

Healthwatch Devon Annual Report 2013/14

Contents

Setting the scene

Foreword	1
What's happening in health and social care	2
The part Healthwatch Devon can play	3

What you have told us

The Top 5	4
Influencing Commissioning	4
Tackling wider issues	5

How we work

Our remit	7
Our people	7
Our partners	7
Our representation	8

Keeping you informed	8
----------------------	---

Finance	10
---------	----

References	10
------------	----

Appendices

Engagement Gateway	11
Our Board of Trustees	12
Meet the Team	13
Our Partners	14

Foreword

Most people hold views about publicly funded health and social care services.

But when they experience these services themselves, they usually don't give feedback. Healthwatch Devon aims to change that. Only by increasing the use of feedback from patients, carers and service users will the best improvements be made possible.

Healthwatch Devon's first year of operation was marked not just by our local achievements, but also by a gearing up of the national debate about patients' and service users' voice in health and social care. In autumn 2013, the government published its much awaited response to the Francis Inquiry. About the same time, Ann Clwyd MP published her "Putting Patients Back in the Picture" report, recommending urgent improvements to NHS complaints systems.

In this first report of Healthwatch Devon you can see how this new charitable organisation has grasped the challenge of raising the public voice in Devon. Whatever the difficulties faced by those responsible for health and social care, there will always be an opportunity for improvement. Understanding the experience of service users is vital to ensure that service quality remains high. And service users who are confident that their voices are heard, will themselves be the best advocates for continuing public funding of health and social care.

There will be big changes going through health and care services in Devon over the next twelve months. Healthwatch will not take sides, or lead political campaigns. We will act as a channel for thousands of views from patients, service users, carers and the general public. And we will take those views to planners and managers of health and care services - improving their chances of making better informed, and better quality decisions.

It just remains for me to thank all the Healthwatch Devon supporters, members, interim trustees, delivery partners, commissioners and especially the Community Council of Devon for all their help in getting the organisation up and running in its crucial first year.

John Rom, Interim Chair

What's happening with health and social care in Devon

A huge amount of work goes into mapping and analysing health and social care issues in Devon.

The community voice - along with masses of statistical data - is fed into the Devon County Council Joint Strategic Needs Assessment. Section 3 of that document (Devon Overview) gives an excellent summary, and here, we have picked out a few headlines to give a flavour of the kinds of challenges faced by health and care services in Devon.

- **Devon's population is significantly older**

Devon is a wonderfully diverse county, with people of all ages, abilities, ethnicities and cultures. But one thing in particular marks us out as different from most of the rest of the country. That is that our population is significantly older than the national average. It is reckoned that within the next 15 years, one quarter of people in Devon will be over 65 years of age.

- **23% of households are classified as rural**

Devon is the third largest county in England, and the seventh most sparsely populated. Nearly a quarter of households (23%) are classified as being in rural isolation, as opposed to a national average of 5%. It can be hard to get to essential health and care services.

- **10% of Devon's population are carers**

The combination of ageing population and rurality means that many people with long term health conditions are being looked after at home by a relative. There are around 75,000 carers in Devon - meaning that roughly 10% of the entire population (not including health professionals) is responsible for the health and wellbeing of another person.

The implications of issues such as these are profound, and again, we cannot cover all the complexities here. But some important points are as follows:

- An ageing population can only mean ever-growing demand on health and care services. But NHS and local authority budgets for health and social care are already under severe pressure. Devon has recently been described as a "financially challenged health economy", *¹ and help and external support has had to be brought in to help with joined-up strategic planning. Commissioners will need to be clear about priorities, and about whether some services may be deemed unaffordable.
- Rural isolation can be a major cause of mental ill-health. And this can be compounded by social isolation and limited access to essential services. Faith groups, community organisations and good neighbour schemes may be a source of support, but commissioners and providers

will need to find ways of understanding and connecting with them.

