

Annual Report

2015/16



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Message from our Chair

I am pleased to say that since our last annual report Healthwatch Coventry is still in good health and that we have successfully campaigned to retain our funding level.

Coventry is a City of 337,000 people, with an ethnic minority population of 33.4%. The local spend on NHS services is approximately £550 million and on social care services £74 million.

In this Annual Report you will find evidence of the ways in which we have listened to the voice of users of Health and Social Care Services in Coventry and have responded to their concerns by raising issues with providers of services, whether that is Coventry City Council, University Hospitals Coventry and Warwickshire (UHCW), Coventry and Warwickshire Partnership Trust (CWPT) or Coventry and Rugby Clinical Commissioning Group (CRCCG).

Our hard working team has remained pretty constant and our consortium working through Here2Help involving Age UK Coventry, Citizens Advice Bureau, Voluntary Action Coventry and Coventry Law Centre has been well-coordinated and productive with a streamlining of our services over the year enabling us to deal with our contacts more effectively.

We have increased our volunteer numbers and enlarged our pool of Authorised Representatives which has enabled us to carry out more visits to Care Homes and to the Mental Health Services at the Caludon Centre and Hawkesbury Lodge.



We continue to create important links via our Community Connectors and have made important connections with teenagers which has widened our understanding of health concerns and brought us a new audience.

We have taken on board issues raised by members of the public, pursued them with the providers of services, and made a real difference to peoples' lives.

We have commented on important topics at the City Council's Health Scrutiny Board and Coventry's Health and Wellbeing Board.

I have been pleased with the way in which Steering Group members have committed themselves to a variety of tasks engaging with and monitoring aspects of Health and Social Care in the City Council and the larger health providers e.g. stroke services, patient transport services, equality and diversity groups, Adult Safeguarding Board, Health Scrutiny Board, etc.

Without dedicated staff, volunteers and partners we would not be able to discover the views of Coventry people, act on their behalf to seek answers and improvements, and hold the providers of important services to account. I thank them all for their commitment and efforts.

- John Mason



Who we are

What we do

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

- We gather views and feedback on local NHS and social care services through visits to services, surveys, focus groups and our network of Healthwatch members and community connectors.
- We provide an information helpline for local people to get answers to questions about health and social care and understand their rights.
- We support people who are making a complaint about an NHS service through our Independent Complaints Advocacy Service (ICAS).

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.

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

Healthwatch Coventry is delivered by the Here2Help voluntary sector consortium.



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 2015-16 we set the following work priorities, which we will report on in this report:

1. Primary care services - especially GP services
2. Mental health services - inpatient, rehabilitation and day services
3. Non emergency patient transport services
4. Changes to social care services - service user perspectives
5. Services for frail and vulnerable older people



Summary of achievements

- Healthwatch Coventry findings about GP services were reflected in the Coventry Primary Care Strategy
- NHS England followed up with 10 local GP practices which did not have a practice leaflet
- 950 teenagers learnt about Healthwatch and 119 shared their views about health and wellbeing matters with us
- Improvements are planned to activities and outside space at local mental health facilities following Healthwatch recommendations
- Local NHS organisations have acknowledged changes are needed to their management of NHS complaints
- Care homes have made changes leading to a better quality of life for residents
- CWPT has used a new approach to engagement as part of its Quality Account process following Healthwatch input
- A Healthwatch idea for new wider engagement, data and intelligence gathering was used to inform Health and Wellbeing priorities
- A Healthwatch review led to improvements to the new City Council website to make it easier to use
- ICAS clients achieved personal outcomes from raising complaints
- Concerns about mental health and substance misuse services not joining up are reflected in new local Health and Wellbeing Strategy priorities
- The views of users of non-emergency patient transport service have been gathered and sent to service managers and commissioners
- Ideas for quality markers for care homes have been fed to City Council Commissioners to inform contract development work
- Healthwatch has channelled the feedback of local people to inform CQC visits to local services
- Healthwatch highlighted issues with osteoporosis diagnosis rates and access to choice of DXA scanner service leading to activity to promote choice to patients
- Issues related to orthotics services for children were identified and shared with the service commissioner leading to a review of provision
- We reached 1862 people through outreach, public meetings, surveys, and visits to services
- We provided information to 763 people to help them navigate services or understand their rights.



