



# Annual Report 2022–23

**Together we're making health  
and social care better**

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**“Really appreciated your input I felt lost and nowhere to go” - Caller to Healthwatch**

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# Message from our Chair

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This year has been a time of growth in the reach and influence of Healthwatch Coventry and of significant pressure in NHS and social care services.

We worked to make sure that Healthwatch Coventry has a strong voice within new NHS decision-making structures in the Integrated Care System by working to influence the new ways of working.

Our findings and the issues experienced by local people have been heard by key decision-making groups. We have developed and published Good Engagement Principles as a framework for how organisations should plan, support and carry out work to hear from and involve local people, and we have used this as a marker of success.

As things have resumed after the Covid-19 pandemic we returned to a programme of outreach activity enabling us to hear from local people in places they use and in partnership with local community and faith groups.

Voluntary groups are so important in enabling the voices of people who would otherwise be marginalised in relation to health services, and we have worked with groups, including those supporting asylum seekers and refugees and domestic abuse survivors.

Significant trends in what people have told us about local health and care services have come to the fore, and we have raised these with local decision makers and fed the information into the local health strategic plan. A key example is that of ensuring access to GP services. This has featured prominently.

Our 'Clear Information' volunteers have greatly improved new information about services for the public by reviewing draft leaflets. They and our other volunteers play such an important part of what we do.

It has been a significant concern for us to ensure that we heard experiences of social care services through visits to care homes. Our recommendations went directly to the managers and actions have taken place.



**“Healthwatch independence from NHS and care services is a way to overcome the common reasons people identify for not sharing feedback”**



Stuart Linnell MBE

# About us

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## Healthwatch Coventry is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.

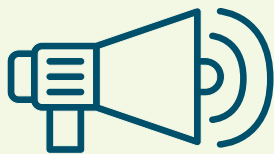


### Our values are:

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Staying independent and impartial while working with partners to get things done.

# Highlights from our year

## Reaching out



**545 people**

shared their experiences of health and social care services with us by surveys, discussion groups, through visits or one to one.

**275 people**

came to us for answers to their questions about topics such as waiting times or how to raise a problem

**8200**

uses of our information resources

**8233 people**

engaged by social media

## Making a difference to care

We published

**8 reports**

about the improvements people would like to see to health and social care services.



## Health and care that works for you



**37**

outstanding volunteers who gave

**777 hours**

to make care better for our community.

We're funded by our local authority. In 2022-23 we received

**£201,000**

which is the same as the previous year.

We currently employ

**1 full time and 5 part time staff**

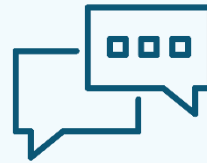
who help carry out our work.

# How we've made a difference

Spring



We said goodbye to some of the staff team and recruited new team members



We made sure the CQC understood feedback about a GP practice whilst they worked with the practice on issues

Summer



We alerted the NHS to lack of information about a walk-in centre becoming an Urgent Treatment Centre and about what the service provides



We used our good engagement principles to feed into the local health board communities' strategy

Autumn



Our 'Clear Information' volunteers improved the design of a leaflet about deterioration in care homes making it more user friendly



We teamed up with voluntary groups to hear from people who are not often heard

Winter



We presented the issues affecting local people to key NHS planning meetings so that the issues were understood



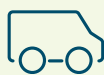
We used our knowledge from listening to local people to call for changes to the Palliative Care End of Life Strategy

# 10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our who inspired change. Here are a few of our highlights:

## Hospital car parking

We successfully campaigned for many changes to the hospital site, layout and car parking over several years—resulting in better access, better public transport and more car parking spaces.



## Patient transport

We used experiences to argue for changes to the service and to get specific problems for wheelchair users addressed.

## Access to blood tests

We helped people to raise concerns about the Blood Taking Service – resulting in shorter waits, easier booking and better information for patients.



