


## Health and Wellbeing Board 29<sup>th</sup> October 2014

<b>Title of paper:</b>	<b>Healthwatch Nottingham Update – October 2014</b>		
<b>Director(s)/ Corporate Director(s):</b>	n/a Martin Gawith, Chair – Healthwatch Nottingham	<b>Wards affected:</b>	All
<b>Report author(s) and contact details:</b>	<b>Ruth Rigby, Managing Director – Healthwatch Nottingham</b> <b>0115 859 9528</b> <div style="text-align: right; margin-top: 10px;">  </div>		
<b>Other colleagues who have provided input:</b>			
<b>Date of consultation with Portfolio Holder(s) (if relevant)</b>			
<b>Relevant Council Plan Strategic Priority:</b>			
Cutting unemployment by a quarter			<input type="checkbox"/>
Cut crime and anti-social behaviour			<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City			<input type="checkbox"/>
Your neighbourhood as clean as the City Centre			<input type="checkbox"/>
Help keep your energy bills down			<input type="checkbox"/>
Good access to public transport			<input type="checkbox"/>
Nottingham has a good mix of housing			<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs			<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events			<input type="checkbox"/>
Support early intervention activities			<input type="checkbox"/>
Deliver effective, value for money services to our citizens			<input type="checkbox"/>
<b>Relevant Health and Wellbeing Strategy Priority:</b>			
Healthy Nottingham: Preventing alcohol misuse			<input checked="" type="checkbox"/>
Integrated care: Supporting older people			<input checked="" type="checkbox"/>
Early Intervention: Improving Mental Health			<input checked="" type="checkbox"/>
Changing culture and systems: Priority Families			<input type="checkbox"/>
<b>Summary of issues (including benefits to citizens/service users):</b>			
Information report outlining the current activity, findings and future work of Healthwatch Nottingham.			
<b>Recommendation(s):</b>			
<b>1</b>	The content of the report is noted and the work of Healthwatch Nottingham is supported.		
<b>2</b>	The Board continues to receive reports outlining evidence and insight gathered by Healthwatch Nottingham and the outcomes from any specific work at its future meetings.		

## **1. REASONS FOR RECOMMENDATIONS**

This report outlines Healthwatch activity since the last report to the Board in August 2014. It also outlines developing work areas and plans.

## **2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)**

### **Evidence and Insight**

- 2.1 The attached Appendix provides the final analysis of our user experience data based on our current data gathering mechanisms and analyse experiences for which we have significant detail. In November 2014, we will be implementing a new informatics system which will combine feedback gathered directly by Healthwatch Nottingham from its telephone information line, Talk to Us points, through our targeted community engagement work and new website, with evidence gathered from established online sources such as Patient Opinion, NHS Choices, social media outlets, to provide the most comprehensive database of people's experiences of the health and social care system in Nottingham. This will then be subject to text based analysis to help us better understand people's experiences and identify trends and patterns to help improve care for Nottingham citizens. Members of this Board have been invited to attend the launch of our informatics system on 26<sup>th</sup> November to understand more about the information we will hold.
- 2.2 In addition to the brief analysis in the attached appendix, it is worth noting that, aside from contact from the public following media stories relating to social care settings such as care homes, Healthwatch Nottingham does not currently receive regular contact from the public in relation to matter relating to social care. We are addressing this, an issue that is at least in part to do with our national branding, through the provision of targeted information in social care settings and are hoping to promote our role through the provision of information relating to the Care Act 2014 over the next few months.

### **Talk to Us points**

- 2.3 Talk to Us (T2U) points are physical 'stations' where the public can meet Healthwatch Nottingham staff and volunteers to tell us their experiences of health and social care in the city. These points were established over the summer and, as well as allowing us to gather the views of the public, they increase our visibility and help to raise awareness of our work. Between July and September this year we ran 13 of these sessions.
- 2.4 Initially, Talk to Us points were piloted in the Joint Service Centres at Bulwell, Clifton, Hyson Green and also at Central Library with a view to providing a regular presence at these venues. Following the pilot, it has been decided to use a 'pop up' based approach in different public buildings across the city where there is likely to be good footfall, as well as at relevant community events and in a broader range of venues. Our volunteer profile means we are able to match volunteers with relevant language skills to particular community venues to maximise community engagement. Also, using the existing locality and area networks will enable us to ensure we cover the whole of the city. We are keen to engage local councillors to help promote our role, recognising that they have a unique insight into and awareness of local people's concerns. Plans are in place to do this before the end of the year.

- 2.5 We recruited an intern to work with us for six weeks over the summer to help develop, support and evaluate the Talk to Us points. Plans are in place to increase the number and extend the reach of our pop up T2U points over the next couple of months.

### **Wider Work**

- 2.6 During the first half of this year we have supported three local consultation processes and have promoted a number of others. We can promote – through social media, our newsletters, our contact with the public at T2U points and through contact with other local media - all consultations we are made aware of. We have recently undertaken a review of our communications strategy and all partners, alongside our current members will receive details of an improved offer in the next few weeks.
- 2.7 The Healthwatch Board met in September to revisit current priority areas. Based on a combination of issues raised by the public and the priorities of local commissioners, our priority areas currently are:
- Care Home quality
  - Access to GP services
  - Mental Health services for Young People

We will undertake specific work in these areas and report our findings to future Board meetings. In addition, following a request from Healthwatch England, we have recently supported their investigation into services related to gender identity following experiences advised to us regarding issues in primary care following gender reassignment.

