

Health and Wellbeing Board – August 27th 2014

Title of paper:	Healthwatch Nottingham Update – August 2014	
Director(s)/ Corporate Director(s):	n/a Martin Gawith, Chair – Healthwatch Nottingham	Wards affected: All
Report author(s) and contact details:	Ruth Rigby, Managing Director – Healthwatch Nottingham 0115 859 9528 <div style="text-align: right; margin-top: 10px;">  </div>	
Other colleagues who have provided input:		
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 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

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

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Evidence and Insight

- 2.1 In this period we received 39 contacts from the public via our Info line or email. 29 of these calls were for information or signposts to other organisations. The remainder were people sharing experiences/information.
- 2.2 69% of enquiries were made in a personal capacity while 10% were from professionals. We received more calls from women (69%) in comparison to men (31%). Calls were received from people across Nottingham with 13% of callers from outside the city. People aged of 66 and older accounted for 53% of calls in the quarter. This group has also been responsible for the most calls during the last three quarters.

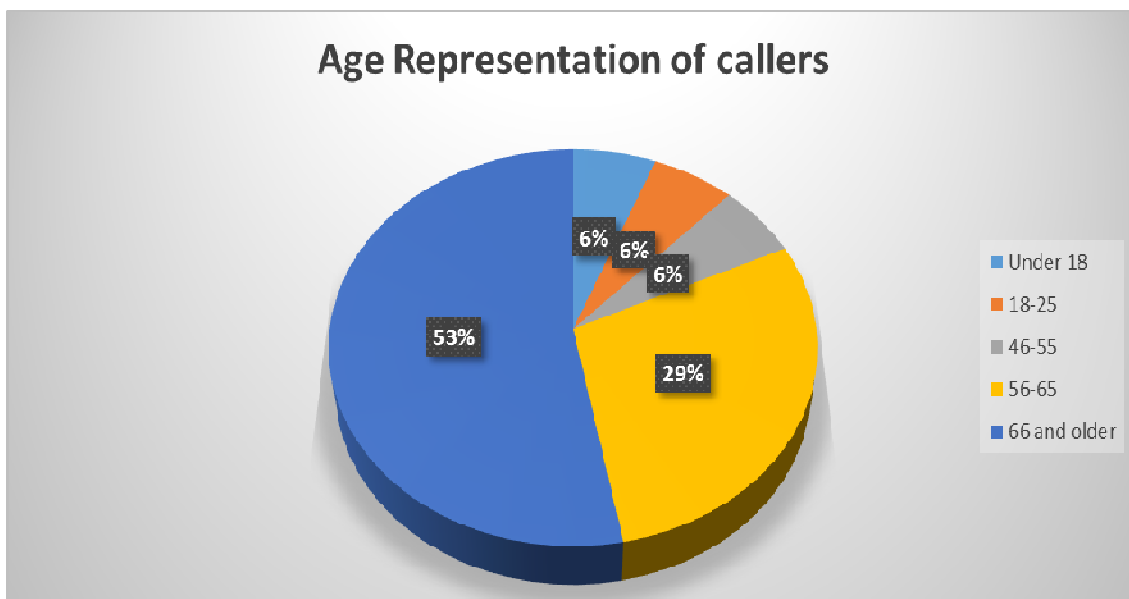


Figure 1: Representation of the age categories of callers to the Healthwatch Nottingham Information line.

- 2.3 We received calls from a wide range of ethnic groups in Nottingham. Of this amount who gave their ethnicity, 71% were from people of White – British, Scottish, Welsh and Northern Irish backgrounds.