- There is a volunteer army of carers helping to look after elderly people at home. These carers, as well as their loved ones, need support. Hard choices will have to be made about community-based health and care services - in particular, balancing home visiting against more traditional services such as community hospitals

The part Healthwatch Devon can play

Recent research has shown that seven out of ten people get a good quality service from the NHS or local care services. But at the same time, more than nine out of ten people think NHS and social care services could be improved. ^{*2}

That's a lot of people who think that health and care services could be better. But what is really striking is that the same research found that, "Half of the public who had a problem with a health or social care service in the last three years did nothing to report it - mainly because they did not have any confidence that their complaints would actually be dealt with". ^{*3}

So we want better health and care services, but we're not saying so, because we don't think we'll be listened to. And that's not all. Sometimes we don't speak up because we're afraid to. Ann Clwyd MP has made the point that, "People ... fear that their, or their relative's, care might get worse if they were to complain. They also felt intimidated by the power of professionals or institutions". ^{*4}

In recent years, we have seen a series of scandals involving the neglect or outright abuse of people in hospitals and care homes. Government and regulators want to make sure that episodes such as those at the Stafford Hospital and the Winterbourne View care home do not recur. ^{*5} And their view is that patients, service users and carers have a vital part to play in speaking out about any failings on the part of service providers.

Happily there is no evidence, in Devon, that people have experienced the kinds of extreme failings that have happened elsewhere. But the headlines opposite show that we are entering a period of growing pressure on health and care services. We cannot afford, in this context, to have service users across Devon feeling afraid to speak up, or feeling that there is no point in doing so.

Healthwatch Devon can give people a safe place to air their views on their health and care services. That includes health and social care staff, as well as users. And it includes what works well, as well as what could be improved.

As a result of partnership work in developing the community voice, the Joint Strategic Needs Assessment will have more qualitative data to complement the quantitative data already in existence. This can help

commissioners of health and care services to understand what might work best for Devon residents. And that means they have a better chance of making good decisions.

What you have told us and what we have done with your feedback

During our first year, more and more people have been getting in touch to tell us about health and care services.

Here is just some of the feedback you have given.

The Top 5

Mental Health Services were the top issue, with over 200 comments, centred around poor access to care in a crisis, waiting times for psychological therapies, continuity of care following discharge from hospital into community services, and a lack of inpatient beds for acute care. We shared your feedback with the Care Quality Commission prior to their inspection of Devon Partnership Trust in February 2014. And we have since been working with DPT and others to help with the action plan for improvements.

Access to GP appointments and the quality of GP services is the number two concern. Feedback refers particularly to appointment booking systems, surgery opening times and staff communication. We have taken this up with NHS England through the Quality Surveillance Group, and we will report our findings formally during year two.

Social care services, namely residential care and day services are the subject of future change and there is a high level of anxiety around the potential loss of these services. We have shared your feedback with Devon County Council to help inform the processes they are putting in place to support people through any changes.

During the year we heard from people who were concerned about changes to the **blood donor service** in North Devon. We informed NHS Blood and Transplant and arranged for donors to meet the service lead so that they could share their views directly with those involved in the service redesign.

Last but not least in your top 5 was **communications**. Many people do not feel that they are communicated with effectively by staff from a range of health services. For example, carers have told us they do not feel involved or listened to by hospital staff. And people who are deaf or for whom English is not their first language have reported that they do not always have access to an interpreter when they have a medical appointment.

Influencing Commissioning

Health and care commissioners are the people who plan the services that

providers (such as hospitals, GP's, care homes etc) then get on and deliver.

Commissioners can use statistical data to inform their strategies and service plans. But it also helps if they can hear directly from people who make use of those services. Over the last year, we have worked with our delivery partners (see Appendix 4) to run questionnaire surveys, focus groups, public meetings and more. All of this has led to a wealth of feedback for commissioners - taking in carers' services, maternity services, supported living, dementia, autism and more. The full list is set out in Appendix 1.

Tackling wider issues

Care.data

Sometimes Devon residents are affected by decisions made at the national level. That was the case in February 2014, when news broke of an NHS England scheme called "care.data".

We alerted Devon residents to the fact that the NHS wished to create a national accessible database with data drawn from personal medical records. An NHS leaflet was meant to go to every household, explaining the scheme, but everyone would be automatically opted into the scheme, unless they found out how to opt out.

