

Healthwatch Warwickshire

Annual Report 2015/16

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Phil Robson, Chair



At the end of my third year as Chair, looking forward to handing over in the next few months, I will reflect on the progress made in establishing Healthwatch in the complex environment of health and social care.

We are establishing ‘traction’ in a system that has seen consumer voice organisations come and go, without creating the continuity necessary to be effective in the long -term.

Having just returned from our third national conference, I see local Healthwatch reaching a new found level of confidence and identity. This is replicated in our region, where I have the privilege of chairing a network keen to respond to opportunities presented by developments like the new Combined Authority

This report illustrates intervention, from the strategic, to helping individuals facing some inexplicable hurdles preventing them from accessing services quickly and seamlessly.

It requires a staff and volunteer group who are calm but persistent in their enquiries and negotiations. I am constantly encouraged by their humour and

commitment. My fellow Directors are also a constant source of support in their dedication to our cause.

Our relationship with the County Council is positive, testing and developmental. In particular, our thanks are due to the Director of Public Health and his staff.

I am always impressed by the enthusiasm and commitment of all those who work in the sector caring for an increasing number of us with complex health and social care needs. We will hear much more about the financial and structural problems facing our health and social care provision.

Healthwatch has been welcomed into the decision-making processes in Warwickshire. Good working relationships are going to be severely tested as commissioners and providers struggle to improve quality and balance the books. As long as their commitment to placing people at the centre of their thinking remains evident and strong, our Healthwatch contribution will give them support and direction. We intend to make sure it does.

Chris Bain, Chief Executive



This has been a year of change and progress for Healthwatch Warwickshire.

Our legal status has changed. Our Board of Directors resolved on 10th November 2015 to convert from Limited Company status to that of a Community Interest Company. The process was completed by Resolution at a Special General Meeting on 11th April 2016.

There have also been changes in our accountability arrangements. Although the Healthwatch contract continues to be held by Public Health Warwickshire, there has been a move to reporting on the basis of the impact made and away from simply reporting on activity. A new Impact Reporting Framework has been developed which uses the 5 Quality Statements produced by Healthwatch England to identify impacts. The effectiveness of the Framework is shown by the fact that it has been taken up and used as a template by other local Healthwatch and by Healthwatch England.

Healthwatch Warwickshire has held a series of District based workshops, supplemented by community based activity, on the theme of Personal Independence and Community Resilience. The interim findings were presented at an event on 19th May 2016. There have been several subsequent events with local community groups with more planned for the future as part of a new program of work.

During the year we voluntarily agreed to a peer review by Healthwatch Wiltshire and the key findings are now available on our website. A reciprocal visit to Wiltshire is scheduled for August. There has been a lot of interest in the peer review process and Healthwatch England will be observing the visit in August. The findings have been very useful and have caused us to think again about where our operational priorities lie and about how we might do things differently.

There has also been an external review by Leeds Beckett University which is due to report back in June.

Healthwatch Warwickshire has a new set of priorities, each of which will have a supporting program of work. The priorities are; end of life care, mental health, cancer care, domiciliary care and assessments. They were agreed in an event which included Directors, staff and volunteers. The priorities emerged from looking at a range of sources of evidence and experience.

There are significant pieces of work already being undertaken by Public Health

Warwickshire in relation to End of Life Care and Cancer. It is intended that our work programs should recognise and add value to what is already happening.

There have also been staff changes. During this year we have had 2 key members of staff, Michelle Williamson and Jen Cooke, away on maternity leave. Michelle has returned to Healthwatch, but Jen has left to pursue other opportunities and we wish her all the very best for the future.

We welcomed Lianne Burton to the team in April 2015 as the permanent administrator for the Enter and View service, and Jen Gilder as the Interim Service Lead for the period of the maternity leave. Jen is now moving on to develop a career in counselling, and I want to put on record my thanks to her for the enormous contribution she has made and to wish her the very best of luck in the future.

In light of so much that has changed, it has been essential that we review the ways in which Healthwatch Warwickshire works. The staffing structure needs to be reviewed to reflect the new priorities and programs of work. Services such as Enter and View and Intelligence and Insight will need to align with the new organisational priorities and the requirements to show the impact we're having. This process is continuing and 2016/17 promises to be equally challenging. It also promises new and exciting developments for Healthwatch Warwickshire.