Listening to local people



Gathering experiences and understanding people's needs

We gathered the experiences of 1355 local people by:

- Targeted outreach activity to reach those who are less heard or experience barriers to accessing services focusing on engagement priorities set by the Healthwatch Steering Group
- Our membership of 368 local people and 91 voluntary groups
- Our network of 24 Community Connectors within voluntary, community and self help groups, who pass on intelligence and information
- Our Information Points in Age UK Coventry and the Carers Centre and pop up information point sessions in health and community locations reached 628 people

We ran 52 sessions of our pop up Information Points.

Reaching young people

We delivered 5 assemblies to 950 school pupils aged between 11 and 16. The students were asked to think about how Healthwatch can be embedded into their school life to ensure their voice is heard in local health and social care.

Student leaders are taking forward work and linking with Healthwatch.

An online survey was also run with year 9 pupils (13-14 years) with a response rate of 119 out of 140. This asked questions about

health and wellbeing and what the young people thought was important. Mental wellbeing came out top.



We have worked with a local College for the involvement of young people as volunteers on Healthwatch Information Points and to collect feedback from young people about services.

We also held discussion groups with parents of disabled children leading to the identification of issues regarding orthotics and other services.

BME and new communities

We have also focused on reaching specific Black and Minority Ethnic (BME) communities and new communities in Coventry in recognition of the diversity of the Coventry population and that such groups are less heard in health and care services. We have recruited new Community Connectors and built links with a Young Migrants Project, the Refugee Centre and Coventry Ethnic Minority Partnership.

We reached 2625 people through outreach, public meetings, surveys, our information service and service visits.

Older people

This year we set a work priority to reach frail older people because this group are less heard and often frequently use NHS services as well as social care support.

We have worked with AgeUk Coventry to identify people who need to move home because of the closure of 4 housing with care facilities. We will follow them through their journey to a new home, a process which will take approximately a year.

We gathered views on the non emergency patient transport service (taking people to and from hospital appointments etc) and 55.5% of our sample were aged over 65 years.

People who use Coventry services and live elsewhere

We have reached this group of people through our surveys regarding mental health services and patient transport services as both of these have a reach beyond Coventry residents.



Our regular pop up Information Points at the Walk in Centre and in the entrance foyer of University Hospital Coventry enabled patients who use those services but live elsewhere to talk to Healthwatch and share their feedback.



The Healthwatch Coventry ICAS service has supported 8 clients who lived outside of Coventry.



We have spoken to an organisation supporting sex workers; made links with the deaf community and had items about Healthwatch added to Talking Newspapers for the Blind.

Using feedback from patients and the public

We have received lots of feedback about a range of services. We track this to look for themes. We have used the information we have gathered from local people to:

- Raise questions about a new pilot service called Prescription Ordering Direct (P.O.D) being run by the CCG for the ordering repeat prescriptions. We fed back concerns about the quality of information about this service and concerns about how user friendly it is for patients.
- Raise issues related to orthotics services for children via an Information Request to the CCG. We received assurance that the CCG will look at the issues as part of a service review.
- We used the intelligence we had gained from local people to inform a response to the CCG's commissioning intentions for 2016-17 and provided evidence to the Parliamentary Select Committee inquiry on Primary Care; featuring in the final report.

What we learnt from visiting services

We made 13 enter and view visits to care homes, 8 to mental health wards and day services and 5 to outpatient waiting areas at the hospital to gather feedback on patient transport services.

Care homes

Our care home visits were to find out about quality of life factors such as activities, food and drink, the physical environment and choices for residents. This work formed part of our work priority about services for frail older people.



