



Healthwatch Coventry
Annual Report 2016/17

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Get in touch



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**Talk
to us...**

If you require this report in an alternative format please contact us on
024 7622 0381 or email yoursay@healthwatchcoventry.co.uk

Highlights of our year

We made 13 enter and view visits; produced 14 reports; and made 82 recommendations.

Our reports can all be found at www.healthwatchcoventry.co.uk

703 local people gave Healthwatch their views about local pharmacy services

We estimate that our volunteers gave 2353 hours of their time to Healthwatch this year - 62% more than last year

Local care homes improved care environments, fixing faults and putting in place dementia friendly design following our visits

Care homes developed the use of their gardens leading to a better quality of life for residents

Renal dialysis patients can now contact the Patient Transport Service directly to find out when they will be collected from the unit

Issues with capacity for wheelchair users of Patient Transport were highlighted to commissioners by Healthwatch

We enabled 1823 people to give their views and feedback on local NHS and care services

74 people/families received support in making their NHS complaint and 10 were supported in taking their complaint to the Ombudsman

Patient voices were heard in the setting of NHS Trust Quality Account goals for 2017-18

Trust Quality Account documents are clearer and easier to read after our input

Healthwatch highlighted issues with communication with families about hospital Root Cause Analysis investigations

Intelligence gathered from local people was fed to the CQC to inform their inspection programmes (social care, primary care, acute)

481 people received information from us to answer their questions about health and social care

Our Contact Points signposted 239 people to information or the Healthwatch Information Line



Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

We provide two important services for individual local people:

- + Information helpline answering questions about local health and social care services
- + Independent Complaints Advocacy Service (ICAS) - support for those making a complaint about an NHS service.

Everything we say and do is informed by our connections to local people. Our focus is on understanding the needs, experiences and concerns of people of all ages who use or need services and to speak out on their behalf.

Our vision

We believe:

- + That patients, carers and service users should be at the centre of services and the planning of future services
- + Good quality accessible public information should be available to support people to use NHS and care services
- + NHS and care organisations should work to be listening and responsive to feedback

- + There should be honest and open dialogue about difficult choices about the future of services.

Our priorities

For 2016-17 we worked on the following issues, which we will report on in this report:

- 1) **Non emergency patient transport service - patient feedback**
- 2) **Residential social care services for older adults - enter and view visits to care homes**
- 3) **Tracking housing with care residents through service change - interviews with residents before and after their move**
- 4) **Hospital discharge - gathering the perspective of voluntary organisations which support people in the community**
- 5) **The value of community pharmacy services in Coventry, now and for the future - public survey**
- 6) **Communication and person centred care for patients on hospital wards - enter and view visits to wards.**

Here2Help

Healthwatch Coventry is provided by the local voluntary sector consortium Here2Help and is delivered by four local charities. This means we use the skills and knowledge of these organisations to provide Healthwatch in Coventry.

Message from our Chair



Welcome to our report on our year between April 2016 and March 2017. Our work spans a large number of NHS and social care services. In this report we aim to provide a flavour of the work we have done, how we did it and what the results have been. All of our findings and publications can be found on our website for more detail.

This year we have successfully represented the views and voices of local people who are less heard by those who run and plan services. We did this through our outreach and the network we have established - here our well developed links with and through local voluntary and community groups and Here2Help (local Voluntary Sector Consortium) greatly increased our reach. We enabled a wide range of people to have a say on issues important to them.

We worked hard to represent these issues and community voices at strategic level, holding commissioners and planners to account on how patients, carers or service users were considered and genuinely placed at the heart of services. Here our seat on the local Health and Wellbeing Board and observer role on the NHS Sustainability and Transformation Plan Board were important.

In common with many other areas of the country, services here have struggled in meeting targets and responding to the level of demand. We looked at hospital discharge and some of the reasons this may not work as this is linked to the issue of flow into the hospital.

Local GP services also continue to be under pressure and we have heard the frustrations of local people about getting access to appointments. We gathered views on local pharmacy services to see how local pharmacy might be able to support GP services more and we found that 58% of our sample of 703 said they would be willing to use pharmacy more rather than go to their GP.

There have been a number of changes to social care services and our work tracking the journeys of those moving from 4 housing with care schemes was especially interesting highlighting the impact on individuals of the move and learning about communication and assessment. We also completed work inputting into new specifications for care home contracts and changes were made in care homes following our 'enter and view' visits.

Our ICAS service has had a busy year supporting people to make complaints through the NHS complaints system. Often ICAS clients have additional support requirements and we are finding that the complexity of complaints is increasing.