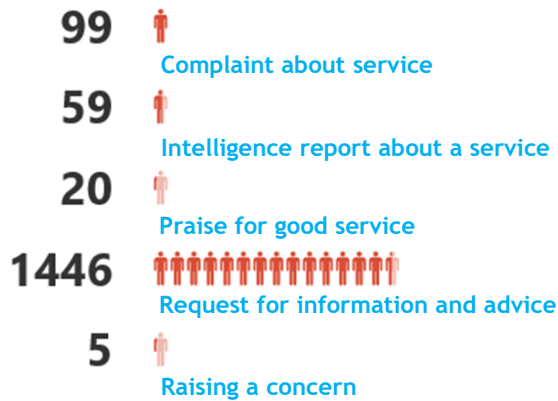
I am fully aware that change is always difficult. It cannot be achieved successfully without the support and dedication of our staff and, above all, our volunteers. I am grateful to them for sticking with us during this time; without them there would be no Healthwatch.

I am also grateful to our key partners from the County Council, the NHS, and from the voluntary and community sector. Without their continued support we could not do the things that we do. Strategic influencing is one of the most important functions of Healthwatch. This role is most frequently carried out in statutory forums such as the Health and Wellbeing Board and the Overview and Scrutiny Committee. We also seek to work directly with organisations that commission and provide services, and with groups that seek to represent the views of those who use health and social care services.

There are many examples of Healthwatch Warwickshire having a significant impact in our influencing role. In one case Healthwatch Warwickshire was alerted by a Care Home Manager about a potential issue regarding the over prescribing of medication for patients living in nursing and residential homes. Healthwatch Warwickshire had a particular concern about the role of GPs in prescribing for nursing and residential homes which was raised with the General Medical Council (GMC) in July 2015, following which the matter was escalated. In December 2015 the General Pharmaceutical Council (GPhC) commissioned some research about Pharmacy in Care Homes and is considering the findings. The GMC are also working with the GPhC to look at the policies and practice around the role of GPs in prescribing for Care Homes both nationally and in this region. This initiative seems likely to have a lasting impact on patient safety and, potentially, on the future prescribing budget.

2015 - 16 at a glance

Why Did People Contact us?



Number of GP surgeries visited by enter and view teams

45

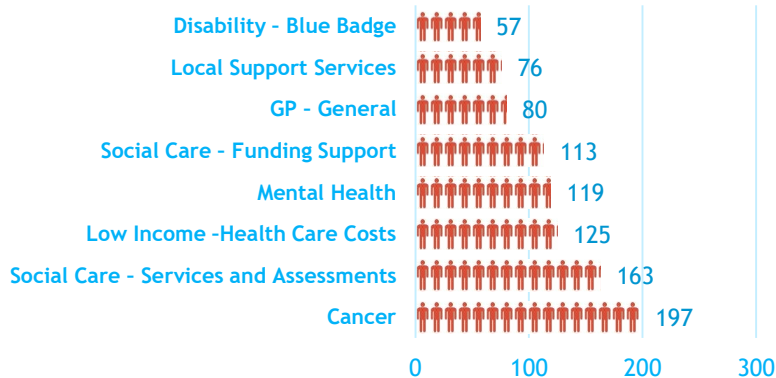
Total recommendations made across all surgeries visited

117

Care Homes Visited

- Adelaide House
- Canning Court
- Kenilworth Grange
- Orton Manor

Top 10 themes = number



Website Stats

- # of visitors 4,100
- # of page views 25,022
- Average pages per visit 4.21

Number of patients interviewed in GP surgeries 2015-16

1639

Attendees at the district workshops

148

Who we are

We exist to make health and social care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use 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.

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

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Healthwatch Warwickshire

Healthwatch Warwickshire has a total turnover of £304,000. We are based in the WCAVA offices in Clemens Street, Leamington Spa for which a commercial rent is paid.

In 2015-16 Healthwatch Warwickshire employed 3 full time and 5 part-time staff.

The full time staff are:

- Chief Executive
- Intelligence and Insight Lead
- Finance and Governance Manager

The part time staff are:

- Interim Services Lead
- Enter and View Administrator
- Office Administrator
- Enter and View Lead (maternity leave)

- Community Engagement (maternity leave)

We are supported by a team of 20 volunteers working in the roles of Authorised Representatives, delivering our high quality Enter and View services, and individual Champions. We also have a team of Organisational Champions.

