which can be completed and sent back to HWNT by freepost. The team then inputs the review on line. Content on the Feedback Centre is moderated by HWNT, and providers have a right to respond. We have found that the majority of views input on the feedback centre are compliments about services, in contrast to engagement by telephone or during face to face engagement, which tend to be more issues, concerns, complaints, points of view, or requests for support with signposting. The Feedback Centre therefore has the potential to be an excellent resource for providers who want to evidence the effectiveness and satisfaction with their service.

### 4.7 What views have been collected?

A full account of the points of view, compliments, concerns and complaints received by Healthwatch is presented to our Board at their meetings which take place every two months. Feedback is obtained in relation to a wide variety of health and social care services used by residents of North Tyneside. The Board reports can be found at our website: healthwatchnorthtyneside.co.uk. Appendix 1 of this report gives a summary of the concerns and complaints which Healthwatch have received in the period from 1 August 2015 to 30 November 2016 under each service area. Where more than one individual has raised the issue the number of views is noted in brackets behind the issue raised.

# 4.8 Main areas of concern fed back to HWNT between August 2015 and November 2016

### Adult mental health services:

- Lack of sufficient support following crisis or suicide attempt
- Lack of resources for services
- Discharge felt to be too soon
- Not being treated with dignity and respect
- Lack of knowledge of mental health services locally

#### **Ambulance services:**

- Long waits for ambulances to be admitted to hospital
- Long waits for collection by ambulance and transfer between services
- Problem of patient transport following discharge

### Carers:

- Need for more information and support for carers
- Not being involved for considered in discussion about treatment
- Difficulty in finding paid carers to assist in providing care

### **Hospital services:**

A variety of comments have been collected about hospitals: North Tyneside General Hospital, the Northumbria Hospital, St George's, Freeman, Wansbeck and the RVI. These include:

- Concern about transport to and from the Northumbria Hospital including lack of access to public transport and cost of taxis
- Concerns about physical aspects of the Northumbria Hospital
- Length of time patients are having to wait to be seen
- Concerns about staff attitude
- Lack of information sharing with GPs

### **Primary Care:**

- Difficulty in getting appointments
- · Poor attitude of some reception staff
- GP's lack of knowledge of community support, mental health services and appropriate services for referral

### **Urgent Care:**

 Recent concerns about the Urgent Care Review and the possible impact on patients.

### 4.9 Engagement

In addition to general outreach, engagement and communication activities, HWNT has focused on the following themes:

- Young people's experience of health and social care services
- Carers and carers' wellbeing assessments
- Residential care food and nutrition (Independent Observer Scheme through Enter and View)
- Mental health access to services during times of crisis

### 4.10 Carers

In order to raise awareness about Carer's Wellbeing Assessments HWNT has worked with volunteers, carers, Citizens Advice Bureau (CAB), the Carers' Centre, and Susan Meins (Commissioning Manager, People Based Commissioning Team) to develop an information resource to raise awareness about the right to a carer's assessment. These resources went to print in October. A distribution plan was developed and the Cares' Centre sent out 1800 leaflets on 1 November. Leaflets have also been given to the YMCA, MIND and the Carers' Centre. HWNT plan to promote the resource in our enewsletter, printed newsletter and on Carers' Rights Day (Friday 25 November). The leaflet has been drawn up in the style that CAB use, however HWNT have adapted the format to ensure that it is accessible in larger print and downloadable from the HWNT website. HWNT has also designed an accompanying poster.

## 4.11 Young people

HWNT have been working with North Tyneside Council Participation Team and members of the youth parliament to start planning for 'Young Healthwatch'. It was agreed that the direction of this work should be very much decided by the priorities expressed by the young people and that Young Healthwatch should be mainstreamed into the work of HWNT rather than be seen as a time limited project. Our first participation event took place on 17 October 2016. Young people were asked their views on their experiences of health care provision in North Tyneside. We used this opportunity to ask young people how best to communicate with them. Their responses will be incorporated into the HWNT Communications Strategy (currently under development). We realise that the young people who came to the participation event will not be fully representative of young people across the borough. In an attempt to engage with different groups and individuals, HWNT has connected with the National Citizenship Service and has held sessions at a local High School to gather pupil feedback on health services in December.