We could not achieve all of this without the involvement of volunteers/community members in all aspects of our work and thank them for their considerable input. I must also thank our small but efficient and effective staff team for their work over the last year.

- John Mason

Listening to your views

About Coventry

- Population of 345,500 people
- 14.3% aged over 65 - lower than English average. Average age of all residents is 33
- 14.3% aged 18-24, higher than the West Midlands and English figures
- 34.4% BME and of this 16.3% Asian/Asian British Ethnicity.

Listening to local people

We gathered the experiences and views of 1823 local people by:

- + Outreach activity to reach those who are less heard or experience barriers to accessing services
- + Surveys and discussion groups linked to our work priorities
- + Our Contact Points in NHS, public and voluntary sector settings
- + Email and phone contacts

Older people

Day care users

We worked to make sure that older frail people who receive a range of health and social care services knew about Healthwatch and could give us their views.

We ran a pilot with a local day centre for older people whereby Healthwatch volunteers visited

to run feedback sessions. We gathered information about views on pharmacy services and experience on hospital wards to feed into our work on these areas.

Housing with care residents

We tracked the experiences of 17 people over a period of 18 months as they moved home due to the closure of 4 Council Housing with Care Schemes.

We interviewed each person 3 times during the process of their needs being assessed, a new home being identified and after their move.

We produced a report and recommendations for the local council.

Users of local health services



We ran 91 contact point stands in different NHS and community places to enable people to talk to us about their experiences of using local NHS and social care services. This included a regular stand at the City of Coventry Health Centre - a multi use health centre hosting a range of NHS services including the Walk in Centre. This means that people who live outside Coventry also use this service. We gathered the views of 226 people.

Views on pharmacy services from different communities

We gathered the views of 703 local people through a public survey about local pharmacy services and series of 5 discussion groups.



Our survey was distributed by local pharmacies, via a range of local voluntary and community groups and through our Community Connectors. Our Contact Point volunteers distributed 485 surveys.

We reached local black and minority ethnic communities (BME) through links with the Coventry Ethnic Minority Action Partnership and outreach to different communities. We ran 3 discussion groups aimed at BME communities with 85 participants.

We ran a focus group with mental health service users via our links with a local voluntary group.

We used our connections with a community link worker based at Coventry Law Centre to reach people from the local Romany community and get their views.

The survey also went to two schools and one college and to parents of pupils at Baginton Fields School (Maintained Broad Spectrum Special School for Secondary aged students).

This large sample meant we gathered a wealth of information about how people use and what people think about pharmacy services.

We found that:

- + 85% of our sample use the same pharmacy all the time
- + People valued pharmacies being local
- + It was difficult to find information about pharmacy services
- + 50% valued an ongoing relationship with pharmacy staff - older people were more likely to value this
- + Older BME people said they used pharmacy rather than their GP because of the relationship they had with the pharmacist
- + 58% were willing to use pharmacy more instead of their GP

“I don't really know what services pharmacy offer”

“I am visually impaired and really appreciate an awareness of my health needs and a sensitive personal approach”

“Contraceptive advice could be improved by being delivered at more pharmacies”

“Blood test service saves hours compared to going elsewhere”

We have called for:

- + **Better information about and communication of the additional services available from pharmacies**
- + **The future role of pharmacy in supporting other NHS services to be considered in local plans for the future of NHS services**
- + **Joint work between the different agencies**
- + **New ways to promote quality of services**

At the time of writing we are discussing our findings with a range of organisations and developing next steps.

Patient transport

We gathered views from users of the non emergency patient transport service, which takes people who meet certain criteria to their hospital appointments and treatment.

There were three elements to our work:

1. Listening to 20 renal patients who used the patient transport service up to 6 times a week
2. Gathering feedback from 42 people who used the general service to get to outpatients appointment etc
3. Talking to staff in outpatients

We did this work to follow up previous findings identifying quality issues with patient transport and after a new contract for the service had been put in place, which was aimed at providing a better quality service. We wanted to check the reality of patient experiences.

We found a mixed picture regarding experiences of the service. The new sub contracted arrangement with Community Transport for transporting some renal patients was working well, but we found people visiting outpatient clinics had long waits for their return transport home.



We made recommendations about:

- + Identifying repeated delays for individual renal patients
- + Improving communication with patients using the service
- + Addressing waiting times for journeys home
- + Better provision for wheelchair users

As a result a new phone was installed in the waiting area for renal patients so they could make contact with the service directly if their transport has not arrived. The commissioners of the service worked with the provider about the issues regarding wheelchairs in the vehicles being used and the capacity for taking wheelchair users.