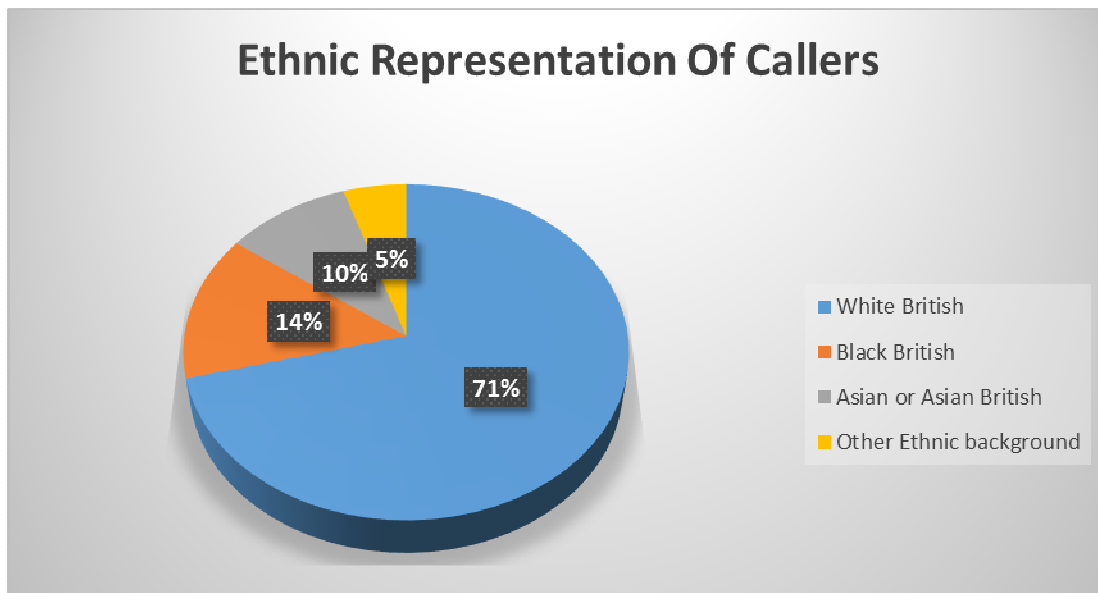


Figure 2: Representation of the ethnic background of callers.

2.4 The enquiries in this quarter were varied with most relating to GPs, accounting for 34% of calls. Whilst dentist-related enquires accounted for 18 % of calls.

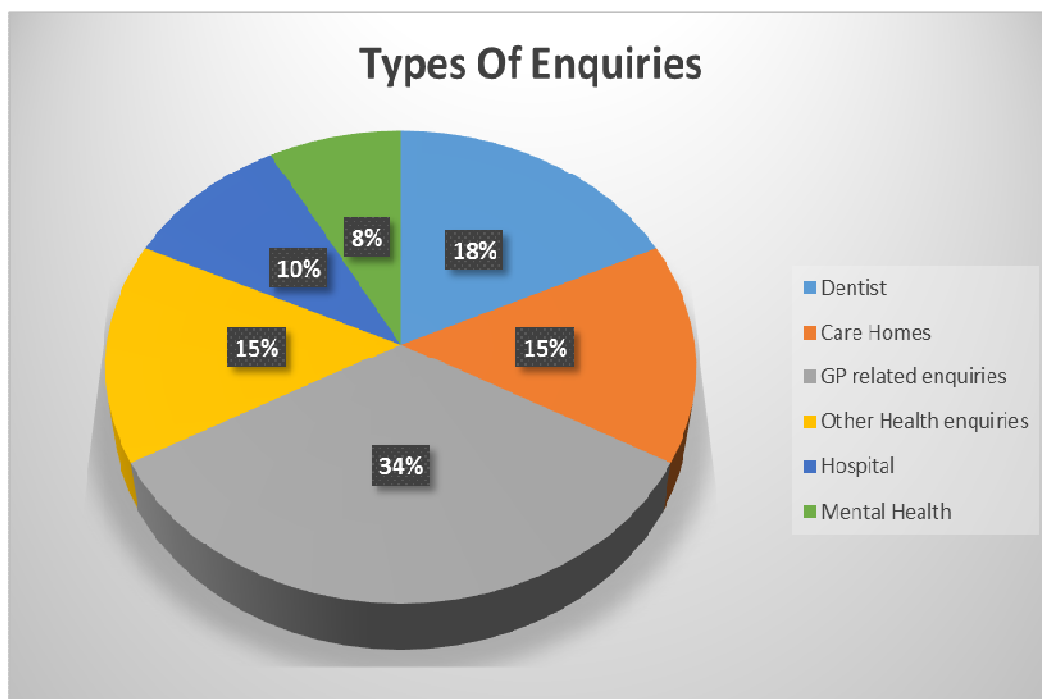


Figure 3: Representation of the types of enquiries received.