## Local pharmacy

We identified the untapped potential in community pharmacy services, with most people not aware of the range of help on offer, whilst others were getting the help they needed.

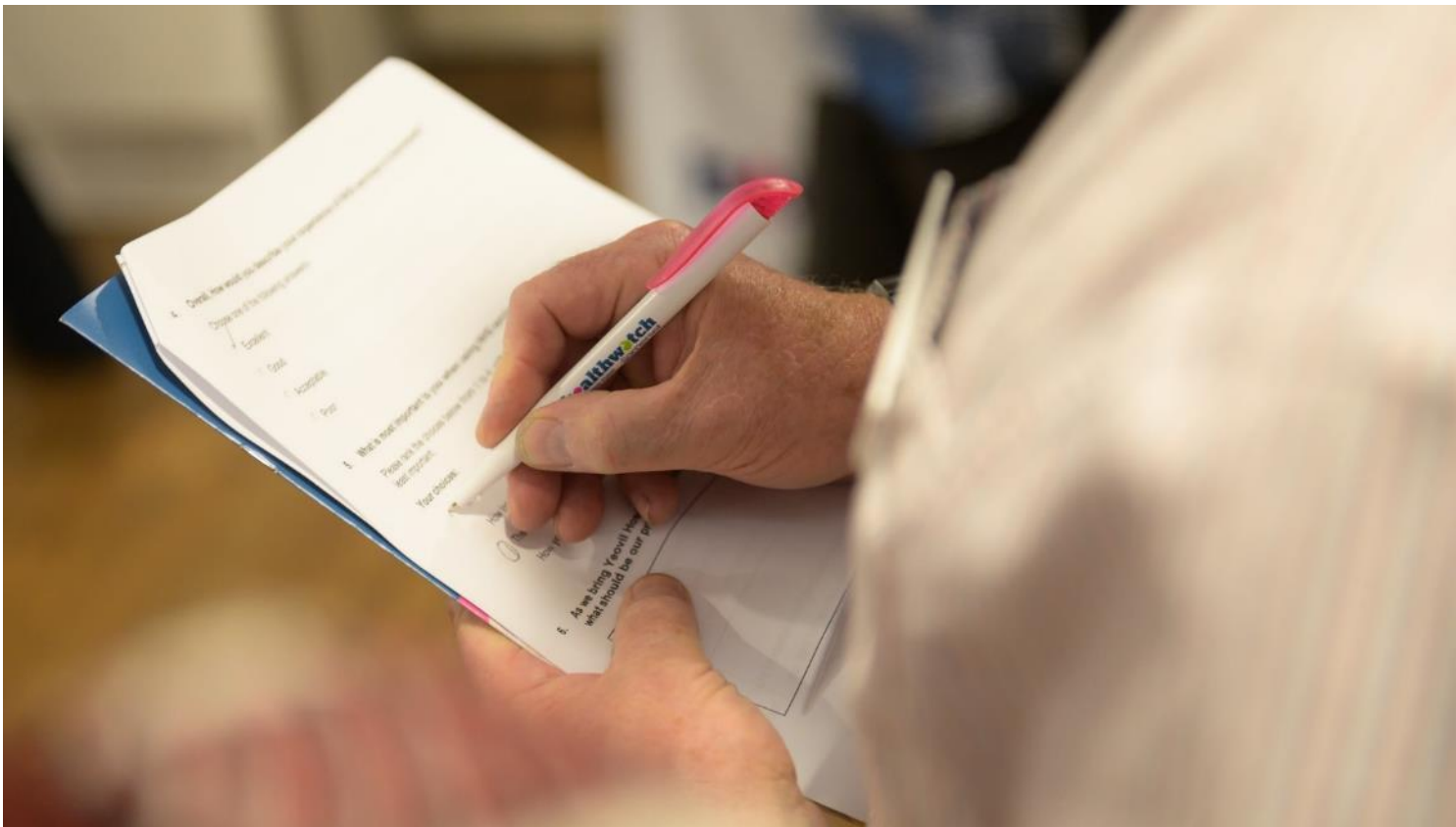
## Digital exclusion and inclusion

We highlighted the barriers to phone and online NHS care by listening to and reporting barriers creating digital exclusion for local people.