“It is frustrating not to know the exact time of pick up - considering [my] dietary needs etc”

“Drivers are lovely”

“A much better service now”

“Missed appointment, had to go home and re-arrange”

“We found it stressful waiting 4 hours to come home. We were very worried that we would miss the bed-time carers in which case my husband would be unable to go to bed”

What we learnt from visiting services

We made 14 'enter and view' visits 9 to care homes and 5 to hospital wards.

Care homes

Our visits took place to enable those living in care homes to have access to Healthwatch and be able to give their views and experiences. This is a vulnerable group of service users who can find it hard to raise concerns. As part of preparation for visits we talk to the Care Quality Commission and the commissioners of services at the City Council.

We gathered information about quality of life factors such as day to day choices and activities.

We visited 9 homes, spoke to 58 residents one to one, to 41 staff and made observations.

We made 45 recommendations for change based on what we saw and learnt during our visits related to things such as:

- + Dementia friendly design
- + The environment of the home
- + Staffing to support interaction and stimulating activity for residents
- + The range of activity on offer



Hospital Wards

We carried out visits to hospital wards to find out about person centred communication with patients.



Our focus was on people who had an extra communication support requirement:

- + Visual/ hearing impairment
- + Learning disability
- + Not speaking English

We did this work due to intelligence we had gathered about communication with patients on hospital ward and examples of where this had not worked well. The Hospital had developed a number of initiatives to help and we wanted to see if they were doing so.

We visited 5 wards in phase one of this piece of work in March 2017. We spoke to 39 patients and 21 staff, and completed observation check lists.

The report of the findings is with the Hospital for response.



Helping you find answers

Information Service

The Healthwatch Coventry Information Service answers questions from local people about NHS and social care services through a phone and email service and contact points in community locations.

We provided information to 481 people: 239 face to face through Contact Points, 242 by phone/email via our Information Line. 56 people told us they had returned to use our information line service again.

People are put in touch with our service from a range of sources such as voluntary organisations, health professionals as well as finding out information via our Contact Points and website

“Service was superb, cannot thank you enough”

Most common themes for information enquiries:

- 1) Staff attitude or manner and poor customer service. This encompassed doctors, nurses, care workers, and GP receptionists.
- 2) Waiting times/delays/operation cancellations - includes long waits in-between consultant appointments and delays in follow up appointments.
- 3) Communications Issues - such as getting through to the right people; communication between services and with the patient.
- 4) Concerns about clinical treatment - such as side effects from medication or where

patients feel treatment has gone wrong or there has been misdiagnosis or lack of diagnosis.

- 5) How to access services eg finding a GP; obtaining referrals; whether treatment is available from the NHS; and provision from social care.

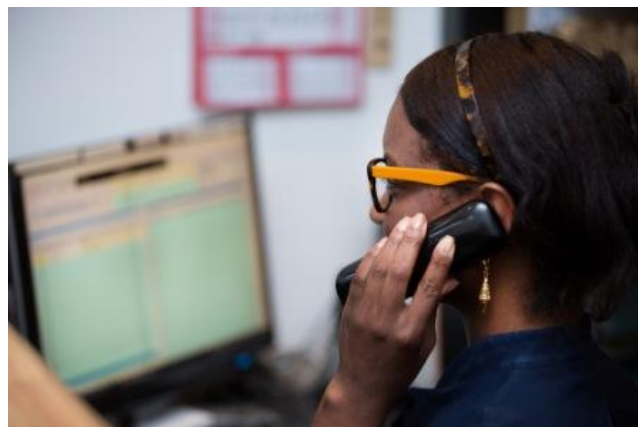
The information service helped 122 people regarding their NHS complaint.

A growing area of contacts is related to waiting times and choices eg Sam had been waiting over 6 months for an operation. We have been helping people understand the waiting times for treatment and how to raise their concerns. There are some gaps in waiting time standards now which means people can wait longer.

Why people contact Healthwatch

Many people who phone us for help have had multiple contacts with health services trying to either understand an issue or get progress.

There has often been a failure or breakdown of communication before contacting Healthwatch.



Helping prepare for complaint meeting

Armad contacted the Information Line because he had been chasing up appointments for regular scans as these had not been booked as they should be. He also had other concerns about his care.

Armad had not had any acknowledgement of the complaint he had made to the Hospital, but a meeting about the care had been organised. Client was given suggestions about preparing for the meeting and provided with a Healthwatch pack about NHS complaints processes so that he was more confident in having this meeting.

Rights of mental health patient

The Information Line enabled Priti to understand the rights of a sectioned patient and how to help a relative who wanted to complain about the length of time for their assessment to see if they could be discharged. We gave information on the rights of a sectioned patient to formally appeal the sectioning (rather than waiting until the mental health services assess them).