We chose not to comment on the merits of the scheme itself, preferring to allow NHS England to set out its own case on the benefits for medical research and for joined-up record-keeping. But we did say that patients should be able to make informed choices about the way they are treated - including the way their personal records are collected and used.

Our survey showed that people did not always feel well informed. From 100 responses, one third were not sure that they had seen the leaflet, and of those who had, a further third weren't sure they had understood it. Three quarters said they intended to opt out of the scheme. Some were worried that government IT programmes have a bad track record with data security. Others feared that their personal medical records would be sold to private companies.

Following representation by Healthwatch among others, NHS England has decided to defer implementation of the scheme until the autumn.

Community Services

In Torrington, Healthwatch Devon got involved when plans for the community hospital sparked real anxieties among local residents. While the NEW Devon Clinical Commissioning Group sought people's views on the Care Closer to Home initiative, a local campaign group raised concerns over the possible loss of beds. We decided that we were not going to take sides. Instead, we worked with both the CCG and the local community to take a wide range of views from the local community, and to try to encourage dialogue.

As a result of this work, more people's views were fed into the evaluation process. Healthwatch volunteers were also enabled to take an active role in influencing decision making, by helping to shape the recommendations in a report. that went to the CCG, with a request that they respond publicly. Our follow-through includes volunteer representation on an Oversight Group that will continue to meet regularly during the life of the pilot.

Non-urgent care

There has been much talk in the media recently about people irresponsibly using hospital Accident and Emergency Departments for minor ailments which their local GP could have dealt with. We wondered whether this was really about irresponsible behaviour on the part of patients, or whether there was a more complex underlying cause. In March 2014, we launched our non-urgent care survey, and were overwhelmed with the response. 500 people got in touch to tell us about the issues they faced in trying to get primary care.

One quarter of those surveyed said that it was not easy to get an appointment with their GP. Concerns included rigid appointment booking systems, not being able to get through to make an appointment on the telephone, and long waiting times to see a named GP. A further quarter were unsure about the range of services available to them if they required non urgent medical treatment or advice

At the time of writing, we are compiling a report for commissioners and providers, with recommendations based on the feedback we have received. This is a great example of how Healthwatch can gather large volumes of feedback on issues of common concern.

Made of Rainbows

Large volumes of feedback are valuable. But sometimes we need to work with very small groups whose voices might otherwise be drowned out.

Between January and March, we worked with young people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community, to explore their experiences of seeking help from health and care services. Their film, "Made of Rainbows" explains how coming to terms with sexuality or gender identity, can involve misunderstanding and abuse.

Some people slip into mental ill-health and self-harm as a result - but then find it hard to get the help they need from health professionals. Others, seeking help for more general health matters, find themselves up against judgements and assumptions that leave them feeling less than well-cared for.

The film - made with the help of Soundart, Proud 2 Be and the Intercom Trust - will help to communicate the experiences of a group of people who can often feel invisible and unheard.

How we work

Our remit

Healthwatch Devon, in common with all local Healthwatch, and our umbrella body Healthwatch England, acts with the authority of Parliament, granted by the provisions of the Local Government and Public Involvement in Health Act 2007, and the Health and Social Care Act 2012.

Locally, Healthwatch Devon is commissioned by Devon County Council, working alongside the NEW Devon and the South Devon and Torbay Clinical Commissioning Groups. This partnership adds value to Healthwatch Devon's statutory functions by funding an additional engagement service, delivered with and through a network of delivery partners as described below.

Our people

Healthwatch Devon was set up in April 2013 as a project of the Community Council of Devon (CCD). We are grateful for the immense amount of hard work that has been put in during our first year by the CCD staff team and Board, and we look forward to continuing partnership through years two and three of the current Healthwatch contract.

Towards the end of Year 1, Healthwatch Devon became established as a Charitable Incorporated Organisation (CIO) in its own right. The people most closely associated with the CIO are:

Our members. The members are the owners of the CIO. They have voting rights at our AGM, and the Board of trustees is elected from the membership. Membership is open to all, and the current membership numbers around 300.