## Social care

We highlighted people's fears that raising problems with home care would impact on their care. We called for new ways for people to give feedback and raise complaints.



# Listening to your experiences

Services can't make improvements without hearing your experiences. That's why over the last year we have completed pieces of work to make sure we hear from different members of the community. This work enables us to understand and highlight different experiences of NHS and social care services and feed this back to services and help them improve.

Here we give two examples of pieces of work to find out experiences of care in depth.



# Health needs in care homes

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Gaps in meeting the health needs of people who live in care homes have been flagged as cause for concern by bodies such as the Care Quality Commission and disability charities. They highlighted issues such as lack of dental care for some and the importance of supporting people's hearing to prevent isolation.

We heard local feedback about problems accessing podiatry, hearing support and dentistry services. So, we carried out visits to three care homes, spending a day in each. We observed care and spoke to staff and residents asking questions about day-to-day life and how residents' health needs were met.



**“ It was lovely to welcome a lovely group of people to the home” - Care Home Manager**

## What we learnt



- New electronic monitoring of residents' health was being used and this worked well in some settings, less so in others
- Managers and staff were aware that looking after residents' hearing is important but not all residents were getting hearing checks or support with hearing aids
- Some residents had not had a dental check-up or an eye test

## What difference will this make?

- Hearing tests for all the residents living in one care home were arranged after our visit, meaning hearing issues will be picked up and supported.
- Another care home improved access to eye tests for residents by changing their optician service.
- Care homes also sorted out maintenance issues we spotted eg labels on hot and cold taps being worn off.



**“Happy and settled, have seen an improvement in my health in the six months from lots of hospital stays due to falls in my home” - Resident**

# Maternity care for asylum seekers and refugees

We worked with local charity Carriers of Hope to understand experiences of maternity care for asylum seekers and refugees, because there are inequalities in maternity outcomes.

Two thirds of those who took part required interpretation/translation services. They had challenging day to day lives influenced by poverty, housing conditions, and being in an unfamiliar environment cut off from family.

They shared how confusing and disjointed their experience of maternity care was. There was a lack of information about how to access services, barriers to attending appointments and on some occasions racist and culturally insensitive attitudes.

“They think because you are black you are strong”

## Our recommendations:

For these women, the current approach isn't working very well. Healthcare managers and workers need to understand how difficult it is for them to navigate maternity services and:



1. Look at alternative models of providing services that will reach the women and overcome barriers of access
2. Address the accessibility and effectiveness of interpretation/translation services

## What difference will this make?

- We have highlighted that issues identified elsewhere in the country happen here. The local maternity and neonatal committee has used our findings, this body has the role of driving improvements in maternity care.
- The hospital has started a plan of action on things it can do to help with communication.
- Conversations have started between the hospital and the local council about different ways of working.



“Most of the staff speak Indian languages, and none speak French or Arabic”

# Ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

## Bringing experiences to life to work for change



It's important that services see the bigger picture. Hearing personal experiences provides a better understanding of the issues.

We highlighted people's stories of the impact of long waiting times on their mental wellbeing and for some on their livelihoods.

We also shared people's stories of the problems getting through to GP services and not being able to get a GP appointment. It now features in the local health strategy.

## Supporting services to involve the public



We believe involving people is essential for quality services. To be able to improve NHS and care services we need to understand what it is like to use services and the barriers some have in using them.

We did partnership work to produce principles for good involvement. These set out what is important to make public involvement meaningful. We made a call to action to NHS leaders - asking them to take local approaches to hearing people to the next level, by making sure this is at the heart of services.