We also provided information about rights to access formal mental health advocacy, including assistance on appeals and that Legal Aid is available for sectioned patients, and is not means tested. This was all new information to Laura and her family.



Finally, we provided details of specialist mental health solicitors in the Coventry and West Midlands Area.

Contact Points

In addition our Contact Points signposted 239 people to information and to the Healthwatch Information line.



Referral to Age UK Advocacy Service

Healthwatch contact points made a difference for Bob because he felt that the support he got from his GP was lacking, and that he was not listened to. Bob was not sure about complaining and wanted support with GP appointments.

We contacted Age UK Coventry Advocacy, with Bob's permission, and Age UK Coventry agreed to provide a volunteer to support Bob to see whether the GP was providing good support.



ICAS Service

Our Independent Complaints Advocacy Service provides person centred support to those who are making a complaint through the NHS complaints process.

128 referrals were received and of these 74 were opened as cases and either supported to an outcome or remain ongoing. 10 received one off advice. 32 did not proceed either because the complaint did not relate to the NHS complaints process or client was not contactable. 7 have appointments booked in 2017-18.

167 face to face appointments were given, 18 advice sessions by phone and 3 by email as per client wishes.

12 clients lived outside of Coventry - mostly in Solihull and Warwickshire.



Of the 16 cases resolved locally 6 were upheld, 8 were partly upheld and 2 were not upheld.

10 cases were sent to the Parliamentary and Health Service Ombudsman (PHSO). Of those which have had an outcome 1 was upheld 2 were partly upheld and 6 were not upheld and one was not investigated.

Our help has enabled:

- + People to feel supported in making their complaint:

“We are all hugely grateful for your compassion, dedication and care throughout this process”.

“May we thank you again for all the help and re-assurance you have given to us over the last few months - things would have been hopeless without you”.

“Thank you for explaining things so clearly today”

- + A PHSO decision not to investigate a complaint to be overturned after ICAS supported the client to gather the necessary evidence
- + Individuals to get information on who else can support them eg regarding medical negligence; Community Law team at the Law Centre; Age UK helping hands service.

Most importantly ICAS support has enabled complaints to lead to outcomes for individuals and bring changes to services such as:

- + Changes to referral process to hospital palliative care team meaning referrals are now accepted from patients, relatives, doctors, nurses and other health professionals
- + Hospital appointing a clinical support post on a ward to improve implementation of their falls policy
- + Hospital instructed by the PHSO to demonstrate how they will review their diagnosis and treatment of Pulmonary Embolisms (blood clots) in Emergency Departments and to send the report to the Care Quality Commission and NHS Improvement
- + The General Dental Council instructed a dentist to update their training on prescribing and increase his use of x-rays for diagnosis
- + Patient refunded by a Dentist for incorrectly fitting dentures

Supporting complex NHS complaints

With ICAS help Kiera was able to navigate the NHS complaints process and raise matters with five different NHS organisations related to the care of her child.

The GP practice involved has apologised and agreed to change working practices when checking for Sepsis (a serious infection). One of the NHS Trusts has partly upheld the complaint but others have not yet responded fully. ICAS has already obtained agreement from the Ombudsman that they will review all of the circumstances as one complaint.

Working for better communication

We have been talking to our local hospital about issues of communication and timelines when a Root Cause Analysis (RCA) is undertaken.

RCA investigations are used when 'patient safety incidents' occur within a clinical setting. The most common examples are falls. The purpose is to identify how and why such incidents happen with the aim of learning any areas for change.

Feedback from NHS complainants highlighted that some were not kept informed and that some RCAs were taking a long time. In one case it was only once ICAS supported a client to submit an NHS complaint that they were informed that an RCA had already been completed. This meant that the hospital had failed to follow RCA guidance to keep the patient or carer/family members fully informed of any investigations and for them to have the opportunity to hear the findings and subsequent discussion in person.

The hospital has acknowledged that it has more work to do to ensure good communication and that RCA investigation and NHS complaints processes are better linked together. It is working on solutions.

Getting complaints considered

Tomasz had attempted to make several complaints about his GP surgery. All of his letters of complaint went unanswered and were not dealt with in accordance with NHS Complaints Regulations or in keeping with the surgery's own complaints policies.