Our trustees. The Board of trustees is the formal governance of Healthwatch Devon, responsible for seeing that we act effectively, and in accordance with our parliamentary remit and powers. Our current trustees are listed in Appendix 2.

The staff team. The staff are employed to carry out the core work of Healthwatch Devon. They are shown in Appendix 3.

The volunteers. We are fortunate to have the active support of a growing number of voluntary helpers, who bring valuable skills and dedication to key roles including enquiries, promotion, and research. Anyone can apply to become a Healthwatch Devon volunteer, but we expect prospective volunteers to undergo a rigorous vetting and training process to ensure the safety and credibility of our service.

Our partners

Healthwatch Devon is fortunate to have the active support of a number of

delivery partners, who bring wide ranging expertise and access to specific audiences. This greatly strengthens our ability to connect with people whose voices might otherwise go unheard. They are shown in Appendix 4.

Healthwatch Devon is one of a number of local Healthwatch operating right across England. In our corner of the country, we have built good working relationships with Healthwatch Torbay, Plymouth and Cornwall in particular. Health and social care service providers often work across local authority or county boundaries so it is vital that we keep in touch with our neighbouring Healthwatch, sharing contacts and intelligence, and offering a seamless service to the public.

The job of Healthwatch Devon is to hold health and care providers to account. But we believe that service users will get the best results when they can work together with providers and commissioners. We do not believe that an adversarial "us and them" culture would be constructive, and so we aim, wherever possible, for a partnership approach with providers. During our first year, we have begun to develop Memoranda of Understanding, and Joint Working Protocols to ensure that roles and responsibilities are clear, and that lines of dialogue are held open.

Our Representation

Through our trustees, staff, volunteers and delivery partners, we are able to ensure lay representation and a consumer voice on a range of representative bodies and networking/engagement groups.

As well as our place on the Health and Wellbeing Board, we also attend the Joint Engagement Board, and the Health and Wellbeing Overview and Scrutiny Committee.

We participate in and/or support other bodies such as the Experts Panel (hearing from people who are "experts by experience"), and the Safeguarding Adults Board. Finally, we liaise with bodies such as the Care Quality Commission, sharing information and, where necessary, raising alerts on matters of concern.

For our trustees and volunteers, we prepare reports and briefing notes ahead of meetings, and—where necessary, debrief after the event. In December we ran a short seminar for volunteers and delivery partners, looking at a series of government reports and policy initiatives relating to patient/public involvement. And during March, we made a start on strengthening our training of volunteers who are taking on a representative role.

Keeping you informed

People often talk about "the NHS" as if it were a single organisation. In reality, health services are planned and delivered by a whole range of organisations, including Clinical Commissioning Groups, NHS Trusts, private

healthcare bodies, voluntary organisations and more. The social care sector is no less complex, so it is no wonder that people find it difficult to navigate their way through the system.

One example is that if you are trying to find a care home for a loved one, you may have to consider the level of care required, places where such care is available, how it might be paid for, how easy it would be for family and friends to get there for visits, and so on. And then you might want to know whether the places you are looking at are any good - not just from the point of view of bodies like the Care Quality Commission, but also from opinions and feedback from other people like you.

We have been developing a whole range of ways to get you the kind of information you need. Here are some examples:

Our **website** has a "Find Services" page, with links to all kinds of helpful information. Some of the links take you to organisations to whom you can speak directly about your situation and the help you need. Nearly 20,000 people visited our website during 2013/14.

Our **freephone enquiry line** enables any caller to ask for information and advice on any health or care topic. We cannot be experts on everything, but we can usually find a way to help you get the answers you need. The line is open every weekday morning.

Our partnership with **CAB Devon** means that your nearest CAB will have a dedicated "Healthwatch Champion" adviser available for face to face advice and support on at least one day per week. Last year, the CAB took 1,916 general health and care enquiries, and the Healthwatch Champions covered 215 more in-depth requests for advice.