Talk to Us points

2.5 We are currently piloting *Talk to Us* points in two Joint Service Centres in the City: Clifton Cornerstone and the Mary Potter Centre in Hyson Green. These will provide an opportunity for both general feedback regarding health and social care matters and for specific campaigns. These points will be staffed by Healthwatch Nottingham volunteers at specific times during the week. It is intended that *Talk to Us* points will be established in each area of the city.

Engagement

- 2.6 Healthwatch Nottingham has supported public engagement regarding the CCG's proposals to revise the current Walk In Centres to Urgent Care centres. This work sought to encourage the views of seldom heard groups, to complement and build on the feedback already received through the CCG's own consultation. A report on our findings has been presented to the CCG.

Annual Report 2013/14 and Reflective Audit

- 2.7 Healthwatch Nottingham has produced its first annual report (Appendix 1) in line with statutory requirements. Whilst much of 2013/14 was spent building links with key stakeholders and raising the profile of the new organisation, a reflective audit – which sought to gain the views of over 800 people who had had contact with the organisation in its first year - was used to compile the views of a wide cross section of people and has also been used to inform plans for the current year.

- 2.8 Key findings from the audit were that:

- We need to do more to ensure that all local people know who we are and what we do. This was unanimously agreed by the vast majority of respondents to our survey, irrespective of whether they had a professional or service user role.
- There is more we can do to gather and share the experiences of seldom heard groups. Only 50% of providers and commissioners agreed that we identify and represent the needs of seldom heard groups. 41% couldn't make a decision, which illustrates we need to get better at communicating this; we need to be overt and shout about it. You also told us that doing this was one of the ways we can best support you and make a difference locally.
- We've built some good strong relationships with decision makers in the city. The vast majority of professionals responding to our survey have had a positive experience of working with us and we have strong relationships with them. What we need to do now is build on this, ensure we remain independent and provide confirmation and challenge where necessary to deliver the best outcomes for local people.

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

None specifically.



Foreword

Developing a strong voice for Nottingham citizens in shaping health and social care.

This is our first annual report, covering a year that has seen a huge amount of change in local health structures, the establishment of the city's Health and Well-being Board and our own development as the new voice for patients, services users, carers and the wider public committed to ensuring that the health and social care system that is as good as it possibly can be for our diverse population. So, how have we done in our first year? This report sets out how we have made a difference. To do this, we have put new structures in place:

- We have a five-strong Board directing our work and setting our priorities;
- We have a small team engaging with the public and other networks, compiling the information we receive and ensuring it is fed into the development of local services and systems;
- We have developed relationships with a broad range of other bodies that will help us garner the views of Nottingham citizens, including:
 - the Partnership that hosts us, comprising AWAAZ, HLG, Independent Voices for Engagement (IVE) and Self Help Nottingham
 - HWB3, the voice of the third sector around health and wellbeing
 - Nottingham City Voices, the CCG's online consultation community that we link into
- There are many other networks that help us to hear the voices of those seldom heard.
- We have attracted a number of volunteers to help us reach into Nottingham communities and champion our role and the voice we offer

Also, we have developed relationships with:

- Our key commissioning stakeholders - the Nottingham City Clinical Commissioning Group (CCG), the City Council in relation to Public Health, Adult Social Care and Children and Young People's Services, NHS England.
- Our major providers, including Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Trust, Nottingham CityCare Partnership and a range of other smaller organisations providing health and care services in the city.

- The organisations that regulate and monitor our health and care services - the Care Quality Commission (CQC), Monitor, the Trust Development Authority.

We know that these organisations need to trust us to act independently of the health and social care system, champion the views of local people and act as critical friend to them. They also need to trust that we understand the challenges they face, the constraints placed on them as they plan for major change which will see reduced funding whilst both people's expectations of the system and the needs of the local population increase.

Who's missing from this?

Our most important relationship is that between ourselves and Nottingham citizens:

- We have developed a membership of 800 Nottingham residents keen to be involved and hear more about our work. We know we need to work more closely with them.
- We have developed our relationships with local media so they understand our role.