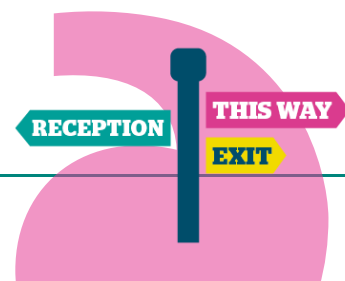
Tomasz has physical and mental health problems and was having difficulty deciding how to proceed. ICAS advised on the options available and helped to write a letter pulling together all of the complaints. Tomasz has now received a full response from the surgery addressing all of the complaints and making a full apology. The GP practice has also put in place changes to its complaints handling processes.



Improved training

ICAS supported a complaint about the conduct of staff when treating a person with a severe learning disability where staff made no attempt to understand the nature of the patient's learning disabilities.

The complaint was upheld and an apology was received from the hospital. They have agreed to update customer service training for reception staff and run a learning disability awareness session for clinical staff.



Making a difference

How your experiences are helping influence change

We have produced 14 reports and made 82 recommendations this year. Our reports can all be found at:

www.healthwatchcoventry.co.uk

Care homes

Our recommendations to 9 care home providers resulted in the following changes being made:

- + Updating of decor and furnishings
- + Putting in place dementia friendly signs
- + Improvements to activities on offer for residents
- + Better use of and access to gardens
- + A new colour scheme making the themes of units in large home clearer for residents to help them navigate around
- + New ways of communicating information to residents
- + Maintenance tasks being completed
- + Odours being dealt with and improved storage of equipment

“The garden area has been developed, fencing erected and planters built”.

“We have commissioned our handyman to install new locks on bathroom and toilet door”.

“We have put in our budget for planned works to get handrails installed into the garden areas”.

-Actions from care home managers

Hospital discharge

Getting hospital discharge right has been a focus for some time but still we hear that it does not always work well. Therefore we brought together a focus group of workers from local voluntary organisations that either support people after discharge or hear about people’s concerns.

From the discussion it became clear that one issue is about effective communication about a patient’s home circumstances, as this is important information to enable the correct support to be put in place.

Healthwatch has published a discussion paper and recommendations will bring together another group discussion to see how the challenges identified are being addressed

How we worked with our community

Volunteers from our local community are involved in most aspects of our work from visiting services, to supporting individuals, to overseeing the strategy and plans of Healthwatch.

We recruit and train new volunteers continuously for our roles of Authorised Representative; Contact Point volunteer; Information Line volunteer and lay Steering Group members.



We recruited, trained and authorised 7 new Authorised Reps this year and recruited 3 new lay members to our Steering Group through an open application process.

We work with a local college to recruit students to support our Contact Points.



At the end of the year we had 53 volunteers and of these, 35 were White British and 17 from Black, Asian and other minority ethnic groups and 6 not stated.

We estimate that our volunteers gave 2353 hours of their time to Healthwatch this year.

Our volunteers ensure our work is rooted in the local community and without their contribution it would not be possible to do all that we do.

Representing interests of patients and public in service planning

Being a voice at strategic meetings

Health and Wellbeing Board

Our Chair, supported by our Chief Officer, sit on the local Health and Wellbeing Board, a multi-agency group responsible for the strategy for promoting wellbeing of local people.

Healthwatch took part in combined development sessions for the Coventry and Warwickshire Health and Wellbeing Boards. These two Boards signed a joint Health and

Wellbeing Concordat setting out a vision for joint working.

STP

NHS England has created local Sustainability and Transformation Plans/partnerships and ours covers Coventry and Warwickshire. Both Healthwatch in Coventry and Warwickshire sit on the Board as observers - meaning we are not part of the decision making but can put forward the perspectives of patients and the public to influence this.

We think it is important that plans are made for how the NHS will deliver care for those who need it into the future. We passionately believe that patients and the public must be part of the solutions.

We have been promoting our Good Engagement Charter as a sound basis for the work the STP must do to gather the input of to local people. We have also called for:

- + proposed changes to be explained in Plain English
- + real scope for local people to input
- + the views of less heard groups to feed in
- + robust plans to ensure access to the services by users and carers if existing services are relocated
- + clear timelines
- + co-operation to join up services for benefit of patients and service users

We responded to a consultation on the draft STP Engagement Strategy and asked for a clearer plan and document to be produced so that local people could understand clearly how they would be asked for their views.



Other groups

Members of the Healthwatch Steering Group sit on and attend a range of other groups to put forward the interests of patients, service users and the public. This year these included:

- + **Coventry City Council Health and Social Care Scrutiny Board - we have a co-opted representative to ensure links with our work**
- + **Adult Social Care User Group - a new group set up this year by the City Council**
- + **The Safeguarding Adults Board - part of our role is to be critical friend to how this runs and works**
- + **Equality groups within NHS trusts**

We are often the only lay/volunteer representatives at these meetings which gives us a valuable and unique perspective that is different from professional managers and clinicians.