Visits took place to enable those living in care homes to have access to Healthwatch and be able to give their views and experiences. We visited 13 homes, spoke to 88 residents one to one, to 67 staff and made observations over day long visits.

We made 76 recommendations for change based on what we saw and learnt during our visits. We raised concerns about manual handling in one home with the commissioners of the service at the local Council and shared our findings with the Care Quality Commission to inform their inspection work.

We have also set up a route for all of our care home enter and view reports to be circulated to a multi agency group that oversees the quality of provision locally.



Mental health services

Our visits to mental health services were part of a work priority following up on previous action plans from the Trust to see what had changed.



The visits were carried out because of feedback from patients and the public and because of the number of service changes which have taken place.

We gathered information about activities, care planning and discharge.

Healthwatch made 6 recommendations and received an action plan from the Trust in response in February. We have also made recommendations to the CCG.

Patient transport

Our patient transport survey was carried out to see if a new contract for the service had improved reliability and quality.



Healthwatch referred the commissioning of patient transport services to the Health and Social Care Scrutiny Board in 2012 because of concerns about service quality and the time being taken to put in place a new contract. This piece of work continues.

Our work in focus: better information

A cross cutting theme to our work this year has been work to improve information about NHS and social care services for patients the public.

Often information is not written in plain English, is not clear or easy to find.

GPs

We visited all 64 local GP practices to check what information about the practice was available to patients/ new patients via practice leaflets and looked at GP practice websites and entries on NHS Choices.

We found that a lot of GP practice websites contained out of date information. There was confusing information about which service to use outside of GP opening hours, practice leaflets varied greatly in length, readability and content. The longest being 24 sides of A4, and that 10 GP practices were not able to provide us with a leaflet. Healthwatch made recommendations including:

- **GP practices to invest in information provision as this will help them to carry out their role by informing/empowering patients**
- **Patient input in the design and content of patient information**
- **Work in Coventry to ensure that GP practice websites are up to date**
- **A local commitment to adopting plain English and/or a charter mark for easy to use and understand information**
- **Good practice examples to be shared**

These recommendations were delivered to the local Primary Care Task Group of the local Health and Wellbeing Board and

local CCG and NHS England (which still commissions local GP services).

NHS England has followed up with practices which could not give us their practice leaflet to ensure they have one.



Social Care

We carried out a mystery shopping exercise on the new City Council website to test how easy it is to find relevant information. Healthwatch volunteers looked for information to address different social care related scenarios. This led to changes to layout and information which will make it easier for those who do not use websites a lot to find the information they are looking for.

Hospital

We provided comments on draft hospital NHS Complaints and Patient Advice and Liaison Service (PALS) leaflets and information about Healthwatch was updated on the hospital website.



This work helped information to be presented more clearly.





Giving people information

Helping people get what they need from local health and care services

The Healthwatch Coventry Information service answers questions from the public about NHS and social care services through a phone and email service and face to face via Healthwatch Information Points.

We provided information to 763 people: 437 face to face, 244 by phone

Most common topics of information enquiries:

1. Hospitals
2. GPs
3. Mental Health/CAMHS
4. Social Care Services
5. Dentists
6. Ambulance Services



Why people contact Healthwatch

Often people contact Healthwatch because they have never felt the need to complain in the past and so are not familiar with the complaints procedures for the NHS. Typically these clients have either come to Healthwatch straight away, or have tried to research themselves but have been unable to get clear information.

Others use our service because NHS and care services are confusing or because they have been unable to resolve issues themselves or get answers.

The information service helped 226 regarding their NHS complaint

Cancellation of operations

A Client had a complaint/concern regarding cancellations of operations and delays.

The Healthwatch Information line provided information about how to make a complaint using the NHS complaints system.

And information about patients' rights under the NHS Choice Framework about potential maximum waiting times of 18 weeks and rights to potentially change hospital was also provided.





NHS Dental treatment

A client contacted the Information Line regarding dental treatment. They knew they needed a specific procedure and had been quoted fees for private dental treatment. The client wanted to know whether this specific procedure is available as NHS Treatment, their NHS dentist had just tried to refer to a private provider, but hadn't explained whether this procedure is available.