## Improving care over time



Local people told us about barriers to digital and phone access to services leading to a report and recommendations we published in 2020.

We continue to identify and raise experiences to keep this at the forefront of local NHS and social care thinking. We can now see that the issues are clearly recognised in discussions and in plans. There is also some pilot work taking place to test how to support people and reduce barriers.



# Hearing from all communities

Over the past year we have worked hard to make sure we hear from Coventry's diverse, vibrant and varied communities. It's an important part of our role to reach out to communities to hear from those who are heard less often, to make sure services meet needs.

This year we have reached different communities by:

- Working with local community groups, for example, to hear from Black African and Black Caribbean people
- Starting a Healthwatch road show including regular visits to a health centre based in an area of health and economic inequality
- Doing face to face interviews and group discussions.

We increased our social media reach by 239% this year by working to connect with local people and online groups

## People fleeing domestic abuse

People fleeing domestic abuse often need to move to a new unfamiliar place and can experience trauma.

We worked with local charity Valley House to make sure abuse survivors could explain what it was like to access GP and mental health services in Coventry.

We highlighted inconsistencies in how GP practices registered new patients and problems with access to GP services.



A barrier to accessing mental health services was understanding local services and how to navigate them.

We called for reminders to GPs about the correct process for registering people; training for staff and improvements to information about services.

“They were not helpful over the phone. GP brushed off enquiries into mental health services and GP wouldn’t authorise a sick note despite all the things I have been through” - Participant



We made links with the Muslim community and made changes to our information leaflet to make it mosque friendly by changing the images used.

We worked together to explain the role of Healthwatch and reached 120 members of the Muslim community at a health event and gathered their experiences of care.



“I find it difficult at times to access the internet”

“Customer service could be better, more empathy”



# Information and advice

Health and social care services are confusing. If you don't know where to turn, we can help with information to help you to get the help you need. This year we've helped people by:

- Providing up to date information people can trust by phone, email, social media and website
- Helping people to find the services and support they need
- Helping 66 people to understand how to make a complaint through the NHS complaints services

## The top 5 topic areas we have been contacted about:

1. Access to services
2. Communication issues – not getting information needed at the right time in the right way
3. Concerns about medical care
4. Delays and waiting times
5. How NHS complaints were managed or access to Patient Liaison Services

## Getting a response to an NHS complaint

Julia\* contacted our helpline as she was frustrated at the lack of response to her complaint to the hospital. It had been many months and the dates she had been given had come and gone with no updates or response.

She lived in another area of the country and was co-ordinating the complaint on behalf of her family.

We worked to help over several weeks. Firstly, to get an update for Julia from the hospital. However, there was further delay, so with Julia's permission we alerted senior managers and then followed this up again after another delay.

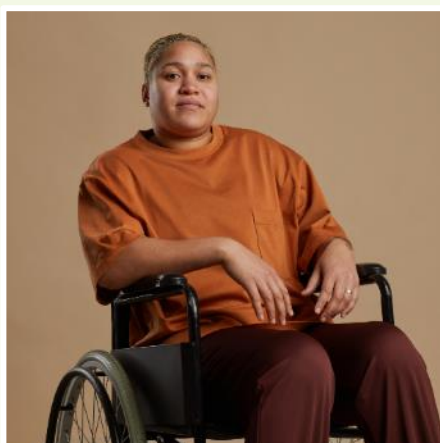
Julia got back in touch a few weeks later to say she had received the official response letter from the Trust. She had mixed feelings about what it said and knows that we are here to help again if she needs it.



**“Thanks for your intervention today – I have finally had an update.”**

## Sorting out access to patient transport

We helped Bren\* to access the non-emergency patient transport service so his partner could go to dental and podiatry appointments.



Bren\* spoke to us at our regular outreach stand at the City of Coventry Health Centre and then we had a follow up phone call. Bren's partner is a wheelchair user and had been told that the transport service could no longer be used to take her to appointments at the centre.