But we need to do more. We want everyone in Nottingham to tell us about every experience they have of a health or social care service that they think must or could be improved. Alongside that, we want to know about every experience that exceeded their expectations so that we can identify good practice.

Over the forthcoming year, we will put the development of our relationship with all Nottingham's citizens as our top priority as we want the whole of the city to Talk to Us to improve health and social care in Nottingham.



Martin Gawith,
Chair of the Board

Making a difference through statutory activities

Government legislation gives us some powers and requires us to undertake particular activities. This section details our actions over the last year and how we're starting to work for our local people.

Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local services

As well involving local people in our work we have worked with service providers and commissioners to promote and support the involvement of local people in the design and delivery of local services. Two thirds of the commissioners who responded to our annual survey told us we are making a difference to their work. When asked how, one respondents said this...



Raising awareness of the service user/patient perspective; being an active voice and participant.

Service commissioner

Here are some examples to illustrate our work in this area...

Urgent care public consultation...

We worked with the Clinical Commissioning Group (CCG), who were also acting on behalf of NHS England, on their plans for involving all local people in the consultation on the planned changes to walk-in centre provision and primary care access. We are supporting their consultation through targeted work with seldom heard groups.

Equality and diversity engagement network...

This is a commissioner and provider forum to share engagement findings and ensure that this activity represents the diversity of our local community. We have contributed to a shared work programme to promote best practice and partnership working.

South Nottingham Transformation Board...

We're participating observers on the board which is overseeing the transformation of local services to deliver improved outcomes for patients. Through our role in attendance at the Citizen Advisory Group of this board we have fed our views into proposals for how they will involve and engage local people. We raised the need for specific methods of engagement to ensure the voice of seldom heard groups is heard.

As well as promoting the involvement of local people in other organisations we're doing this too!

We're strongly committed to involving the diverse communities of Nottingham in our organisation so we've developed and promoted our volunteering strategy and our first wave of volunteering roles, which include:



Champion volunteers...

will help us reach the diverse groups and communities in the city, collecting local people's views on and experiences of services.



Administration volunteers...

will provide administrative support to our staff team, including responding to calls on our information line.



Event volunteers...

will help promote Healthwatch Nottingham at community events.

We're also adopting the Older Citizens Charter. We have supported the city council work to involve a group of older citizens to develop a charter of pledges around how they should be involved in the design and delivery of local services. We've adopted their charter to inform our own development and engagement activities.

Enabling local people to monitor the standard of care

We felt we needed to fully understand the work already being undertaken by commissioners and regulators to monitor the standard of care, before we put our volunteers into these complex situations to undertake Enter and View visits. We wanted to make our work in this area complementary to other regulatory activities. Over the next year we will design and develop our Enter and View visits across all health and social care services to ensure that this activity fills gaps in existing regulatory activities.

Here are some examples of our other work in monitoring standards of care...

Dignity in Care Board...

This board oversees a series of pilots to develop community-based 'governing bodies' in local care homes. We're key participants of the board, and are supporting the development of the project to help fill the intelligence gap between the experience of residents and their family and friends, and the assessment of the regulators and contractors. Healthwatch Nottingham volunteers will join these boards, gathering information to monitor how the home works. This evidence will feed into quality improvement work undertaken by commissioners and providers, will act as an alternative to Enter and View visits and inform our future work with this sector.

Care Homes...

We acknowledged the view expressed by the Care Quality Commission (CQC) that the quality and standard of care in our care homes in our community is below average. We recognised that there has been some good multi-agency work to establish early warning systems, and so decided not to conduct Enter and View visits so as not to conflict with, or replicate, other regulatory activities.

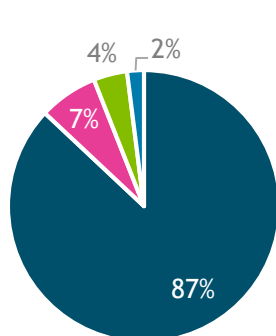
Providing advice and guidance

Our Information Line provides information and signposting services on issues relating to health and social care services in the city. The line is open 9am to 5pm. The Information Line number is:

0115 859 9511.

During 2013/14 we took enquiries from people in all 22 wards of the city, across a range of ethnic groups and age bands. The majority of our enquiries were about primary care services; over three quarters (77%) were related to accessing these services.

