

# **Health and Wellbeing Board**

**4 September 2018**



## **Healthwatch County Durham Annual Report 2017/18**

---

### **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 (HWB) with the Healthwatch Annual Report 2017/18, attached as Appendix 2, for comment.

#### **Background**

- 2 Healthwatch County Durham (HWCD) is run by the Pioneering Care Partnership, Citizen's Advice County Durham and Durham Community Action.
- 3 HWCD is the consumer champion for health and social care and delivers an evidence based workplan agreed by an independent board. The 2018–19 workplan was presented to HWB in March 2018.

#### **HWCD annual report**

- 4 The annual report introduces the board, the staff, our core work, the progress of the workplan, the finances and our priorities for next year.
- 5 The annual report was available on our website from 30 June 2018 and shared with Healthwatch England, the Care Quality Commission, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committee and Durham County Council.

#### **Our board members**

- 6 Our board members have been involved in HWBB, Adults Health and Wellbeing Overview and Scrutiny Committee, Safeguarding Adults Board, NHS Quality Improvement Board, Mental Health Partnership Board and Great North Care Record. Their priorities include giving people a voice, supporting our volunteers, providing a profession signposting services and influencing service improvements.

#### **Pharmacy services**

- 7 We spoke to 397 people about pharmacy services on behalf of the Local Pharmaceutical Committee (LPC) and Public Health. Feedback was overwhelmingly positive about pharmacies with the three most requested

additional services being extended opening hours, disposal of sharps boxes and health checks.

- 8 Two recommendations from people's feedback have been adopted by the LPC:
  - To make sure pharmacies have facilities for people to consult a pharmacist in private and that these are clearly advertised
  - To develop a targeted strategy to encourage more young people to access pharmacy services.
- 9 Public Health confirmed that, as a result of our recommendations, one of the key actions in the pharmacy services action plan will be to raise awareness of services available in pharmacies.

### **Enter and View**

- 10 We carried out Enter and View visits (where authorised representatives visit services to gather user feedback and report findings and recommendations) at Great Lumley GP Surgery, Intrahealth Pharmacy Chilton, John Lowe Pharmacy Blackhill and Bewick Pharmacy Newton Aycliffe.
- 11 Both CCGs have promoted Enter and View to all GP practices as a way of gathering independent patient feedback and participating practices have endorsed it.

### **Improving access to annual health checks for people with learning disabilities**

- 12 Following engagement with 100 people we recommended that all patients should be contacted in an appropriate and user friendly manner, that GPs should be encouraged to share best practice and alternative community venues should be considered that may be less intimidating.
- 13 Some recommendations have already been taken up by practices
  - Shinwell Medical Group ran a pilot to offer healthchecks in a community venue and invited HWCD to gather patient feedback. This was positive so the offer will continue
  - HWCD developed an easy read invite letter in partnership with the CCGs and Durham County Council which is now available for all GP practices to use.

### **Information and signposting**

- 14 We supported 234 people with a range of health and social care queries and concerns. These included how to access emergency dental services, GP appointment systems, missing medical records and finding nursing care placements for relatives.
- 15 We have shared feedback with NHS England and made recommendations to improve information received by patients about closures of dental practices. They have agreed that details of alternative practices that are accessible for people with mobility issues will be included in letters to patients as standard

and that they will write to local practices to prepare them for a likely increase in enquiries.

- 16 We gather service user satisfaction feedback and all has been positive. Examples include; ‘thank you for being so caring and professional. This is the first time I’ve felt someone has listened to me’.

### **Helping improve ‘Locate’**

- 17 Impressed by our work on care home website accessibility last year, Durham County Council’s ‘Locate’ team asked if our research volunteers would help them to look at the effectiveness of their information website for adult care, support and advice.
- 18 Our volunteers used scenarios from a realistic user’s perspective and reported their initial findings to DCC which were well received.

### **Gathering views to improve maternity services**

- 19 At the request of both CCGs we spoke to 199 mothers about their experiences and choices around stopping smoking in pregnancy and how to feed their babies. We also spoke to eight other CCG areas to identify good practice and share learning.
- 20 We shared our findings and recommendations with commissioners in County Durham who welcomed the feedback from mothers and agreed to look into the recommendation of early intervention and Nicotine Replacement Therapy.