Our **monthly e-bulletin** goes out to nearly 2,000 subscribers, listing developments in Devon's health and care sector, and flagging up ways in which you can have your say on the issues that matter to you.

5,000 copies of our "**Voices**" newsletter go out every quarter to individual subscribers as well as to care homes, and GP and hospital waiting rooms. The newsletter carries stories about service users' experiences and flags up ways in which you can give feedback.

We have also pioneered a **community radio show** specifically aimed at young people. Our "What the Health?" show airs on Soundart Radio once a month, and has covered topics including mental health, healthy living and pregnancy.

Our delivery partners (see Appendix 4) regularly help us to get information into formats that are accessible for people with physical, sensory or learning disabilities. And over the summer/autumn of 2013, Devon Senior Voice (who are very active in engaging older people) took the Healthwatch

Devon roadshow around numerous county shows, fetes and festivals, helping the general public to listen in, join up and speak out.

Finance

Turnover for Healthwatch Devon in 2013/14 was around £1 million, a breakdown of which is shown below. At the direction of our commissioners, just over half of this went to our delivery partners, listed in Appendix 4. Healthwatch Devon was set up in April 2013 as a project of the Community Council of Devon, which holds fully audited accounts.

Income	
Devon County Council Healthwatch Devon Contract	£1,021,132
Expenditure	
Staff costs (salaries, pension, NIC, training, travel and expenses)	£148,310
Office costs	£20,612
Board and volunteer costs (training, meetings, expenses)	£6,680
Communications (Publicity materials, newsletters, survey materials, website, phones, freephone enquiry line, postage)	£82,289
Engagement gateway and events	£43,128
Delivery partners (outreach and engagement to key audiences through surveys, focus groups, public meetings and representation on health and care engagement bodies, plus face to face information and advice)	£541,119
Work with children and young people	£31,973
CCD management costs	£82,523
Legal and Professional	£4,622
Total expenditure	£961,254
Contingency/reserve	£59,878

References

*1 <https://www.gov.uk/government/news/securing-an-nhs-fit-for-the-future-health-economies-to-receive-expert->

*2 Healthwatch England First Annual Report to Parliament. October 2013

*3 Healthwatch England First Annual Report to Parliament. October 2013

*4 "A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture." Right Honourable Ann Clwyd MP and Professor Tricia Hart, October 2013

*⁵ A fresh start for the regulation and inspection of adult social care". Care Quality Commission, October 2013, and The Government response to the Francis Inquiry: "Hard Truths. The Journey to Putting Patients First." Dept of Health, November 2013.

Appendix 1

Engagement Gateway - Requests received in 2013/14

Commissioners can use statistical data to inform their strategies and service plans. But it also helps if they can hear directly from people who make use of health and care services. Over the last year, we have worked with our delivery partners (Appendix 4) to run questionnaire surveys, focus groups, public meetings and more. This has enabled members of the public to be involved with all of the following:

Advocacy Consortium Monitoring Service User and carer Monitoring panel
Advocacy contract monitoring group

Against Domestic Violence and Abuse (ADVA) Strategy Refresh

Autism Strategy

Better access to screening services for people with learning disabilities

Care Pathways Review - assessment forms

Care-Direct customer service review/evaluation

Carer Strategy Review

Caring for our future fund reform

Children's Centres Review

Community Directory

Community Life Choices

Consultation on the future of Exebank and Kenwyn services

DCC Accommodation Strategy

DCC Day Care Services

DCC Direct Payment Card

DCC Market Position Statement

DCC Supported Living

DCC-NHS Community Equipment Service

Dementia Engagement Event

Dementia Strategy Refresh

Devon DAAT Substance Misuse Service Tender Development

Devon Independent Living Integrated service (DILIS) Phase 2 community

equipment engagement

Devon Independent Living Integrated service (DILIS) Phase 2 Community Equipment Children and young people request

Devon Partnership NHS Trust Learning Disability Inpatient Services, ASU Carer Quality Checker