The funding pays for the maintenance of the Healthwatch Hubs which are based in the CAB offices in the 5 districts, and in the Age UK offices. Many of the direct contacts are made through the Hubs.

In 2015/16 Healthwatch Warwickshire received additional support from Public Health Warwickshire to run the series of district based workshops, supported by community based activity, on the theme of Personal Independence and Community Resilience. The findings of the workshops to be presented at an event on 19th May 2016.

Our priorities 2015-16

For the year 2015-16 our priorities, as agreed by the board, the staff and volunteers, were set out as:

- Strong and focussed Enter and View program
- Network of Healthwatch Champions in every District/Borough
- Stronger partnership working
- Joint program with Public Health
- Reports on mental health and domiciliary care
- Consumer Voice Forum
- Health and Social Care Forum
- Improved/targeted communications

- Strengthening relationship with Healthwatch England

A year on, most of the priorities have been achieved. The two priorities that remain outstanding, against which insufficient progress has been recorded, are domiciliary care and consumer voice forum.

Our priorities areas for 2016/17

These are:

- End of life care
- Mental Health services
- Cancer services
- Domiciliary care services
- Assessments

There are significant pieces of work already being undertaken by Public Health Warwickshire in relation to End of

Our Healthwatch Team 2015-16



Lianne Burton



Robyn Dorling



Jennie Day



Len Mackin



Jen Gilder



Michelle Williamson



Chris Bain

Life Care and Cancer. It is intended that the work program for Healthwatch Warwickshire should recognise and add value to the existing work.

It is also intended that services such as Enter and View and Intelligence and Insight should align with the new organisational priorities.

Other priority programs include:

- Standing conference on consumer voice
- Increasing public profile of Healthwatch Warwickshire
- Enabling seldom heard voices to be heard
- Developing our volunteer offer
- Responding to emergent issues

Healthwatch Warwickshire works closely with our partner organisations Citizens Advice Bureau (CAB) and AgeUK. We have an arrangement where these organisations act as Healthwatch Hubs so that we are able to have a presence across the county and not just in our Leamington office.

The hubs also log all requests for information, concerns or complaints raised about local social care services directly onto our own cloud based data system.

Understanding people's needs

Healthwatch Warwickshire gathers people's views in a variety of ways including events, telephone calls, email, surveys, and meetings. We also make good use of our hub system as described above.

One of our major projects in 2015/16 was to embark on a series of district workshops throughout the autumn and winter period.

Dates and locations of the workshops were:

- 12th November 2015 - Nuneaton and Bedworth Borough
- 10th December 2015 - Stratford District
- 21st January 2016 - North Warwickshire Borough
- 11th February 2016 - Rugby Borough
- 10th March 2016 - Warwickshire Race Equality Partnership joint workshop, held in Rugby
- 14th April 2016 - Warwick and Leamington District

A total of 148 people attended the 6 events.

The workshops were commissioned by Public Health Warwickshire and were intended to gather the views of people about local health and social care services. For each workshop, participants worked within groups to answer three key questions:

- What are your experiences of asserting yourself in health and social care?
- What stopped you?
- What is happening now in your area to change things?

In January 2016 we launched our call for evidence on mental health. We have interviewed a number of people with a mental health condition who have used or are still using local services.

Additionally, we have spoken with carers of those who have a mental health condition. This small scale study is interested in showing how respondents cope with their condition together with their views on local services. The report will be published in June 2016.

We also continue to support people who need help and advice concerning health and social care services. This can take the form of specific advice and signposting to the relevant agency who can best help. Where appropriate we signpost callers to PoWHER for advocacy support and, in some instances, we support the service user directly in pursuing their grievance.

Callers still find accessing NHS services to be a labyrinth and a difficult experience. The complaints procedure is often opaque and there is often a lack of clear contact information available.

In 2015 -16 Healthwatch Warwickshire and our partners AgeUK and CAB gathered the views from over 1600 people.

We advised 99 callers who wanted to make an official complaint about a local service.

A further 1446 people contacted Healthwatch Warwickshire and partner organisations, CAB and Age UK, requesting help and advice.

Our reports and recommendations

Our GP and Care Home reports make recommendations about service improvements designed to enhance service user experience.