Examples of issues and opinions highlighted by young people so far include:

- Lack of access to a GP for homeless young people
- Schools not taking mental health as seriously as physical health
- School nurse services being curbed due to local funding limitations and the reduced level of support for young people
- Most young people don't know how to book a GP appointment and how to speak to someone privately
- Practitioners needing to have a more person centred approach (one young person likened their experience to feeling like the practitioner was working on a doll in medical school). Staff talking 'across you' instead of at you and thinking they know what is best for you.
- Length of time it takes to get an appointment
- A lot of young girls don't know their rights about getting the pill.
- The need for support to complete forms

# 4.12 Giving people information, signposting to services, and responding to individual concerns

HWNT listens to people's views, providing them with information and signposting to organisations that can support them to get their needs met. We signpost to over 30 organisations ranging from national organisations to local community groups. The main organisations that we signpost people to are: PALS, North Tyneside Carers, Adult Social Care, Independent Complaints Advocacy and North Tyneside Clinical Commissioning Group. HWNT is a member of the SIGN North Tyneside network which brings together public, voluntary and community organisations to meet their health and social care needs. HWNT has a responsibility to raise Safeguarding concerns using the procedures set out by North Tyneside Council. Feedback on specific areas of service is fed back by HWNT to, for example, commissioners of residential or day services, to help with procurement processes, quality monitoring, and inspection or to health service providers who are required to investigate and respond to the issues raised.

### 4.13 How HWNT makes a difference

During 2015/16 we published reports about local people's views and our Healthwatch activity:

 Carers' Strategy and Carers' Charter - A report on the survey by Healthwatch North Tyneside, April 2015

- Briefing on local people's experience of using the Northumbria Specialist Emergency Care Hospital, October 2015
- Living life to the full? How meaningful activity in care homes of North Tyneside impact on wellbeing
- Hospital food at North Tyneside General Hospital

Reports pending publication based on engagement work: Mental health service user experience

Recommendations contained in our reports can go on to make a real difference, an example in 2016 relates to our "Living Life to the Full" report mentioned above. HWNT established the North Tyneside Activity Coordinator's Forum (ACF) as a partnership between Healthwatch North Tyneside, Tyne & Wear Care Alliance (TWCA) and independent consultant Helen Johns in April 2016.

We wanted the ACF to provide an opportunity for Activity Co-ordinators (ACs) to work together to develop their skills and continue to improve activity in their own care homes. We also wanted to develop a community of practice locally where ACs could develop their network in between forum events for example through social media, and joint projects.

We were also keen to keep a strong link to the recommendations included in HWNT's 'Living Life to the Full' report (April 2016) and particularly to those around developing 'The Whole Home Approach'.

There have now been 5 ACF sessions and we have included some regular features to the session outline including:

- Whole home approach
- Activity themes: One-to-one, social activity, community involvement, physical, daily living tasks
- Reflection ACs reflecting on their practice
- Events and announcements ACs would share any events in their home or in the local area that may be of interest to the group.
- Take-away tasks where ACs take up a 'challenge'

Feedback from ACs has been very positive and HWNT intends to continue this work in 2017.

### 4.14 Working with others

- We have regular information sharing meetings with the CQC, North Tyneside CCG and North Tyneside Council.
- We cross-refer, update on progress and share local intelligence such as concerns raised about planned new service provision.
- We consult with the CQC on areas of focus in preparation for enter and view projects such as our report on meaningful activity in care homes.