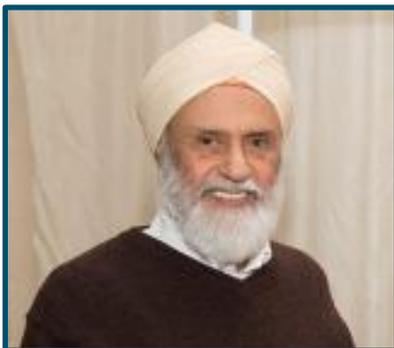
In response the Healthwatch Information line signposted the client to the Dental Team at the NHS England Regional Team for information on NHS contractual requirements.



“Keep up the good work that you are doing. I am grateful for all the help that I received, thank you”



Accessing help



At the Walk in Centre a man approached our Information Point stand to find out if there was any support available as he wanted to stop smoking. He had tried many times in the past on his own but recognised he needed professional support.

Our stand reminded him that he really needed to take action and he stated he was really glad that he could talk to someone about it. He said the Healthwatch Volunteer really listened. He left his contact details so that we could find out information for him.

The Healthwatch Information Line called him back the following day with phone numbers for stop smoking projects in the city. The gentleman said it was a good job we were there as it helped him take action to stop smoking.

“All staff have been most helpful - thank you”



Independent Complaints Advocacy Service (ICAS)



Our ICAS service provides tailored support to people who are making a complaint through the NHS complaints process.

146 referrals were received and of these 99 were opened as cases and either supported to an outcome or remain ongoing. 15 received one off advice and the other 35 did not proceed either because the complaint did not relate to the NHS complaints process or client was not contactable.

This year we have supported complaints about a range of organisations including: hospitals, inpatient and community mental health services, GPs, dentists, and ambulance service.

Of the cases resolved locally one was upheld, three were partly upheld and four were not upheld.

22 cases were sent to the Parliamentary and Health Service Ombudsman. Many are still awaiting final decision/outcome from the Ombudsman, especially those referred before October 2015.

Of those which have had an outcome one was upheld one was partly upheld and two were not upheld. 19 await response.

Our help has enabled:

- Complaints judged out of time to be re-opened



- People to express their complaints clearly
- People to get their points of concern answered
- Complaints to be escalated to the Ombudsman
- Individuals to get information on who else can support them eg regarding medical negligence, Community Care Team at Law Centre

Outcomes from complaints

The complaints raised through our support have led to outcomes for individual complainants, for example:

- Apology and promise to change practice by GP surgery
- Patient receiving the right care after being supported to complain
- Charges for treatment and services overturned
- Received appointments for treatment/care quicker after complaint submitted

It is a relief that we finally have someone who has listened, shown compassion and understanding and has the knowledge and willingness to challenge and fight for what is right.





Apology from GP



A client had suffered a still birth and was extremely distressed at the lack of understanding and follow-on care shown by her GP surgery following her discharge from hospital.

ICAS supported the client and wrote a formal letter of complaint to the surgery. As a result, the client received individual letters of support and explanation from all the doctors she had seen at the surgery and a promise that the surgery will now display specialist information for SANDS, the support and counselling service for the Stillbirth and Neonatal Death Society to ensure that other patients do not suffer the same experience.

Challenging decisions



An ICAS client whose child was discharged from hospital requiring specialist home care unexpectedly received invoices for this care provision, in spite of the fact that she had never been informed that this would be a possibility before agreeing to the care plan. Following a very lengthy period of investigation and correspondence involving

ICAS support, the hospital and the client, she is no longer being held liable for the charges.

*Thank you for your time,
understanding and advice*

Complaint outside time limits

A client was referred to ICAS when a complaint was refused due to being beyond the 12 month time limit. The client had been unable to act sooner due to their grieving process for their partner who had died unexpectedly in hospital.