Inputting into new ways of commissioning services



Care homes specifications

We used what we have learnt from visiting local care homes to contribute to new specifications for care home services being developed by the council. The idea was to focus more on outcomes for residents rather than processes. A group of our volunteers who had visited care homes worked to develop suggestions for strengthening the draft specifications such as:

- + More emphasis on maintaining independence
- + Ensuring that those with cultural or faith or language needs have their needs met
- + Good practice regarding dementia friendly design should be a basic requirement for all homes irrespective of their designation
- + Access to outside space should be covered in the core specification.

Commissioning plans

We used our knowledge of local services gained from talking to local people to provide feedback on the Coventry and Rugby CCG's commissioning plans for the next year.

Asking questions on behalf of local people

Information requests

We requested information from the hospital regarding maternity services after a number of issues were highlighted to us from people contacting our Information and ICAS services.

We asked the council for information about social care assessments as part of a piece of work Healthwatch England co-ordinated. We were surprised to find that the Council did not have figures for waiting times for social care assessments.

Quality Accounts

We co-ordinated a Task Group to understand progress on NHS Trusts' quality priorities for 2016-17 and to feed into new priorities for 2017-18. We also provided input into how to make the documents easier to read leading to changes in the Trusts' style of writing.



It starts with you

Making information understandable

Three Healthwatch Steering Group members helped local people to understand how patient records can be shared between the NHS and social care.

The local CCG presented plans to write to all residents in Coventry about record sharing and as a result Healthwatch set up a task group to feed in how to make sure this was communicated in an accessible way.

As a result the CCG changed its approach, removing confusing technical detail and working on an easier to read style.

The right help at the right time

Healthwatch helped one of the participants of our housing with care project to settle into their new home.

When we carried out our final interview we found out that they did not know where to get help with small jobs in their new home including setting up their TV.

We put them in touch with a local service run by Age UK Coventry which could help them with these jobs.



Sharing issues with relevant agencies

Joanne raised concerns about an area of psychiatric care for her son because she was not kept informed about her son's treatment, and no information was provided to her son about his rights.

Healthwatch supported Joanne to make a complaint which was upheld and informed the CQC and relevant Clinical Commissioning Group (CCG) of issues identified in the complaint. The CQC has since inspected the facility concerned and rated it as 'inadequate'.



Social care support

Healthwatch Engagement Officer Louise helped Clive to get the support he was entitled to through his social care assessment and support plan. Clive and his carer didn't really understand what his support plan was for and how it worked.

Louise explained this and discovered that the organisation providing care to Clive was restricting the support he got and not following his support plan. With Clive's permission Healthwatch raised the concern with a senior manager in adult services at the council and then Clive was then able to get the support he should get so that he could go out and do the things he enjoyed.



Our plans for next year

It is clear that the plans driven by NHS England under Simon Steven's 5 Year Forward View for the NHS and the more detailed plans related to specific services remain the national framework impacting locally¹.



This means that local sustainability and transformation plans/partnerships will continue to be the local focus for the development of new approaches to providing services.

The Coventry and Warwickshire STP has now adopted the name Better Health, Better Care Better Value.

There will be a focus on mental health services; cancer services and primary care services as detailed in the *Next steps for the NHS five year forward view* as well as the local priorities of:

- + Paediatrics and maternity services
- + Urgent care
- + Planned care such as hip and knee surgery
- + Stroke care
- + Out of hospital (community) services
- + Preventing ill health.

Plans also sets out moves towards new structures within the NHS with expectations that organisations will increasingly work and join together to remove organisational boundaries and interests.

Our role as always is to work to ensure that the voices and interests of patients and the public are heard in the plans related to their services.

To plan our work we must balance our focus between the STP agenda for the planning and commissioning of local NHS and potentially social care services and the feedback and views of local people we gather.

When setting our priorities we have reviewed all the intelligence and feedback we have gathered and recorded over the last year to identify what themes emerge from local people. We have also spoken to service commissioners and considered the context in which we are working to check that any work we do can have the maximum impact.

Therefore we have agreed the following priorities:

1. Home care - gathering views of service users
2. Getting to outpatient and test appointments - impact of location
3. Continuing Healthcare - developing better patient information
4. Communication with patients on hospital wards (learning disability, sensory impairment, language) how to meet the need
5. Residential social care (including intermediate or re-ablement care)

- Ruth Light, Chief Officer

¹ www.england.nhs.uk/five-year-forward-view/

Our people

Here2Help

Healthwatch Coventry is provided by the local voluntary sector consortium Here2Help. The Here2Help Board has the overall responsibility for the safe and effective delivery of Healthwatch against the requirements of the Grant Aid Agreement from the City Council. It ensures the accountability of four Here2Help members for effectively delivering Healthwatch work.