## 4.15 Working with the voluntary and community sector:

Working with the voluntary and community sector is an essential aspect of HWNT's work as we rely on these organisations to share their client's experiences of health and social care services. Examples of our work with this sector include:

- Working with VODA (local infrastructure organisation) on a voluntary and community sector information sharing meeting and participating in the Chief Officers Forum.
- Supporting World Mental Health Day celebrations.
- Working with LD:North East to deliver the Learning Disability Care Forum.
- Working with other local Healthwatch
- Joint letter to CCGs about patient transport services.
- Gathering local views for CQC inspections of two local NHS Trusts.
- Engaging people at regional events such as Northern Pride.
- Sharing intelligence on NHS trusts which cross local boundaries.
- Collaborating with Northumbria Healthcare NHS Trust on engagement road shows.
- Working with activity coordinators from care homes through Tyne and Wear Care Alliance to support sharing of skills
- Reporting on our work to overview and scrutiny committees.
- Providing evidence of local people's experience of mental health services to support the development of a local Mental Health Strategy.
- Participating in the planning and delivery of action days of the Health and Wellbeing Board

### 4.16 Representation

HWNT has representation on the following boards and sub-committees:

- North Tyneside Health and Wellbeing Board
- North Tyneside System Resilience Board
- Accountable Care Organisation development (paused)
- North Tyneside Integration Programme Board (vice-chair) and the individual programme or project boards
- We also attend Overview and Scrutiny Committee to report on our work and submit evidence as appropriate.

### 4.17 Future developments

- HWNT is currently reviewing our policies and procedures to make the foundations of our charity even more robust.
- We will be investing more time and resources in our Volunteers
- We are developing our Business Plan to ensure the sustainability of our work going forward.
- We will be investing time in developing and integrating a young people's voice by creating "Young Healthwatch" with local young people, North Tyneside Participation Team, and local schools and colleges.
- We will continue to roll out our Feedback Centre and develop an engagement and communication plan to reach even more residents of North Tyneside to gain their views about health and social care provision in the borough.

# 5. Decision options:

This report is for information only and therefore there are no decision options.

### 6. Reasons for recommended option:

Not applicable.

## 7. Appendices:

Appendix 1: Summary of concerns received from residents of North Tyneside for the period 1 August 2015 to 30 November 2016.

### 8. Contact officers:

Wendy Hodgson, Interim Director, Healthwatch North Tyneside (Tel: 0191 2635321)

### 9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

Healthwatch writes reports in relation to specific themes of work which are they shared with providers and commissioners for comment. The Healthwatch Board also receives regular reports, including a summary of issues received from residents of North Tyneside. All finalised reports can be found on the Healthwatch website healthwatchnorthtyneside.co.uk.

Reports used in the compilation of this report include:

- Report on Hospital Food at North Tyneside General Hospital
- Living Life to the Full a focus on meaningful activity in care homes July 2016
- Briefing on local people's experience of using the Northumbria Specialist Emergency Care Hospital, October 2015
- HWNT 6 month report to the Board November 2016
- HWNT Annual Report 2015/16
- HWNT Board Issues Reports for July 2016, May 2016, March 2016, January 2016, August 2015

### **COMPLIANCE WITH PRINCIPLES OF DECISION MAKING**

### 10 Finance and other resources

There are no known financial implications identified.

### 11 Legal

North Tyneside Healthwatch operates under the terms of Section 221of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) to, among a range of duties, promote and support the involvement of people in the commissioning, provision and scrutiny of local care services.

## 12 Consultation/community engagement

Healthwatch receives feedback from residents of North Tyneside routinely as part of our day to day function. This feedback can come to us through email, by telephone, or as a result of residents completing forms for our Feedback Centre, either by inputting the information directly to our online resource or by sending their comments in the post. Our staff team also carry out regular engagement activities where residents can talk to us "face to face" and have their comments recorded. Healthwatch receives comments which include concerns, points of view, compliments or complaints. When a resident wishes to make a complaint about a service our staff team directs the resident to the most appropriate avenue of support. A record of the concerns which have been received since 1 August 2015 to 30 November 2016 are included in Appendix 1 of this report.

# 13 Human rights

There are no human rights implications directly arising from this report.

### 14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

# 15 Risk management

A risk assessment has not taken place.

### 16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

### SIGN OFF

Director of Public Health	Χ
Chair/Deputy Chair of the Board	X
Chief Finance Officer	
Head of Law & Governance	Х