Figure 1 Subject of information line enquiries (base: 129 enquiries)



- Primary care services
- Hospital services
- Social care services
- Community services



Wanted information related to the administration and management of these services. Just under one in ten callers (9%) wanted advice and guidance on making a complaint. We signposted the latter to the appropriate advocacy and complaints services.

Wanted information and details for GP surgeries or health centres. We provided this where requested, and signposted people to appropriate services where required.



I know I can rely on the staff to do all they can to help. If it's a problem they're not familiar with, they will pass it over to someone who is. I feel that the service is vital to the people of Nottingham.

Information line user

We're involving local people in our information line too!

We're recruiting volunteers to respond to incoming calls, provide information about local services, record local people's experiences of services, and where relevant, signpost callers to advocacy and complaints services.

Informal resolution...

We contributed to the development of the NHS England local area Team's Informal Resolution pilot, aimed at resolving people's concerns about primary care services. This has helped to ensure that people receive advice and guidance to get a swift resolution to concerns that can be resolved through liaison and improved communication between service providers.

Obtaining the views and experiences of local people

The views and experiences of local people have been gathered through our Information Line telephone service, through a 'Talk to Us' form on our website and attending a range of community events where we spoke with people face to face. We've also developed a relationship with Nottingham City Voices, the CCG's membership panel of local people, which is shared with the city council. When we're undertaking specific consultations we will be using this panel to gather the needs and experiences of local health and social care services.

Reaching out to priority groups

To engage people from disadvantaged and seldom heard communities we have used a variety of methods to raise awareness of Healthwatch and gather their needs and experiences.

Refugees and Asylum Seekers...

We've worked with the Nottingham Refugee Forum to gather the needs and experiences of their service users. We've incorporated their most significant concerns into our responses to public consultations on the provision of urgent care and access to primary health care services.

Carers...

We were a partner organisation for the delivery of the 2013 Carers Workshops, delivered in seven venues across the city in May and June 2013. We had a stand to raise awareness of Healthwatch and gather needs and experiences from the 450 people who attended.

Seldom heard groups...

We sit on the steering group of the Nottingham Third Sector Health and Well-being Board (HWB3). This has helped to ensure other member organisations promote Healthwatch Nottingham and support the collection of needs and experiences amongst the groups they support, including the seldom heard.

Young people...

We participated in events which involved a panel of young people from black and minority ethnic communities asking specific questions about local health services. Through this we identified a number of young people interested in working with us as Champion volunteers, supporting the collection of needs and experiences from other young people.

We have also worked with the specialist Children and Young People Worker from Healthwatch Nottinghamshire. This has enabled us to share practice and identify opportunities to work together in gathering the needs and experiences of children and young people in the city.

Black and minority ethnicities...

We held a stand at the Nottingham Caribbean Carnival to promote awareness of Healthwatch Nottingham.

We've supported the Asian Mental Health Resource Unit's Macmillan Coffee morning and mental health awareness event to raise awareness of Healthwatch and talk to local people about their needs and experiences. The unit provides advocacy, support and therapy to the Asian community suffering from any form of mental health difficulties.

Our chair has also featured on the Radio Dawn Health Show and Kemet FM radio station Health and Well-being show. The radio stations targets the Asian and Arabic, and Afro Caribbean communities.

Formulating views on the standard of provision

We take all the needs and experiences we've gathered from local people to identify trends and concerns in provision. These were the three most frequently identified concerns and what people told us about them...

48%

Identified concerns with their treatment and care. Continued and increased levels of pain were the most frequently reported concern. These were all linked to either unsuccessful treatments or low standards of care.

27%

Talked about referrals. Waiting times for the original service to undertake the referral and the amount of time between referral and appointment were the main concern.

18%

Referenced access to services. The time it takes to access services, often in an emergency or crisis situation was the main concern reported to us.

These trends indicated that improvements could be made across a range of services. Here are some examples of how we have looked into these trends to identify potential improvements...

Care homes...

We identified the standard of provision in care homes as an area we needed to further understand. This followed the CQC assessment that the quality of our local care homes was below the standard found in other areas across the country. We're now working through a programme of activity designed to understand service users' needs so that we can identify if and how improvements can be achieved through existing improvement activities.