We have also reported to Health Overview and Scrutiny on Warwickshire's Domiciliary Care Services with recommendations for improvement. Domiciliary care will be one of our priority work areas in 2016-7.

45 GP Reports
4 Care Home Reports
Young Peoples GP Access Report
GP Access report
Domiciliary Care Provision

Working with other organisations



Healthwatch event for third sector providers

Healthwatch Warwickshire has continued to make good progress in working with the County policy makers, and commissioners as well as our Third Sector Organisations. These include:

- Health and Wellbeing Board/Executive
- Health Overview and Scrutiny Committee
- Quality Surveillance Group
- STP Board
- Health and Social Care Forum

- Healthwatch England/CQC
- Clinical Commissioning Groups and Patient Participation Groups
- Public Health and People Group
- Health and Social Care Forum

Our Health and Social Care Forum for Third Sector providers meets on a quarterly basis and brings the sector into contact with commissioners where there is an exchange of information and views.

A Memorandum of Understanding has been signed between Healthwatch Warwickshire, Warwickshire Health and Wellbeing Board, Children and Young People Overview & Scrutiny Committee and the Adult Social Care and Health Overview & Scrutiny Committee.

The Memorandum sets out the principles that the organisations will follow in the course of day-to-day working relationships. This cannot override the statutory duties and powers of either party.



In this picture are, back row: Cllr Dave Parsons, Cllr Les Caborn, Cllr Isobel Seccombe (leader of the council), Cllr Maggie O'Rourke, Front row; Cllr Jose Compton, Phil Robson

Our Enter and View Programme

GP Surgeries

We set about in early 2015 to visit all GP surgeries in the county, providing patients with an opportunity to tell us their experiences of primary care. These experiences are captured and shared anonymously with the surgeries by way of a report that also includes a list of recommendations.

We initially wrote out to all surgeries at the beginning of 2015 and then again in the summer of 2015. We attended Practice Manager and patient group meetings to jointly raise awareness of Healthwatch Warwickshire and the Enter and View programme.

“We would like to thank Healthwatch for their many positive comments on the day of their visit. The practice has discussed the report and we have included feedback from the Patient Participation Group (PPG).”

GP Practice Manager, December 2015

Surgeries have embraced the opportunity to capture patient feedback through an independent means that is complementary to the other feedback mechanisms. Since the start of 2015, a total of 60 surgeries across Warwickshire have been visited, 45 in the 2015-16 financial year. Overall we have spoken with in excess of 2,000 patients and made more than 130 recommendations.

Immediate feedback from surgeries to the recommendations made in their Enter and View Reports has been very encouraging.

Of the surgeries that we have followed up with, action has been taken in response to 82 per cent of the recommendations made. Examples include, the installation of patient group notice boards in the waiting room, new procedures to inform patients when appointments are running late, reviews of appointment booking systems, and improved communication of surgery opening hours.

Care Homes

In the same way that GP surgery visits give patients an opportunity to feed back on their experiences, care home visits are designed to capture the residents' experiences and do so through a combination of observations and conversations with residents, family members, staff and visitors.

One resident said that the home was “very comfortable with nice beds and nice bedrooms” and that it is a “very good place to live - all of the people who work here are lovely.” She went on to say that it “all works very well” and when asked if she felt able to give feedback to care home staff she reported “oh yes”.

Care Home resident, April 2015

Recommendations to date have largely focused on improving the care environment, such as proper storage of equipment, updating of noticeboards, and recognition of the need for refurbishment works. We have also acknowledged and endorsed good practice, for example in dementia care.

Again, there is a process of follow up. Depending on the nature of the recommendations this may take the form of a written follow up or a revisit. In a revisit conducted in 2015-16 we found that the Registered Manager had actioned, or was in the process of actioning, the recommendations that had been made. Other follow ups have been

met with similar responses, often pertaining to ongoing programmes of refurbishment works.

In all instances of Enter and View we share our findings with key stakeholders including regulatory bodies and commissioners. All Enter and View reports can be accessed via the Healthwatch Warwickshire website.