ICAS reminded the hospital that under NHS Complaints Regulations, a complaint can still be dealt with outside the time limits if there are 'exceptional circumstances' and there is evidence that the complaint 'can still be investigated effectively and fairly'. This led to the hospital investigating the client's complaint and a full response was received. The client expressed thanks to ICAS as they feel that they and their family have at last been heard and can start understanding better what happened to their mother



Making a difference



Our reports and recommendations

We have produced 19 reports and made 111 recommendations this year. Our reports can all be found at www.healthwatchcoventry.co.uk

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

- New dementia friendly design features such as labels on taps
- New handrails
- Introducing resident and staff meetings
- Suggestion boxes being added
- Work to improve outside space
- New activities for residents
- Problem with access to local GP practice resolved
- Individual needs we identified being addressed



We made 6 recommendations regarding local mental health in patient, rehabilitation and day services. An action plan from the Trust makes commitment to deal with the maintenance of outside spaces and broaden activities for patients. The CCG has heard our comments about the purpose of Hawkesbury Lodge and has said they will look at this as part of a service review.

Our recommendations regarding GP practice information resulted in:



- Evidence being used as part of the Primary Care Strategy produced by the CCG
- NHS England made contact with practices which could not provide us with their practice leaflet and informed us they now had them
- The CCG localities team is working on promoting good practice regarding GP practice information provision.

Working with other organisations

PLACE

We worked with University Hospital Coventry to develop the Patient Led Environment Inspection (PLACE) programme for this year. Healthwatch volunteers have taken part in this nationally co-ordinated programme over recent years and last year's inspections felt rushed and did not have enough patient inspectors taking part.

Therefore, we worked with the hospital to hold a briefing session for potential lay inspectors and 16 people from Healthwatch Coventry attended, with more also interested in taking part.

Health and Wellbeing Board

The Chair and Chief Officer of Healthwatch Coventry sit on the local Health and Wellbeing Board, a strategic multi-agency group responsible for the strategy for promoting wellbeing. Our Chief Officer has the role of making sure that connections are made between different elements of Healthwatch work in order to support this and other representative roles.

Healthwatch took part in a series of Board development sessions and fed in information

to the process of setting the new Health and Wellbeing Strategy as well as suggestions for how the Board can improve its approach.

Healthwatch presented to the Board seven key issues regarding health care which local people had highlighted to Healthwatch in their feedback.

Primary Care

We have been working with the local Council, CCG, GPs and pharmacists as part of a Primary Care sub group of the Health and Wellbeing Board.

Health and Wellbeing issues

We represented the interests of local people on a group overseeing the gathering of evidence about health and wellbeing issues in Coventry. This led to a new approach in gathering evidence to go in the Joint Strategic Needs Assessment (JSNA) which sets out the health and wellbeing issues in Coventry. For the first time an online survey was issued so the local voluntary organisations and other interested parties could feed in their evidence and ideas.



Quality Accounts

We led a partnership approach to reviewing progress on NHS trust's quality goals and the process for setting quality priorities for the coming year and producing a report to account for the quality of services. This group is made up of local councillors from Scrutiny in Warwickshire

and Coventry, Healthwatch Warwickshire and Healthwatch Coventry.

We worked with Trusts to improve how they engage with local people about their quality priorities and how they represent information.

CQC

This year the CQC report of an inspection to UHCW was published and CWPT was inspected. Prior to inspections the CQC asks local Healthwatch to promote ways for local people to give feedback and asks Healthwatch for information.

We maintain links with the CQC by attending CQC/Healthwatch network meetings, and connections with inspection teams. We also fed into CQC consultation on its future strategy.

Healthwatch England

We value the role of Healthwatch England and aim to feed information from our local work into their national campaigns. This year we provided evidence regarding the NHS complaints process to help inform Parliamentary Health and Service Ombudsman with their report on GP complaints services.

We took part in a pilot of the new Healthwatch England Quality Statements for local Healthwatch, carrying out an internal review process and feeding back on this to Healthwatch England and our regional Healthwatch network.

Information requests

We made two official information requests regarding the commissioning of Orthotics services and local plans for CAMHS services. Both were answered.