The frail and older persons journey...

We participated in an event to walk the older person's journey through the acute care setting. This was insightful in both understanding and analysing the current provision and considering improvements that could be made. This has helped us to understand how and why the system needs to change, findings which we have fed into our work on the South Nottingham Transformation Board.

Making reports and recommendations

We've used the needs and experiences gathered to work with service providers and commissioners to improve our local services. Reports have been produced, and where appropriate we've taken our work to groups scrutinising relevant services. Our evidence suggests that we are starting to make a difference to their work. Over two thirds (68% of 16) who responded to our annual survey agreed with this statements. When asked how, they said...

The patient feedback that is received via Healthwatch Nottingham helps to inform areas where we need to do better and well, complementing the feedback we receive from a wide range of other sources.

Service provider

By being involved, visible and making a contribution to future planning and current issues...working with Healthwatch has been useful and mutually beneficial. We appreciate their independence and input.

Service commissioner

70% of providers responding to our annual survey, agreed that we're starting to make a difference for local people. When asked how, they said:

"By providing a systematic way to engage and influence both at a strategic and high operational level."

"By informing local practice and policy."

Here are some examples of how we've produced reports for service improvement...

Care homes...

We were involved in a lessons learnt event following the closure of one of the city's care homes. Following this event, Nottingham City Council and the CCG made amendments to their operational procedure regarding the unplanned closure of a care home. Continuing to work with Healthwatch Nottingham is referenced in their actions. We took this issue to the Quality Surveillance Group (QSG) for the city, a group which work to safeguard the quality of care that people receive. They commended this work as a good piece of collaborative working.

Ophthalmology...

We worked with Healthwatch Nottinghamshire to compile a report on concerns that were raised to us both about the Ophthalmology department at the Queens Medical Centre. The report was forwarded to Nottingham University Hospitals who deliver this service. They then produced an action plan which acknowledged the issues raised.

Care homes...

We participated in a strategic review of local care homes to assess if they met the needs of local people now and in the future. Out of this review came some recommendations to commissioners about quality improvements, gaps in the market and messages to the care home sector. We contributed to the development of these, challenging them as a critical friend.

Working with Healthwatch England

We have also worked with colleagues in our neighbouring local Healthwatch and supported Healthwatch England. For example...

Communications working group...

We sit on the Healthwatch England Communications Working Group, working with them to help develop their communications arrangements with local Healthwatch. We have used these to develop our approach to our communications activities.

Rights and responsibilities charter...

We arranged and conducted a consultation with an Asian women's groups for Healthwatch England's rights and responsibilities charter.

Joint work with our neighbours...

We work closely with Healthwatch Nottinghamshire, particularly around communication - to ensure local people receive a clear message about what Healthwatch does irrespective of where they live - and we look to aggregate the information we hold about shared providers to enable us to spot trends and to help the provider make best sense of the information we have.

Care homes...

We have met with the CQC and Healthwatch England to discuss provision in our local care homes. We alerted them to our work around one of the city's care home and sought, with CQC, to provide clear information to the public regarding the outcome of an inspection of a primary care setting that received negative media coverage.

Being active on the Health and Well-being Board

Local Healthwatch have a seat on their local Health and Well-being Board, leaders from local services who work together to improve the health and well-being of local people. This section illustrates how we've been an active member of the Nottingham board.

We have been an active member of the Health and Well-being Board since we started. We report back to them quarterly and provide an update for them on the issues being reported to us through our contact with the public. We've also presented back to them on the following...

Scrutiny...

We have presented to the Health and Well-being Board to improve their understanding of our role in scrutinising services and being the voice for local people. We have now developed a working protocol for how we work with them and the Health Scrutiny Committees.

Roles and responsibilities...

We have contributed to and presented at Health and Well-being Board development sessions, designed to ensure the effective operation of the Board through a clear understanding of members' roles and responsibilities.

