

Health and Wellbeing Board 26th February 2014

Title of paper:	Healthwatch Nottingham Update – February 2014	
Director(s)/ Corporate Director(s):	Martin Gawith, Chair - Healthwatch Nottingham	Wards affected: All
Report author(s) and contact details:	Ruth Rigby, Managing Director – Healthwatch Nottingham 0115 859 9528 	
Other colleagues who have provided input:	Shaniek Parks, Communication and Information Officer	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
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 checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
Information report outlining the current activity, findings and future work of Healthwatch Nottingham.		
Recommendation(s):		
1	The content of the report is noted and the work of Healthwatch Nottingham is supported.	
2	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

- 1.1 Healthwatch Nottingham is the independent consumer champion for health and social care in the city. In partnership with the Care Quality Commission, it exists to give citizens and communities a stronger voice to influence and challenge how health and social care services are commissioned and provided, including through reporting of its activity and findings to the Health and Wellbeing Board.
- 1.2 This report outlines activity, evidence and insight gathered in since the last report to the Board in October 2013 and outlines current work priorities.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 Evidence & Insight:

The following summarises calls to the Healthwatch Nottingham Information Line only. Mechanisms are currently under development to enable the reporting of more qualitative information gathered through engagement activities which will provide a broader picture of consumer/citizen issues. Copies of the full reports are available from the Healthwatch Nottingham website.

Quarter 2

Trends:

- 20% of total callers requested information on dental home care for older people. This is indicative of a real concern about contractual changes in the NHS and people needing to access private dental care services if they do not qualify for the Special Needs Dental Service offered by the Nottinghamshire Healthcare Trust.
- A high percentage of calls related to information requests to find a GP or dentist in their area
- Rise in calls about children services, both health and social care related issues.
- Increase in complaints about GP's. Callers expressed frustration about the behaviour of GPs and lack of knowledge about where to take the complaint. Some did not feel comfortable making complaints to the GP practice and were hesitant about making complaints nationally via the NHS England Customer Care Centre.
- There has been a decrease in the number of callers following up on PALS complaints in comparison to the first quarter.

Learning Curve:

We experienced a decrease in the number of calls in the second quarter. However, we received quality based narratives on concerns about the local hospitals, GP's and child services. In response, we have strengthened internal processes to ensure immediate referrals of quality concerns and alerting of safeguarding concerns through appropriate reporting routes. We are also building our network of protocols

around information sharing to ensure we can feed information into reviews by statutory bodies while protecting caller identity.

The types of enquiries also changed, we had fewer calls regarding complaints about the NHS, more information requests about NHS services, dental home services and enquiries making GP complaints.

Quarter 3

Trends:

- Increase in general information requests. Previously, information requests were mainly about finding the nearest dentist or GP while this quarter they covered a range of health and social care issues.
- Complaints about GPs remained of importance to callers.
- There were no calls following up on previously made PALS complaints as had been the case in previous quarters.
- Access to dental services for older people remains an important issue.
- Increase in calls requesting advice. Often people requested direct advice on what to do; many felt that they were being given choices of health/care provider but had no basis on which to choose and argued that without a basis from which to make a decision, they would prefer not having a choice at all. Issues on which people sought advice included information about the best nursing homes for their relatives.

Learning Curve:

Enquiries this quarter included complaints about the inconvenience of an added step via the CCG, to access to optical care, podiatry services and orthodontic services. There was also an increase in information requests about social care issues, access to specialist doctors and linking private to public healthcare options. In response, we have strengthened our relationships with health and social care providers to ensure we understand any process/pathway changes. This information helps to ensure our directory of information is constantly updated and able to deal with the enquiries we receive.

2.2 Engagement:

As one of the risks Healthwatch Nottingham faces is that of duplicating other engagement and consultation activity, much of the engagement activity to date has involved attending and listening at events established by commissioners and providers. Hence Healthwatch Nottingham attended and recorded discussions at the recent Call to Action events held by the CCG and the very recent 'Shape the Future of the Health Services event held at Nottingham Forest FC.

Additionally we continue to link with other organisations, particularly within the third sector, providing closer access to specific communities including those who may not be linked in with other engagement routes.

2.3 Healthwatch Board Priorities

Care Homes

At its first meeting, the Healthwatch Nottingham Board identified Care Homes as an area for specific attention. This followed the short notice closure of the St Andrews Lodge Nursing Home and subsequent comments by CQC that the quality of local care homes was poorer than in other areas. Healthwatch Nottingham is now working through a programme of activity designed to:

- Ascertain views regarding tenants' rights for care home residents.
- Raise awareness of local Healthwatch in care homes.
- Contribute to work, led by the city council and CCG, to improve care home quality.
- Promote Dignity in Care.
- Support the Nottingham Older Citizens' Charter, and
- Contribute to learning from the closure of St Andrews Lodge

A future report to this meeting will provide the outcomes from this work.

Diaries Project

A programme of work, led by the Healthwatch Nottingham Board, is currently being developed, requesting that individuals keep diaries of their experiences and what they hear about health and social care services. Linked to the findings of the Francis report, it is intended that this work stream will help identify themes in relation to people's experiences of the system, which can then form the basis of more focussed attention.

To date, diaries have been kept by Healthwatch Nottingham Board members but it is intended to roll this out across a range of other stakeholders in the forthcoming months.

2.4 Profile raising:

As a relatively new entity, much of Healthwatch Nottingham's activity remains focussed on developing awareness of the local Healthwatch 'brand', linking with key stakeholders including, most importantly, ensuring all Nottingham citizens understand what Healthwatch is and how to contact us.

To this end, developing relationships with health and social care providers and commissioners remains vital, as does strengthening links with the voluntary and community sector – through HWB3 and with direct work with specific organisations.

In addition to this, we are currently looking at how we can better support our members to contribute to our work, including through volunteering opportunities. We are looking to recruit to specific volunteering roles – through establishing Healthwatch Champions and by utilising volunteers on our information line, to broaden our community reach.

Perhaps one of the best networks we have linked into in recent months has been the local press. We are now regularly contacted by local TV channels, radio and

newspapers for comment on local stories about health and social care matters – including NUH car parking charges, maggots in a GP practice, the £100m health/care budget challenge - in addition to the Healthwatch Nottingham Chair’s regular Nottingham Post column. We provide input into local news stories most weeks. This is a great way to undertake and publicise our role as consumer champions but also, through our links with the statutory sector, we can also help minimise the sharing of inaccurate information and scaremongering.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None.

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.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Healthwatch Nottingham Information Line Quarterly Report (July- September 2013)
Healthwatch Nottingham Information Line Quarterly Report (October- December 2013)