	Visits	Recommendations
GP Surgeries	45	117
Care Homes	4	16

Case Studies



General Care

We provided support, advice and information to a resident whose husband died in 2015. The complainant was unhappy with her GP surgery, the hospital, Macmillan nurses and a home nursing service who had all let her husband down in his final hours. As a result of her perseverance, there has been a regional review of ‘do not resuscitate’ and ‘Special Patient Notes’. These will now be web based rather than using fax and this will be something that GP practices will enter directly onto the patient record. Patients will be given a copy of the ‘do not resuscitate’ order to keep at home. Warwickshire’s ‘Out of Hours’ service have changed the process regarding the secure storage of faxed information on patients, this will now be scanned onto their computer system for

future reference. A copy of the ‘Special Patient Note’ will be placed on the patient record within 24 hours of receipt. WMAS and 111 services to collaborate on improving communication around end of life care plans.



Mental Health

We received a complaint raised by a parent concerning her son who was admitted under section to St. Michaels, Warwick and a further complaint raised by the partner of a sectioned patient at St. Michaels. Both complaints were concerned carers not feeling listened to and not being involved in the ongoing treatment of their family member. Each was involved in a protracted series of meetings and exchanges of letters with the service provider. One case was resolved and one is still ongoing. We

decided, with their permission, to pass the documentation concerning the complaints to the Care Quality Commission. We have also decided to visit both St. Michaels and the Caludon Centre during the autumn period 2016 in order to better understand their systems and hear from patients, relatives and service professionals. We anticipate spending 3 days in each hospital and will report in 2017.



General Practice

We were contacted by a District Nurse who visited an 85-year-old who has

dementia and also other medical conditions that require regular medication. Although he is known to Warwickshire County Council Vulnerable Older Persons team, he had been de-registered at his surgery for being abusive to reception staff and had apparently been excluded from another surgery.

The District nurse was trying to sort out the situation. She could not give injections without GP approval. The Social Worker was contacted by Healthwatch Warwickshire but was unaware of the delisting and it seemed that no case conference was implemented to discuss this person's condition and behaviour.

Essentially, he needed a GP so that the District Nurse could work with him and administer injections. We made numerous enquiries, contacted the Area Team and the CCG to try to find an alternative GP. Eventually he was assigned a new GP.

Healthwatch Warwickshire is concerned that the NHS zero tolerance approach to abusive behaviour is too wide reaching and inflexible, particularly when used against an 85-year-old with dementia.



Hospital Care

A complaint was raised with Healthwatch Warwickshire concerning the treatment of

the complainant's wife. She was admitted to Warwick hospital and during the evening there was a problem in getting a doctor to administer morphine. Her husband was sent home as he was told that nothing much would happen. Unfortunately, when he returned home in the early hours his wife died. The complainant raised the issues of under staffing, poor response from the nursing staff, delayed pain relief medication and a period of 3.5 hours between seeing the doctor and receiving pain relief medication. Healthwatch Warwickshire advised the complainant on how to make a formal complaint and also advised on how the letter should be written and to whom. Warwick Hospital responded accordingly and reviewed their procedure on the ward concerned and apologised for what happened.

Decision Making

Our Company

We have taken steps to become a Community Interest Company (CIC). The company's accounts are subject to an annual audit. The audited accounts and the Register of Directors are also held at Companies House and are available for public inspection.

Healthwatch Warwickshire is held accountable through Quarterly Reviews with Public Health; through an annual report to the Health and Wellbeing Board; in twice yearly reports to Adult Social Care and Health Overview and Scrutiny, through our Annual Report and Annual Meeting; through the annual audit; and in regular meetings with patient groups.

Our Board of Directors

The Board of Directors were appointed by application and interview in May 2013. Board meetings are held every 2 months. The Board of Directors for 2015-16 were:

- Philip Robson - Chair
- Elizabeth Hancock - Vice Chair
- Paul Tolley
- Susan Green
- Elizabeth Philips MBE
- Gita Patel
- Jayne Longfield (resigned November 2015)
- Cllr Jerry Roodhouse
- John Copping
- Mike Flaxman

Deb Smith sat on the Board as volunteer representative/Active Observer.

Our current Chair Phil Robson will be leaving us in 2016 as he has completed his three-year tenure as Chair. Phil will be missed for the energy and commitment he has shown in the development of Healthwatch Warwickshire.

