

## HEALTH AND WELLBEING BOARD

26 SEPTEMBER 2018

	<b>Report for Information</b>
<b>Title:</b>	Healthwatch Nottingham and Nottinghamshire
<b>Lead Board Member(s):</b>	Martin Gawith, Joint Chair of Healthwatch Nottingham and Nottinghamshire
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<b>Brief summary:</b>	The two Healthwatch organisations in the City and County merged on 1 June 2018. This report provides an update on the remit of Healthwatch, and an overview of current priorities and current challenges.

### **Recommendation to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:

- a) receive this update from the newly merged Healthwatch Nottingham and Nottinghamshire.

### **Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	Healthwatch seeks the views of the most vulnerable people in our local community and uses this feedback to influence local health and care commissioners and providers and help to shape improvements.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	Healthwatch covers the whole life cycle from children to adults
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	Healthwatch has set mental health as a priority area for focus in 2018/19.
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	Healthwatch seeks to promote transparency of communication between organisational and system strategy and the public, and holds these bodies to account for their commitments to the public.
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

**How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health**

Mental health is one of the strategic priorities of focus for HWNN in 2018/19

**Background papers:**

*Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.*

None

## **Background to Healthwatch**

Healthwatch was created in 2013 under the Health and Social Care Act 2012 to ensure that service users are at the heart of health and social care delivery. The Act stipulates that a local Healthwatch must be an independent organisation that is not-for-profits and run for community benefit only.

Local Healthwatch organisations are commissioned by Local Authorities who receive funding from the NHS. Locally, this led to the creation of Healthwatch Nottingham to serve the City and Healthwatch Nottinghamshire to serve the County.

Healthwatch provides an effective, powerful, representative and independent local public and patient voice for all aspects of health and social care services within the community, including sitting on the Health and Wellbeing Board. Local Healthwatch bodies also support local views in influencing national policy and practice through Healthwatch England.

## **Merger**

During 2017 Nottingham City Council and Nottinghamshire County Council agreed that Healthwatch Nottingham and Healthwatch Nottinghamshire should be combined into one body and this merger took place on 31<sup>st</sup> May 2018. The new organisation is called Healthwatch Nottingham and Nottinghamshire (HWNN).

The advantages of merger are:

- It better reflects the future organisation of NHS services around the Sustainability and Transformation Plans across Nottingham and Nottinghamshire.
- Given the budget reductions both the Local Authorities and Healthwatch are facing the merger provides savings whilst enabling the Healthwatch function to continue.
- It enables the improved use of shared information, data collection and adoption of standard approaches and frameworks, thereby increasing our capability and capacity to deliver evidence and insight work.

## **Scope and Approach**

The key aims for local Healthwatch organisations are:

- Obtaining the views of patients, service users, and the public
- Influencing the planning and delivery of public-centred health and social care services
- Providing feedback, advice and information to help people access health and social care services and support and make informed choices
- Holding commissioners and service providers to account.

The scope of HWNN is all publicly funded services in Nottingham City and Nottinghamshire County, including hospitals, primary care, mental health, community services, residential care, care at home, social services, adults and children's services and public health. The

small team of 10 staff is enhanced by our group of active volunteers who support many of our functions. We also work collaboratively with a range of networks, including the voluntary and community sectors, scrutiny bodies such as the Care Quality Commission, other patient and user groups and engagement processes.

Our values are to be representative of the communities we serve, support the long term sustainability of quality health and care services, to be responsive to current concerns and issues, to ensure that we are transparent in everything we do and to adopt best practice approaches and maintain high standards in our work.

### **Focus on vulnerable groups**

A key strategic aim is to focus on vulnerable groups and the 'seldom heard' to ensure that the voice of these communities is fed back to providers and commissioners of services. We do this by building links to these communities and going out to meet them where they are in their own groups.

We monitor a range of demographic data and other characteristics of those from whom we gather experience data, including gender, sexual orientation, main language, ethnicity and disability. We seek to improve the collection of experiences from any groups that are underrepresented in our data – for example, men, younger people and those from BME communities.

### **Approach**

We collect the views and experiences of local people in a range of ways to ensure that we achieve both coverage (quantitative approaches) and more detailed experiences (qualitative approaches). Quantitative approaches include our 'question of the month' – for example on access and quality of mental health services, and experiences of repeat prescriptions and medication reviews. We collect qualitative insights through our 'Enter and View' programme to care homes, holding 'Talk to Us' points in community centres, libraries and health centres and in depth case studies with individuals over a period of time.

We also undertake commissioned insight projects. Recent examples have included:

- A report for the City and County Adult Safeguarding Boards when we undertook 150 awareness surveys in the City and 250 in the County, with the objective of finding out how well people understood the terms safeguarding, vulnerable adults, what constitutes abuse and who they would report safeguarding concerns to. This report will be used to inform the Boards' communication strategy, raise awareness of the role of the Safeguarding Boards and to demonstrate, 'evidence of community awareness of adult abuse and neglect and how to respond.'
- A report for the Nottinghamshire County Council Public Health Team to undertake 9 focus group discussions to provide insight to inform their commissioning specification for wellbeing services from conversations with members of the public who would benefit from wellbeing services but are not currently using them.

### **Activity and Impact**

In 2017-18 we visited 72 places across the City to talk to people about their experience of health and social care and in addition reached 5,664 citizens in the City through digital

channels. We spoke to 1,134 people in the City about their views and experiences of health and social care and collected 612 detailed experiences.

We analyse the data that we collect through identification of themes, service providers and whether comments are negative or positive. We use this information to provide feedback to service providers, and inform future work programmes. In addition we monitor the impact of our work by following up recommendations we make in our reports, for example a review at the Mary Potter Health Centre of the quality of GP consultation received by people who needed an interpreter present led to an increase in the length of the appointment slots allocated for those needing an interpreter, in order to improve the patient experience and the outcome of GP consultations.

We influence at a strategic level through STP and Transformation Boards, where we provide advice and seek to ensure that leaders include effective communication and engagement with the public in their approach.

### **Priorities for 2018/19**

Our organisational priorities are to:

- augment our expertise and our reach by growing our contracted income and using that to reinvest in our capability
- build our profile and influence
- focus more on the voice of those who are 'seldom heard'
- identify and demonstrate our impact, to ensure greater transparency and accountability
- build our capability and maximise our resource.

In addition to our focus on the seldom heard, we have agreed two further priority areas for 2018/19: the frail elderly and mental health.

The themes were selected based on the strategic context of health and care in Nottingham and Nottinghamshire, intelligence gathered from external meetings and our own evidence and insights. Both themes also require organisations in health and care to work together effectively to deliver good care and therefore test the strength of this partnership working.

### **Challenges**

In order to extend our reach and gather as many views as possible, including from under represented communities, we are looking to recruit more volunteers, especially from the City and from BME communities.

We need to improve how we feedback on our work and communicate with stakeholders – we are planning to start issuing a 6 monthly stakeholder bulletin.

The name of Healthwatch attracts views and experiences from the public mainly about health care. We need to develop better ways on capturing views from the public on the social care that they receive.