We identified that incorrect information had been given to the transport organisation by a member of staff. As a result of our help this was changed, and the transport and appointment was rebooked.

\*names have been changed



**“Thank you very much for taking the time, all your kind advice, information and direction.”**



# Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts, we're able to understand what is working and what needs improving in health and care.

This year our volunteers:

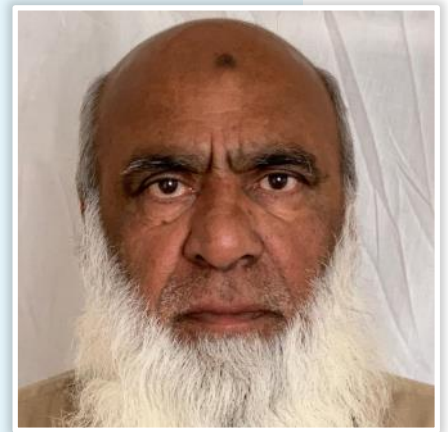
- Collected experiences and supported people to share their views
- Carried out enter and view visits to local services to help them improve
- Reviewed information about NHS services to make sure it was in Plain English and useful
- Oversaw our work through our Steering Group

We welcomed three new volunteers to our Steering Group



## Ghulam Steering Group volunteer

"As a key member of the community group Coventry Muslim Forum I wanted to link with Healthwatch. We want to make a difference to address the inequalities for the Health and Wellbeing of all communities in Coventry. We want to support our NHS to communicate key messages. By being co-opted to become part of Healthwatch Coventry Steering Group we can support the work undertaken by them to contribute to strategies that are developing. We can help Healthwatch to challenge in order to make care more effective for the people of Coventry."



## Mia Steering Group volunteer



"I joined the Healthwatch Coventry Steering Group this year. I had always planned to do some volunteering once my youngest child started school and I learned about Healthwatch Coventry through a friend. I have a keen interest in public health and social care. I wanted to contribute and support the work that Healthwatch Coventry do in helping those who are more vulnerable to have better experiences and access to local health and social care in the Coventry community. Since moving from Australia and living in Coventry, I feel that volunteering locally is an important way to learn more about Coventry and how health and social care is implemented in all communities and help make a difference."



### Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch.



[www.healthwatchcoventry.org.uk](http://www.healthwatchcoventry.org.uk)



024 7622 0381



[yoursay@healthwatchcoventry.co.uk](mailto:yoursay@healthwatchcoventry.co.uk)

# Finance and future priorities

## Our income and expenditure

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Annual grant from Government	£201,000	Salaries and staff costs	£117,439
Additional income	£979	Publicity & marketing	£4,758
<i>Restricted grant specially for upgrade of Healthwatch website</i>		Other operational costs	£28,713
		Management & overheads	£40,200
		Contingency reserve	£9,890
<b>Total income</b>	<b>£201,979</b>	<b>Total expenditure</b>	<b>£191,110</b>

## Next steps – the next year

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing considerable challenges from demand for services and to work through waiting lists. Over the next year we will continue our role in collecting feedback from people in Coventry so that services understand what is working and what is not from the point of view of those who need the care and their family carers.

We will also continue to make sure that we magnify the voices of those where inequalities exist, to help reduce the barriers faced when accessing care, whether that is because of where you live, income, race or other factors.

## Top three priorities for 2023–24

1. Care on hospital wards – visit to wards
2. Using our knowledge to feed into work with partners on health care in care homes
3. Ensuring a people perspective in the development of scanning and testing service in Community Diagnostic centres.

Our photography competition winner for our 10th anniversary 'Coventry Views'



Photo by:  
Billy Finnie



# Statutory Statements

The contract to provide Healthwatch Coventry is held by:

Voluntary Action Coventry  
27-29 Trinity Street  
Coventry  
CV1 1FJ

Healthwatch Coventry uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

# The way we work

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## Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Steering Group consists of nine local people and three representatives from voluntary groups who contribute on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Steering Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Group met seven times and made decisions on matters such as setting priorities for our work and approving findings and recommendations.