Early Help - Review of strategy and local offer

Focus Group Older peoples Care Home Commissioning Plan

Housebound Patient Services

Independent living integrated services

Learning Disability Health self-assessments

Maternity Services

Musculoskeletal and dermatology survey and focus groups

NEW Devon CCG Engagement and Communications strategy

Out of hours procurement

PEN quality and improvement subgroup

Recruitment of lay person to be part of selection/interview panel for appointment of new chairman for the DCC/NHS Adult Safeguarding Board

TCS: Budleigh Salterton Hub proposal

Testing Adult Social Care Website

Young Carers Community Services

Appendix 2

Our Board of Trustees

Hilary Ackland

John Connolly

Andy Hutton

David Rogers

Sue White

John Rom

Rosemary Whitehurst

Appendix 3

Meet the team

Lorna Davis, Information Officer

Lorna is responsible for intelligence gathering, data analysis and reporting. Her job is to build the Healthwatch Devon evidence base and supply facts, figures and testimonies.

Tracey Dyer, Enquiries and Referrals Officer

Tracey is the voice of Healthwatch Devon and manages the Freephone line and assists people with their enquiries. Tracey only works mornings.

Caroline Lee, Partnership Officer

Caroline's role is to enable individuals and groups to participate in Healthwatch Devon's activities. A key element of Caroline's role is to build partnerships in communities.

Martin Parkes, Engagement Gateway Manager

Martin's role is to manage all gateway requests via the Engagement Gateway. He corresponds with commissioners to plan all gateway activity, and briefs staff/partners.

Hannah Shearman, Membership Officer and PA to the Board of Trustees

Hannah supports the Healthwatch Devon governance, dealing with membership applications, trustee elections, Board meetings and constitutional matters.

Miles Sibley, Executive Director

Miles leads the team and is accountable to the Board for the overall performance of Healthwatch Devon.

Cara Stobart, Communications Officer

Cara works 3 days per week to deliver all Healthwatch Devon communications. She is responsible for the website, social media, Voices and e-communications.

Agnieszka Szpinda, Engagement Worker for Children and Young People

Agnieszka (a.k.a. Aggie) works 3 days per week to engage children and young people in Healthwatch Devon activities. Her project is called 'What the Health!'.

Appendix 4

Our Partners During 2013/2014 our partners were:

Be Involved Devon *Our partner for mental health*

BID supports people who want to get involved, and organisations that want to involve people, in having their say on Mental Health and Wellbeing services.

Citizens Advice Bureau *Our partner for information and advice*

A national service that provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. CAB also provides Healthwatch Champion as well as a training and specialist support service through Devon Welfare Rights Unit.

Devon Carers Voice *Our partner for carers*

Carers Voice is for carers. The aim is to encourage more carers to be involved and 'have a say' in decisions that affect them and those they care for.

Devon Grapevine *Our partner for black and minority ethnic groups*

The Devon Grapevine is an online community for people from different cultures living in Devon. Through the Grapevine, and the Olive Tree Association English classes, we help others to engage with diverse communities across the county.

Devon Link Up *Our partner for those with learning disabilities*

Devon Link Up runs the Devon Learning Disability Parliament Project for anyone over 18 with a learning disability.

Devon Senior Voice *Our partner for older people*

Devon Senior Voice speaks out on everything that affects quality of life for older people: from transport, health and wellbeing to housing, social care and rural isolation.

Hikmat Devon CIC *Our partner for black and minority ethnic groups*

Hikmat Devon is one of our BME partners. Their work supports families and individuals from minority ethnic backgrounds in Devon.

Intercom *Our partner for the LGBT community*

The Intercom Trust supports lesbian, gay, bisexual and trans people and communities across the South West Peninsula.

Living Options Devon *Our partner for physical and sensory disabilities*

Living Options run the Devon Disability Network. Their network enables people who are housebound to be involved and contact one another.

For copies of this report, please visit the Healthwatch Devon website or contact:

Healthwatch Devon
First Floor, 3 & 4 Cranmere Court, Lustleigh Close, Matford Business Park
Exeter, EX2 8PW
Tel 0800 520 0640
info@healthwatch.co.uk
www.healthwatchdevon.co.uk
Registered Charity No. 1155202