- 2.8 We continue to support the engagement activity of other agencies through the provision of advice. Most recently, this has been in relation to the Urgent Care Centre Procurement, the work of the South Notts Transformation Board and via input into the Primary Care Development Centre. An emerging theme is developing regarding capacity building amongst citizen ‘representatives’ and others wishing to understand and better engage in the development of the health and care system. We are working with both statutory and voluntary sector agencies, including neighbouring Healthwatch Nottinghamshire, to look at how we can address this need through building individual’s capacity to engage with and contribute to co-design and co-production processes as well as wider engagement and consultation.

### **Healthwatch England (HWE) Annual Report 2013/14 and report into Health and Social Care complaints**

- 2.9 According to ‘Suffering in Silence’ the recently published HWE report into the health and social care complaints system, almost 1 in 3 people across England personally experienced or witnessed a relative or friend receiving poor quality care at some point in the last year. The report seeks to identify why two thirds of people did not consequently complain about it. Building on the findings of the Clywd/Hart report, HWE advises that the number one reason people say they would complain is to prevent others having to suffer, but they say they are being prevented from doing this

because the complaints system is too complicated, takes too much effort and they have little faith that their feedback will make any difference. We will raise the issues outlined in the report with local health and care commissioners and providers and continue to assist individuals to navigate their way through local complaints systems.

- 2.10 The Healthwatch England Annual Report for 2013/14 – Load and Clear: Making People’s Voices Heard highlights the need for ongoing work to assist people to access complaints processes and for building the capacity of local people to engage with ‘the system’.

**3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

None specifically.

**4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)**

None specifically.

**5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

None specifically.

**6. EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)  Y

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

**7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

None specifically.

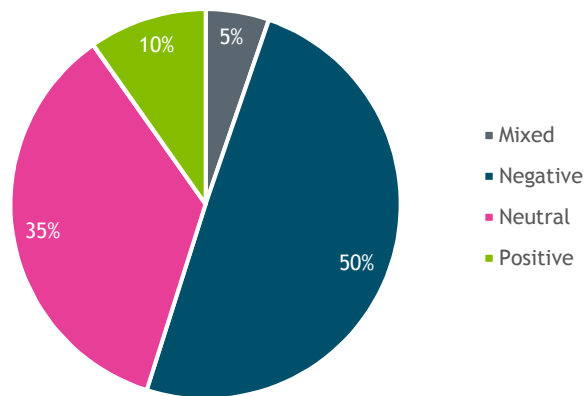
**8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

The 2 HWE reports which have been referenced in this report can be found at:

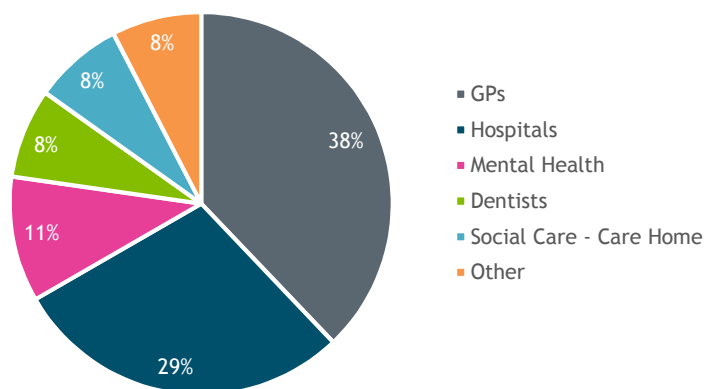
<http://www.healthwatch.co.uk/resource/annual-report-201314> and  
<http://www.healthwatch.co.uk/complaints/report>

### 133 Experiences collected

Sentiment of experiences collected



Negative experiences by service type



### Top five themes of experiences by sentiment

Themes	All (133)	Positive (13)	Negative (66)	Mixed (7)	Neutral (47)
Commissioning and provision	37%				94%
Treatment and care	28%	85%	35%	43%	
Access to services	18%	15%	29%	29%	2%
Staff	12%	23%	18%		
Making a complaint	8%		15%		2%
Diagnosis			12%	14%	
Communication		15%			
Facilities/surroundings		8%			
Administration				14%	4%
Referrals				29%	

### Top themes of negative experiences of GPs

#### 32% Access to services

Booking same day appointments and frustrating procedures for booking appointments were mentioned, as well as accessing to GPs speaking different languages.

#### 28% Staff

Almost a third of all negative comments about GPs referenced poor attitudes of medical and administrative staff.

### Top themes of negative experiences of hospitals

#### 37% Treatment and care

People commented on poor overall care experienced in hospitals, with a minority feeling that they had not been given the correct treatment.

#### 26% Diagnosis

Almost a third of people commented on a lack of diagnosis or misdiagnosis which resulted in delays to receiving the correct treatment, prolonged periods of pain and/or distress.