How we involve the public and volunteers in decisions

Healthwatch Coventry has a Steering Group responsible for setting the strategy and direction of Healthwatch work.



It is made up of 8 individual local people 3 local voluntary organisations and the subcontracted organisations delivering Healthwatch work.

The Steering Group makes decisions about:

- + which health and care services will be covered by our activities
- + reports and recommendations; use of enter and view powers; whether to make a referral to overview and scrutiny committee

We use a scoring system to help prioritise issues for consideration for our work programme. Steering Group meetings are held in public. Decisions are published via the minutes.



This year we held an open application round for a third of the lay member places and for the voluntary sector places; resulting in new people joining the group. We had a very pleasing level of interest in these roles.

More information about Healthwatch Coventry governance and decision making is available at www.healthwatchcoventry.co.uk/about-us

An up to date list of our Authorised Representative volunteers can be found at www.healthwatchcoventry.co.uk/content/whos-who

Current Steering Group members:

Individual

Taruna Chauhan
Nobby Clarke
Carol Fawkes
Karen Keates
John Mason (Chair)
Des Patalong

Dennis Saunders
David Spurgeon

Co-optees (non-voting)

Hakeem Adedoja
Gaile Allen

Voluntary sector

Kyla Craig
Marcia Jarrett
Moira Pendlebury
Derek Rawle

H2H organisations

Steve Banbury
Sue Bent
Ed Hodson
Penny Collard, H2H Board (Observer)

Members 1/4/16 - 31/12/16

Sheila Marston AIMHS
Christine McNaught FWT - a centre for women

Debra Walton Grapevine

The staff team to March 2017

| | |
|------------------|---------------------------|
| Ruth Light | Chief Officer |
| Louise Stratton | Engagement Officer |
| Kerry Armit | Volunteering Co-ordinator |
| Samantha Barnett | Assistant |
| Kieran Howell | Info Line Supervisor |
| Varinder Kaur | Contact Point Officer |
| Natasha Ramrous | ICAS Adviser |
| Rob Allison | H2H Contract Manager |



Get in touch

Phone number: Information helpline and ICAS service Tel: 024 7625 2011
Central Team Tel: 024 7622 0381

Email: info@healthwatchcoventry.co.uk

Twitter HealthwatchCov
Facebook Healthwatch-Coventry



Our finances

| INCOME | | £ |
|--|--|---------|
| Funding from local authority to deliver local Healthwatch statutory activities | | 239,000 |

EXPENDITURE

| | |
|--------------------------------|----------------|
| Payments to subcontractors | 237,000 |
| H2H Insurance | 1,586 |
| H2H audit contribution | 510 |
| Total expenditure | 239,096 |
| Brought forward 2015/16 | 767 |
| Carry forward 2016/17 | 671 |

Subcontractors:

| | |
|---|----------------|
| VAC - voice | 120,444 |
| CAB - information helpline | 42,164 |
| Law Centre - ICAS | 43,384 |
| Age UK Coventry - Information Access Points | 19,156 |
| VAC - contract management/ H2H secretariat | 11,852 |
| Total | 237,000 |

VAC - voice & influence:

| Payment from H2H | |
|--------------------------------|----------------|
| Salaries | 90,333 |
| Staff costs | 952 |
| Publicity | 5,125 |
| Volunteer costs | 1,312 |
| Other direct costs | 3,328 |
| Management & overheads | 19,424 |
| Total expenditure | 120,474 |
| Brought forward 2015/16 | 1,135 |
| Carry forward 2016/17 | 1,105 |

CAB - information line:

| Payment from H2H | |
|--------------------------------|---------------|
| Salaries | 29,954 |
| Contribution to phone line | 3,000 |
| Other office costs | 478 |
| Volunteers costs | 2,000 |
| Management & overheads | 6,732 |
| Total expenditure | 42,164 |
| Brought forward 2015/16 | 916 |
| Carry forward 2016/17 | 916 |

Law Centre - ICAS:

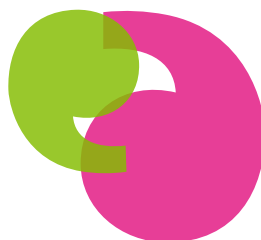
| Payment from H2H | |
|--------------------------------|---------------|
| Salaries | 35,423 |
| Staff costs | 248 |
| Other direct costs | 786 |
| Management & overheads | 6,927 |
| Total expenditure | 43,384 |
| Brought forward 2015/16 | 1,655 |
| Carry forward 2016/17 | 1,655 |