Nottingham has a third sector provider forum - HWB3 - representing those third sector organisations with a direct interest in health and well-being. The forum meets once a year but they also have a steering group which meets bi-monthly to allow the two HWB3 representatives on the Health and Well-being Board to appropriately liaise with third sector organisations and to identify opportunities for third sector involvement and influencing. Healthwatch Nottingham sits on the HWB3 steering group as a co-opted member. Our work on the group has resulted in a clearer link between the work plan of Healthwatch Nottingham and HWB3, allowing us to gather and utilise information from local third sector organisations and feed this through into our own information gathering to support our work to identify the views of seldom heard groups.

Making decisions at Healthwatch Nottingham

Local Healthwatch are required to have a procedure to make decisions and involve local people in making decisions. This is how we do it at Healthwatch Nottingham.

The Healthwatch Nottingham Board

The Healthwatch Nottingham Interim Board was selected following a widely advertised application process. Collectively, the Board brings a wealth of experience across health, social care and housing as well as the statutory and voluntary sector. Each member also brings knowledge, enthusiasm and experience of engaging with Nottingham citizens as well as a strong commitment to ensure the diversity of our local population is represented, and its views are reflected in our work. The board meets every two months and makes decisions about how we plan and deliver our activities and how much money we spend on these activities. For example...

Care homes...

Following the emergency closure of a care home in the city, and feedback from relatives of residents, the Board have prioritised care homes as an area of interest. They have initiated a work programme that seeks to maximise people's opportunities to tell us about their experiences of care homes.

You can find out more about our board members here:

<http://www.healthwatchnottingham.co.uk/content/meet-board>

During 2014/15, the Board will be further expanded, via election, to broaden our reach further into Nottingham's communities

Prioritising our work

To help the Board to make decisions about the services and other areas our activities should focus on, we undertake a three stage process:

- Identifying priority areas based on concerns or issues raised through engagement activities and other information received from local people.
- Looking at the work programmes of partner organisations, and gathering the views of local people to support these activities, e.g. the work of Health Scrutiny.
- Identifying other areas of interest, such as work with specific seldom heard groups whose views may be underrepresented in decision making regarding health and social care services.

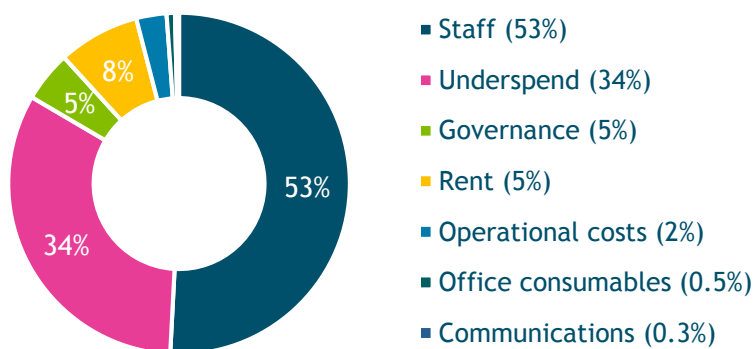
We will be reviewing arrangements during 2014/15 to increase the involvement of local people in setting our priorities.

Financial report

Healthwatch Nottingham receives just under £160,000 per year from Nottingham City Council to fund its service. In addition, a further £20,000 was been provided to assist with set up costs.

Figure 2 illustrates how we have spent our core grant money, with over half (53%) going on staffing costs. This cost in 2013/14 was significantly reduced as the permanent staff team was not fully in place until March 2014. Over the next two years, this underspend will be used to cover staffing costs, which will form the vast majority of our spending.

Figure 2 Healthwatch Nottingham expenditure 2013/14 Note: this does not include the £20,000 set up costs



Around three quarters of our set up funds has been spent on IT systems to allow us to store, manage, analyse and report the on the information we receive through our engagement and other work. Additional expenditure has been on establishing the Board, through advertising the recruitment process, and on other promotional materials.

Using the Healthwatch Trademarks

We use the Healthwatch England Brand Guidelines in all our communication material to ensure that the Healthwatch brand is distinctive and meaningful to everyone irrespective of where they live. The Healthwatch logo is a registered trademark and is protected by law. If an external party uses it without permission, this constitutes infringement of the trademark. The use of the logo is controlled by Healthwatch England www.healthwatch.co.uk

Healthwatch Nottingham is licensed to use the Healthwatch trademark (including the logo and the Healthwatch brand) as per our license agreement with Healthwatch England and the Care Quality Commission.