We ensure wider public involvement in deciding our work priorities via the intelligence we continually gather via our information enquires, public surveys and outreach about people's use of health and social care services and barriers to access. We co-opted two additional community representatives onto our Steering Group as well.

## Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as doing outreach, service visits and attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and promote it through our social media channels and face to face meetings.

## Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

# Taking people's experiences to decision makers

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## Healthwatch representatives

Healthwatch Coventry is represented on the Coventry Health and Wellbeing Board by Stuart Linnell Chair and Ruth Light Chief Officer. During 2022/23 our representatives have effectively carried out this role by attending Board meetings along with the joint forum for the two Health and Wellbeing boards in Coventry and Warwickshire. Raising matters related to our work and knowledge and taking part in discussions about strategy and priorities to improved wellbeing

Healthwatch Coventry is represented on Coventry and Warwickshire Integrated Care Partnerships by our Chair Stuart Linnell.

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our local authority area for example we take information to:

- Coventry Care Collaborative
- Health and Social Care Scrutiny Board
- Adult Social Care Stakeholder group

We also take insight and experiences to decision makers in Coventry and Warwickshire Integrated Care System. For example, we had places on:

- Integrated Care Partnership
- System Quality Group
- Community Diagnostic Hubs Steering Group
- Mental Health Care Collaborative

We also share our data with Healthwatch England to help address health and care issues at a national level.

## 2022–2023 Outcomes

### Enter and view

This year, we made three Enter and View visits, produced three reports and made 12 recommendations.

Location	Reason for visit	What you did as a result
Youell Court Care Home	Programme of visits to gather experiences of support for residents' Health needs and quality of life factors	Faults with lighting flagged during visit and action taken. Report making four recommendations which the provider responded to.
Victoria Mews Care Home		Report making four recommendations which the provider responded to.
Phil Mead House Care Home		Report with Care home for response

### Other work

Project/ activity	Results and changes
Report of discussion workshop on good involvement of local people	Our call to action informed the development of new approaches to involving and hearing people in the Integrated Care Board.
Summary of issues and recommendations raised by Healthwatch Coventry	We highlighted our previous findings and recommendations not yet addressed as evidence for priority setting for the local Integrated Care Strategy and can see how this has influenced the priorities.
Most common issues people told us about presented to system leaders	Access issues regarding GP services are now recognised within strategic priorities for the local system with a change in emphasis highlighting inequity and need to address issues.
Three clear information reviews of draft public information leaflets	Our clear information volunteers improved information making it shorter, clearer and more relevant. Changes were made to leaflets before publication.
How success is measured	We highlighted the need to develop success measures for NHS plans that will be meaningful to people's experiences.

# What do names and initials mean?

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## **Integrated Care**

Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services, for example, housing.

## **Integrated Care System (ICS)**

This is the system that brings together the health and care organisations in a particular local area, to work together more closely. There are 42 ICS across England. Each integrated care system is responsible for planning health and care services in the area it covers. Each one is made up of an integrated care board and an integrated care partnership, which work to meet the needs of their population.

## **Integrated Care Board (ICB)**

The Integrated Care Board is responsible for planning NHS services and for NHS budgets. The membership includes 'partner' members drawn from local authorities, NHS trusts and primary care. The ICB should ensure that services are in place to deliver the integrated care strategy developed by the integrated care partnership.

## **Integrated Care Partnership (ICP)**

The Integrated Care Partnership is made up of partners from across the local area, including Healthwatch. One of the key roles of the partnership is to assess the health, public health and social care needs of the area and to produce a strategy to address them.

## **Health and Wellbeing Boards (HWB)**

HWBs are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. They have been running since 2013.

## **Care Quality Commission (CQC)**

The Care Quality Commission regulates all health and social care services in England. The commission ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes.

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