Age UK Coventry - contact points:

| Payment from H2H | |
|--------------------------------|---------------|
| Salaries | 15,410 |
| Staff costs | 530 |
| Publicity | 400 |
| Management & overheads | 3,060 |
| Total expenditure | 19,400 |
| Brought forward 2015/16 | 1,458 |
| Carry forward 2016/17 | 1,214 |



Glossary



| | |
|--|--|
| Authorised Representatives | Healthwatch volunteers who are trained and approved to visit NHS and social care premises |
| BME | Black and minority ethnic person or communities |
| CQC | Care Quality Commission: regulator of health and social care providers in England. It inspects services to see if they meet certain standards |
| Clinical Commissioning Group (CCG) | Clinical Commissioning Group: body with responsibility for proportion of local NHS budget |
| Commissioner | Organisation/officer with responsibility for buying health or social care services for the local population and for monitoring the quality of the service provided |
| Community Connector | A link person with Healthwatch connected with different communities in Coventry through their roles in local voluntary, community, faith or self help groups |
| Contact Point | Name for a Healthwatch Coventry stall or stand in an NHS or community setting designed to gather feedback from local people and provide information about Healthwatch and signpost people to information they need |
| (CWPT) Coventry and Warwickshire Partnership Trust | Provider of mental health, learning disability, and substance misuse services for Coventry and Warwickshire plus community health services for Coventry |
| Engagement | An over arching term for activities to gather views, opinions or feedback from patients or the public Healthwatch Coventry Good Engagement Charter can be found at www.healthwatchcoventry.co.uk/engagement-charter |
| Enter and View | Term for one of the Healthwatch powers: to go to certain NHS and social care premises to see how services are being run |
| Grant Aid Agreement | Type of funding agreement providing funding via a grant |
| Healthwatch England | National body supporting local Healthwatch and utilising the evidence local Healthwatch gather for national policy campaigns |
| Here2Help | Here2Help (H2H) is the trading name of Voluntary Sector Consortium, a consortium of local voluntary organisations which holds the grant to deliver Healthwatch Coventry. |
| Health and Social Care Scrutiny Board | Committees of the local council made up of local councillors that look at health and social care delivery |
| Health and Wellbeing Board | Led by the Local Authority to develop a strategy for local health and wellbeing and to set priorities for local joint work across health and social care |

| | |
|---------------------------|---|
| ICAS | Independent Complaints Advocacy Service: service to support people making a formal complaint through NHS complaints processes |
| Information request | Healthwatch has the power to request information from service commissioners and providers and to get a response |
| NHS England | Responsible for aspects of NHS services including GPs (until April 2017) and the commissioning of some specialised health services and health and social care policy implementation |
| Ombudsman | Parliamentary and Health Service Ombudsman provides the top level for the NHS complaints process and the Local Government Ombudsman for complaints regarding local authority services |
| Public Health | Department of the local council and Public Health England - both work to improve the health and wellbeing of the population either locally or nationally |
| Quality Account | Document produced by NHS Trusts annually to set out and report on quality priorities regarding their services |
| Root Cause Analysis (RCA) | A process where NHS organisations investigate the cause of harm to patients (eg why did a patient fall) so that lessons can be learnt |
| Safeguarding | Protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. |
| Social Care | Services organised by the local council to provide support to vulnerable, disabled and older people who need support to live their lives; for example support to live at home or residential care |
| STP | Sustainability and Transformation Plan - a local 5 year plan for NHS services focusing on new models of care; improving health and wellbeing and the efficiency of services. The Coventry and Warwickshire STP is now branded as 'Better Health, Better Care, Better Value' |
| Trust | A Trust (or NHS Trust) is an organisation within the English NHS providing healthcare services for residents such as hospital services, mental health services or ambulance services. |
| UHCW | University Hospitals Coventry and Warwickshire. Trust providing hospital services in Coventry and Rugby |
| WMAS | West Midlands Ambulance Service -provides emergency ambulance, patient transport service |



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Registered office

Healthwatch Coventry
c/o Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2ES

Grant-holder: Here2Help

Voluntary Sector Consortium (trading
as Here 2 Help)
c/o Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2ES

Sub contractors:

Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2ES

Coventry Law Centre
Oakwood House
St Patricks Road
Coventry
CV1 2HL

Coventry Citizens Advice Bureau
Kirby House
Little Park Street
Coventry
CV1 2JZ

Age UK Coventry
Alvyn Smith House
7 Warwick Road
Coventry
CV1 1EX

We will be making this annual report publicly available by 30 June 2017 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.