The year ahead

At the end of the first year of our three year contract we've developed a business plan for delivering our core activities and achieving a longer-term, sustainable future for Healthwatch Nottingham. The two key outcomes we've identified are:

The design and delivery of health and social care services is informed by the views of local people.





Healthwatch Nottingham is a sustainable organisation.

In order to achieve these outcomes we've identified a series of activities we will need to undertake. The development of these activities has been informed by the results of our first annual survey. For example,

You told us...

We need to make more Nottingham citizens aware of Healthwatch Nottingham and the work that we do.

We know we need to prioritise this, so we're working on the following to help us do it:

-  **Our Engagement Plan for 2014/15:** This will outline how we ensure everyone in Nottingham has a chance to talk to us about their experiences of health and social care. We will build on existing networks that reach across the whole geography of the city, into communities of interest and where possible we'll use existing relationships to hear from those who are seldom heard.
-  **Our Volunteering Strategy:** This identifies the key volunteer roles within Healthwatch Nottingham. It sets out the timetable for recruitment for these roles, training plans to up skill our volunteers, and looks at how we will support them to work with us.
-  **Plans to roll out a series of 'Talk to Us' points that will appear across the city during 2014/15:** These will provide a single point for people to both give us information about local services and find out about access to services, complaints processes as part of our signposting work. Initially we will be piloting a couple of these points, but plans are in place to roll out them out across the city once we've found the best way to set them up.
-  **Publicising our information and signposting service:** We are moving this service from being staff run to being led by volunteers during the first half of the year. Once we have done this, the increased service capacity will allow us to promote the service more widely and will allow us to provide more detailed information and support in some areas, if needed.

We've developed a work plan that identifies some key themes of our work for 2014/15, which includes the following:

<p>April – June 2014</p>	<p>Electronic Prescriptions Scheme - An information campaign for the public, in conjunction with Healthwatch Nottinghamshire, giving clear information about the pros and cons of the scheme, following concerns about links between the scheme and some online pharmacies.</p> <p>Urgent Care Centre - Broadening consultation undertaken by the CCG to focus on the needs of seldom heard groups following the plan to move away from the current Walk In Centre model.</p>
<p>July – September 2014</p>	<p>Dignity in Care Project in Care Homes - work with social care to look at increasing community involvement in care homes with a view to increasing awareness of any challenges homes may be facing.</p> <p>Diaries Project - looking at innovative ways of gathering information about health and social care through diaries, recording anything the diarist may hear.</p>

	PPG survey analysis - To identify trends in the issues identified by PPGs across the city, with a view to monitoring these over time
October - December 2014	Seldom heard group - Working with the transgendered community to increase awareness across health and social care staff
January - March 2015	GP Access/Primary Care Strategy - Looking at progress in relation to the delivery of this strategy and the linked Integrated Care Programme, and the impact on access to services

We'll keep this work plan under review; our priority at all times will be to ensure the views of Nottingham citizens are represented.

We will also seek to develop those activities that we believe may assist in ensuring Healthwatch Nottingham is sustainable beyond 2015/16. This will primarily be in relation to:

Engagement: Working in conjunction with our voluntary section partners to gather and understand the needs and experiences of seldom heard groups.

Research and Information management: Developing our internal systems to provide robust analysis and innovative reporting of local peoples experiences to maximise its impact on decision making, and ensuring that we can measure and monitor the impact of our work and continue to add value to our partners.



About us

Office address: Healthwatch Nottingham
21 Clarendon Street
Nottingham
NG1 5HR

Telephone number: 0115 859 9510

Information line: 0115 859 9511

Email: info@healthwatchnottingham.co.uk

Twitter: @HWNottingham

Company number: 08525544

Board of Directors

Chair: Martin Gawith

Adele Cresswell

Lucy Cooper

Robert Gardiner

Judith Bullimore

Staff team

Ruth Rigby - Managing Director

Karen Emery - Information and Administration Worker

Courtney Nangle - Community and Partnerships Worker

Haleema Aslam - Volunteer Co-ordinator

Donna Clarke - Evidence and Insight Manager

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