### **Working to reduce barriers to health screening**

- 21 A major part of our work this year was researching the barriers that stop people accessing bowel, breast and cervical cancer screening programmes. We spoke to over 2000 people and shared our recommendations with providers and commissioners including the need to address commonly held misconceptions, such as that if someone is being treated for one cancer they do not need to get tested for another.
- 22 Public Health have secured funding for two new cancer awareness posts and our recommendations will be used in their work.
- 23 Specialist cancer nurses have also received our findings and will work with patients to give them a better understanding of screening.

### **Helping vulnerable women have their say**

- 24 On behalf of the Safeguarding Adults Board we spoke to 77 women in more vulnerable positions about their understanding of safeguarding. We also spoke to them about their experiences of screening programmes and access to health services.

25 We used focus groups and one to one conversations in trusted places to capture the voices of women that may not otherwise have been heard including:

- Women with mental health problems
- Women at risk of homelessness
- Women who are carers
- Women who have experienced domestic abuse
- Women from Gypsy, Romany and Traveller communities.

### **Great North Care Record**

26 We worked with all other local Healthwatch in the North East and North Cumbria to run host focus groups where people could hear about, and share their views on the Great North Care Record with Connecting Health Cities and Teesside University. All feedback will be considered by the regional Great North Care Record steering group.

### **Stroke services**

- 27 When stroke patients contacted us with concerns about their community support service being decommissioned and what, if anything, would replace it we contacted the CCGs to share their feedback.
- 28 The commissioners agreed to an extension of the existing contract and asked us to carry out independent patient and carer engagement to help shape a new service. We wrote to everyone who had experienced a stroke in the last 12 months and gathered feedback from 155 people who shared their views face to face, in writing or over the phone.
- 29 Our report made several recommendations including; developing clear support pathways, providing person centred support plans, providing clear information packs and advice about healthy lifestyle and ways to reduce the risks of stroke. Several of these have been incorporated into a new service for patients that should better meet their needs.

### **Our priorities**

- 30 In February and March 2018 we gave everyone in the county the chance to help decide our priorities for 2018–19. We identified a shortlist of areas of concern from feedback received by our signposting team and from partnership working. We then advertised a public vote in Durham County News and through our networks and 617 households took part. The top four choices that we will look at next are:
- Mental health services
  - GP appointment systems
  - Dementia services
  - Transition from children's to adult services.

- 31 The board also agreed core priorities which include the provision of our information and signposting service and the delivery of Enter and View visits in GP, hospital and social care settings.
- 32 The board welcome workplan requests from organisations keen to gather independent patient, service user and carer feedback to improve their services. They are considered by the board for inclusion on the workplan.

### **Our work with volunteers**

- 33 This year our 26 volunteers gave 1,662 hours of support across all of our activities and we were delighted to receive the County Durham Volunteer Kite Mark, which is awarded to organisations who provide a high quality, positive and inclusive volunteering experience.
- 34 Our volunteers made several recommendations to Durham County Council to improve user experience, following their research into the quality of care home websites. These included providing; an indication of fee levels, details of provider specialisms, visitor access, activity programmes and addresses with maps and directions.
- 35 As a result the report and recommendations have been shared with every care home provider via Durham County Council and one, Kaydar, has volunteered to develop a new website based on all of the recommendations which will be able to be used as an example of good practice.
- 36 Durham County Council also changed their contract specification to make sure all providers keep ‘Locate’ up to date with information about their services.
- 37 Kaydar said ‘we cannot state enough how valuable Tony’s input has been and very much appreciate the sharing of the findings that his research work, through HWCD, showed as being important to users’.

### **Finances**

- 38 Total income received was £207,069 and total expenditure was £190, 027.

### **Recommendations**

- 39 The Health and Wellbeing Board is recommended to:

- Receive the recommendations in the HWCD annual report

---

**Contact: Marianne Patterson, Programme Manager, Healthwatch County Durham. Tel: 0191 3781037**

---

---

## **Appendix 1: Implications**

---

**Finance** The workplan 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 workplan

**Procurement** There are no procurement implications

**Disability Issues** Issues in relation to disability have been considered throughout the development of the workplan

**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.