

Health and Wellbeing Board

20 March 2018



Healthwatch County Durham Work Plan 2018-19

Report of Brian Jackson, Chair of Healthwatch County Durham

Purpose of the report

- 1 The purpose of the report is to provide the Health and Wellbeing Board with the proposed priorities for the Healthwatch Work Plan 2018-19 which are currently out to public vote, to request that members promote the public vote through their networks and consider additional areas of work for possible inclusion.

Background

- 2 Healthwatch County Durham (HWCD) is the consumer champion for Health and Social Care, gathering the views of the public about services they use to share with the people who have the power to influence and make changes.
- 3 We deliver an evidence based work plan which is agreed by our independent board, who base their decisions on greatest need and potential for impact as well as the capacity of the team.
- 4 Topics include the priorities told to us by the public through our signposting and information service, and work plan requests received from organisations such as Durham County Council (DCC), both Clinical Commissioning Groups (CCGs), Public Health and the Local Pharmaceutical Committee (LPC) to support patient and service user engagement.
- 5 Standard work plan items include Enter and View visits, volunteer support and the provision of a professional signposting and information service.

2017-18 work plan

- 6 2017-18 work plan included; barriers to learning disability health checks, barriers to bowel, breast and cervical screening programmes, use of pharmacy services, people with a learning disability living in a care home, access to support services for stroke patients, understanding of safeguarding and access to health screening by vulnerable women, observations on Sustainability and Transformation Plan engagement events, accessibility of care home websites and maternity support services (smoking in pregnancy and support with feeding choices).

- 7 A report with patient and service user feedback, trends and recommendations is produced for each work plan item, shared with stakeholders and published on our website <http://www.healthwatchcountydurham.co.uk/reports>.
- 8 Commissioners and providers respond to our recommendations. Successful outcomes include the CCGs including our recommendations in the Stroke Association's new contract to ensure all patients have a care plan and access to patient friendly information. Following our recommendation that all patients with a learning disability should receive an easy read invite to their annual health check, we worked with DCC engagement team and the CCG learning disability lead to agree an invitation which has gone to all practices to use.
- 9 DCC's contract specification requirement for care home providers has been updated to ensure information is kept up to date on Locate following our research and recommendations into the accessibility of information on care homes. We are also supporting one provider, Kayar, to develop a new website based on our recommendations which DCC have agreed to share with the provider network as an example of good practice.
- 10 The feedback we received from mums about smoking in pregnancy and feeding their baby has been considered by the CCGs and influenced the maternity specification including signposting women to external support groups and education. Our work with barriers to the uptake of screening programmes highlighted many people don't think they need to be screened if they are already undergoing treatment for another cancer or condition. Public health are keen to look at our findings and use our recommendations in their cancer awareness raising work, such as addressing these misconceptions.
- 11 We recommended the Local Pharmaceutical Committee do more to encourage young people to use their services. They have recognised the potential of this suggestion and will include it as a workstream item in their 2018 plans.

The development of the 2018-19 work plan

- 12 The HWCD Board met November 2017 to consider ten areas of intelligence received from our signposting and information service and the networks that we attend, as well as research carried out by the HWCD Research and Intelligence Officer, which included cross referencing with the Joint Health and Wellbeing Strategy.
- 13 The Board selected six potential topics for the public to vote on, based on greatest need and potential impact. The top four will be guaranteed to be included in this year's work plan.
- 14 They agreed that around 50% of the work plan will be driven by this public vote, leaving capacity for us to respond to work plan requests from stakeholders and partners throughout the year to support them with patient, user and public engagement as priorities emerge.

- 15 Work plan requests from stakeholders and partners can be received up to two weeks before each Board meeting for consideration. The workplan requests form is attached in appendix 2. The Board meets six times per year and the dates are available on our website.
- 16 The public vote was launched January 2018 and will close end March 2018.
- 17 The survey is promoted in our newsletter, on social media and will be in County Durham News March 2018. People can vote online at <http://www.healthwatchcountydurham.co.uk/have-your-say>, via our Freephone number 0800 3047039 and by post.
- 18 Our volunteers and the team are carrying out face to face engagement, giving people the opportunity to vote in person by completing a questionnaire. Promotion includes children and young people's groups such as Investing in Children, young carers, young parents and students.
- 19 The survey is being widely promoted by our partners including Durham Community Action (DCA) and County Durham Citizen Advice (CDCA).

The topics

- 20 The six topics being voted on are:

Mental health support services

- 21 To investigate the experience of patients referred to mental health therapies, either through self-referral or referral from their GP. To find out if the right services are available, how long patients have to wait to access them and if there are any gaps in services for patients with anxiety, stress or depression.