Our people



Involving local people in our work

Healthwatch is passionate about the views and input of local people having an influence over how services are delivered and planned.

Most of our lay Steering Group members sit on external groups in order to represent the interests of patients and the public. For example

- We have a co-opted representative on the council Scrutiny Board for Health and Social Care - a route to feed in findings from our work and ask questions of those who manage and commission services.
- This year we took up a place on the Safeguarding Adults Board so that our knowledge and lay perspective can add value to the Board's discussion and work.
- We joined a group feeding patient voices into the review of Stroke services across Coventry and Warwickshire

We make sure that we ask and argue for greater involvement of patients and the public in the design and decision making about services.

We promote our Good Engagement Charter and toolkit and make challenges about how the voices of local people and patients have been sought and used.

We have 1638 twitter followers



Volunteers

We recruit and train new volunteers continuously. At the end of the year we had 56 volunteers and of these, 66% were White British and 27% from Black, Asian and other minority ethnic groups and 7% not stated.

We estimate that our volunteers gave 1456 hours of their time to Healthwatch this year. Without their contribution it would not be possible to do all that we do.

Some people volunteer as Authorised Representative volunteers who visit services and some on our Steering Group. We have a range of other roles supporting all aspects of our work too.

Authorised Representatives at the end of the year were:

*Gaile Allen
Elsie Beaumont
Robert Bicker
Denise Blyth
Gillian Blyth
Mary Burns
Lissa Clarke
Nick Darlington
Elaine Gray
Angie Haselock
Karen Keates
Frances Lindsay
Sheila Marston
John Mason
Gareth Pritchard
Ravinder Singh Kundra
Jean Smith
David Spurgeon
Tom Stone
Caroline Wilde*



How we run

Here2Help

Healthwatch Coventry is provided by the local voluntary sector consortium Here2Help.



Decision making

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

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.

Involving lay people and volunteers in decision making

Healthwatch Coventry has a Steering Group made up of 8 individual local people 3 local voluntary organisations and the subcontracted organisations delivering Healthwatch work.

It sets the strategy and direction of Healthwatch work, making 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 or anywhere else

Steering Group meetings are held in public. Decisions are published via the minutes of the Steering Group meetings.

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

Steering Group members:

Gaile Allen
Steve Banbury, Voluntary Action Coventry
Sue Bent, Coventry Law Centre
Taruna Chauhan
Penny Collard (H2H observer)
Surinder Dhillon
Ed Hodson, Coventry CAB
Karen Keates
Sheila Marston, Coventry AIMHs
John Mason
Christine McNaught, FWT - A Centre for Women
Des Patalong
Moira Pendlebury, Age UK Coventry
Dennis Saunders
David Spurgeon
Debra Walton, Grapevine

Operational decisions

Operational staff, under the guidance of the Healthwatch Chief Officer (who may also seek the input of the Chair on potentially contentious issues), are delegated decision making regarding matters such as:



- the detail of what information to request and from whom
- the scheduling and organisation of enter and view visits following a Steering Group decision
- ongoing referral of issues and intelligence to commissioners and regulators.

Contact Us

Information helpline and ICAS service



Tel: 024 7625 2011

Email: info@healthwatchcoventry.co.uk

Central Team

Tel: 024 7622 0381

Email: yoursay@healthwatchcoventry.co.uk



Healthwatch Coventry
29 Warwick Road
Coventry
CV1 2ES

Website

www.healthwatchcoventry.co.uk

Find us on



HealthwatchCov



Healthwatch-Coventry



The staff team

- *Ruth Light, Chief Officer (37 hours)*
- *Louise Stratton, Engagement Officer (18 hours)*
- *Kerry Vieira, Volunteering Co-ordinator (24 hours)*
- *Samantha Barnett, Assistant (30 hours)*
- *Kieran Howell, Info Line Supervisor (30 hours)*
- *Varinder Kaur, Information Point Officer (18 hours)*
- *Natasha Ramrous, ICAS Adviser (37 hours)*
- *Rob Allison, H2H Contract Manager*



Future plans

In the last year the pressures on NHS and social care services continued to grow, with concerns about the gap between funding and demand, or need for services increasing. This will be the context for our work in the coming year.