Appointment systems in GP surgeries

- 22 To look at the different ways in which GP surgeries are managing their appointment systems to compare triage systems where a GP will call back patients for a telephone consultation versus a navigator type role where trained appointment staff, talk to patients and determine a referral pathway. To find out from patients their experience of these systems identifying good practice and things that could be better.

Dementia support

- 23 Find out from patients with dementia and their carers if they were referred to support services at the right time for emotional/ practical support. To look at the number of patients referred to support services by GP's across the county to identify good practice which can be shared.

Transition support

- 24 To talk to young people and carers about their experience of transition from children's to adult services. To find out how well it is working, whether they are supported through the process and if they believe the right services are available. To share our findings with Children's and Adults Services in County Durham.

Patient transport

- 25 To investigate the patient transport options available in County Durham, to find out how easy it is to get useful information for patients and carers. To work with LOCATE at Durham County Council to advise them of our findings and what we believe can be improved, based on what patients tell us.

Dental charges and treatment

- 26 To find out from dental patients how easy it is to understand the cost of their dental treatment, including whether they are exempt from charges, and what constitutes a course of treatment. Healthwatch will use the information gathered to determine whether it can make recommendations to help patients understand the dental charging.

Topic already agreed

The topic already agreed as part of our work plan 2018-19 is:

Enter and View

- 27 Enter and View visits are where our team of Authorised Representatives can go and see services for themselves and gather the views of patients, service users, carers and family members and report their findings and recommendations to providers and commissioners. These can be used when there is a problem but more often in HWCD, where there are examples of good practices to learn from and share.
- 28 We will carry out a pilot of Enter and View visits for DCC in two care homes that have received good CQC reports, to help them gather feedback from residents and their families and learn from and share good practice through the provider network.
- 29 We will offer Enter and View visits to GP practices as part of their continuous improvement plans following our successful pilot visits to Silverdale and Great Lumley in 2017.

Recommendations

30 The Health and Wellbeing Board is recommended to:

- a) Receive the proposed work plan priorities in the report.
- b) Promote the public vote through their networks until 31 March.
- c) Consider areas of patient, user and public engagement that would support the Joint Health and Wellbeing Strategy and submit related work plan requests to the HWCD Board for consideration.

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Appendix 1: Implications

Finance - The work plan has been prepared within budget and is monitored by Pioneering Care Partnership (PCP)

Staffing - There are no staffing implications

Risk - There are no risk implications

Equality and Diversity / Public Sector Equality Duty - PCP's Equality and Diversity policy is adhered to by HWCD Board, staff and volunteers in the delivery of this plan

Accommodation - There are no accommodation implications

Crime and Disorder - There are no Crime and Disorder implications

Human Rights - Human Rights have been considered in the development of this plan

Consultation - Engagement and consultation are incorporated throughout the HWCD work plan

Procurement - There are no procurement implications

Disability Issues - Issues in relation to disability have been considered throughout the development of the work plan

Legal Implications - Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. This plan has been approved by an Independent Board of local people and includes the provision and development of a professional signposting service. Board members and Authorised Enter and View Representatives have been recruited and details are published on the HWCD website. The Chair of the HWCD Board is a member of HWBB and Safeguarding Adults Board.

Appendix 2: Work Plan Requests Form

**Work Plan Request Form**

Date:

A: Proposal	<i>Details of the proposal</i>
B: Rationale for Inclusion on Work Plan	<i>To include where and from who the work has originated; trends which support the work – both local and national; any other data intelligence from local or national sources. This section will include the evidence base from HW Data Collection which will highlight why this issue is important to the people of each local HW area.</i>
C: Resourcing	<i>Lead Board Member: Staff Team:</i>
D: Method	<i>Step by step plan to outline how the work will be delivered Who will be involved What the outputs of the work will be This list is not exhaustive and will be unique to each separate piece of work</i>
E: Timescale	<i>Start: Date Final Report: Date Summary / Article / Case Study: Date These are minimum requirements – high level milestones / deadlines should be included</i>
F: Outcomes	<i>This section should cover how this piece of work will make a difference to the people of each HW area – and be categorised in line with the 4 Strategic Objectives detailed in HW Outcomes Voice: Influence: Inform: Effective:</i>

This template represents an outline of what is required at Stage 2 of the Workplan Process and must be followed prior to the team commencing any work. Once the Board has agreed the work a final version of this document will be prepared to confirm the final agreed version, reflecting any comments / amendments the Board have made.