We are already involved in strategic discussions as part of the current System Transformation Plan Process, which seeks to develop ways to make services more

efficient, joined up and address budget deficits in NHS organisations. This work will continue through 2016-17.

Our local CCG has set a deficit budget and therefore must identify millions of pounds in cost savings by June 2016. The City council must also continue to identify savings as its budget shrinks further.

Like other areas of the country primary health care is under strain and a new strategy is needed to make services sustainable into the future.

During the year a number of different planning frameworks have developed using different geographical footprints. One of these is the new West Midlands combined authority, which Coventry is part of. Larger areas can make it harder for the voices of people from Coventry to be heard and for specific needs to be addressed.

All of these developments make our role representing the interests of local people,

providing challenge; and working for genuine engagement and open discussion regarding decisions about the future of services even more important.

Undoubtedly in 2016-17 there will be consultations related to significant service changes and potentially some service criteria being changed and we are mindful of this in our future planning.

We will continue our ongoing work related to:

- Tracking people being moved as a result of housing with care service changes - to see how their journey is managed
- Feeding into the development of new specifications for care homes with clear quality measures
- And building on our programme of enter and view visits to services

We are in the process of developing our new strategic priorities and related work plans. We have been consulting with our members, analysing our intelligence data and talking to NHS and social care organisations in order to come up with a proposed list of work we can do. This will be finalised at our annual meeting.

- Ruth Light, Chief Officer.



Financial information

INCOME

£

Funding from local authority to deliver local Healthwatch statutory activities	239,000
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EXPENDITURE

Payments to subcontractors	237,000
H2H Insurance	1,552
Total expenditure	238,522
Brought forward 2014/15	320
Carry forward 2016/17	767

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
	237,000

VAC - voice & influence:

Payment from H2H	120,444
Salaries	89,297
Staff costs	654
Publicity	5,877
Volunteer costs	1,543
Other direct costs	3,105
Management & overheads	19,232
Total expenditure	119,708
Brought forward 2014/15	399
Carry forward 2016/17	1,135

CAB - information line:

Payment from H2H	42,164
Salaries	29,741
Contribution to phone line	3,000
Other office costs	441
Volunteers costs	2,250
Management & overheads	6,732
Total expenditure	42,164
Brought forward 2014/15	916
Carry forward 2016/17	916

Law Centre - ICAS:

Payment from H2H	43,384
Salaries	34,582
Staff costs	1,800
Other direct costs	1,055
Management & overheads	6,928
Total expenditure	44,365
Brought forward 2014/15	674
Carry forward 2016/17	1,655

Age UK Coventry - access points:

Payment from H2H	19,156
Salaries	15,257
Staff costs	904
Publicity	99
Management & overheads	3,060
Total expenditure	19,320
Brought forward 2014/15	1,622
Carry forward 2016/17	1,458

Registered Healthwatch office and sub contractors

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 2016 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.

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
CAMHS	Child and Adolescent Mental Health Services - a range of services aimed at children and young people
Community Connectors	A link person with Healthwatch who gathers information about peoples' experience of using NHS and Social Care. They are connected with different Communities in Coventry through their roles in local voluntary, community, faith or self help groups
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
(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
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
JSNA	Joint Strategic Needs Assessment, a process which will identify current and future health and well-being needs of a local population. Evidence is analysed and used to help shape service priorities and delivery.
NHS England	Responsible for aspects of NHS services including GPs 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
PALS	Patient Advice and Liaison Service - based in NHS Trusts to provide help to people with current concerns about their treatment, care or service
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
SANDS	Sands is a charity supporting anyone who has been affected by the death of a baby, improve the care for bereaved parents and promote research to reduce the loss of babies' lives
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
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 and the NHS 111 phone line service



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