How we involve the public and volunteers

In the last year, our Authorised Representatives have undergone extensive training, including:

- Deprivation of Liberties Safeguarding (DoLS)
- Learning Disability Awareness
- Mental Capacity Act
- Safeguarding
- Mental Health Awareness
- Diversity
- Dementia Awareness
- Report writing



George Eliot Hospital Health Fair 2015

Healthwatch Champions

This year we have welcomed both new individual and group Champions to our team as we have sought to grow our network. The role of a Champion is to support our engagement work both raising the profile of Healthwatch Warwickshire and seeking, channelling and representing the views of health and social care service users. As a small staff team we highly value the contribution that our Champions are able to make in extending our organisational reach.

Our Champions have supported us by attending events and forums across Warwickshire including, Family Voice Warwickshire, Nuneaton and Bedworth Community Action Network, South Leamington Community Forum and local health fairs. Champions have also helped in the promoting of our engagement events and have worked with us to develop our promotional materials.

Volunteering

Volunteers are key to the delivery of our ambitions, vision and mission and we would like to take this opportunity to say a big thank you to all of our volunteers for their dedication and enthusiasm.

It is essential that, as an organisation, our volunteers feel welcome, secure, safe, respected, informed, engaged and well managed. In 2015-16 we set out to conduct a thorough review of our volunteering offer. This began with an independent review of volunteering in April 2015.

Starting as we mean to go on, our existing volunteers were central to this review process. The report made a series of 17 recommendations covering strategy, representation, recruitment, communication, budget and processes.

It was clear that as a starting point what we needed was a volunteer strategy which would outline the values that

underpin our volunteering and our commitment to volunteers. Following a period of volunteer consultation, the new volunteer strategy was signed off by volunteers at the Board in March 2016.

Another of the recommendations was to create a new place on the board for a volunteering representative. We took this to the volunteers who agreed that this would set the tone for a positive volunteering environment. The decision was made by the volunteers to create an 'Active Observer' role on the Board and, following a nomination process, Deb Smith was welcomed into the role. Deb has demonstrated time and commitment to representing the volunteer voice within Healthwatch Warwickshire, holding us to account as we strive to keep volunteers at the centre of our organisation.

Looking ahead to 2016-17, the intention is to develop an operational plan that will set out the steps we need to take to work towards achieving the other recommendations made in the review.

Our volunteers for 2015-16 can be found in appendix 1.



Signing up to be Healthwatch Champions

Wiltshire Peer Review

In February 2016 we engaged in a joint peer review project with Healthwatch Wiltshire. The first phase was the review of our service by Wiltshire.

Key Lines of enquiry were established on which to base the review. These were;

- Enter and View
- Engagement

The review was positive and presented some very useful insights into the way that we work.

“In relation to ‘profile’, the reviewing team recognised the challenge for any local Healthwatch to increase its profile with limited resource and in ways which are constructive for the health and care system.”

Healthwatch Wiltshire

For example, the reviewing team felt that there was scope for Healthwatch Warwickshire to develop engagement plans for each priority in its strategic plan. As an illustration, a plan could be developed (in collaboration with volunteers) for cancer - an identified existing priority. This could include E&V visits, focus groups, and engagement through existing groups and forums (possibly in collaboration with voluntary sector partners).

Closer working with specific commissioners at the start of the process may help to inform the content of the engagement and cultivate good working relations for the future.

The review team were particularly impressed with our volunteers and their involvement with the work, at all levels, of Healthwatch Warwickshire.

“The reviewing team was very impressed with the commitment and calibre of staff and volunteers at Healthwatch Warwickshire. In particular, it was clear that the organisation has made a significant effort to involve volunteers in its work at both a strategic and operational level. All this puts the organisation in a strong position for delivering on its development plans.”

Healthwatch Wiltshire

The Wiltshire Peer Review document can be found on the Healthwatch Warwickshire website.

In August 2016 we will be conducting a reciprocal visit to Healthwatch Wiltshire.

Financial Information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	304,000	
Additional income	8,600	
Total income	312,600	
EXPENDITURE		
Operational costs	67,119	
Staffing costs	177,355	
Office costs	44,197	
Total expenditure	288,671	
Balance brought forward	23,929	

*The above figures are unaudited

Appendix 1 - Our Volunteers 2015-16

Alison Wickens



Sue Roodhouse



David Alexander



Deb Smith



Diane Stobbs



Dilys Skinner



Jacqueline Prestwich



Jarina Rashid-Porter



Sally Jury



Pam Wilcox



Su Jenkins



Sue Tulip



Viv Gaster



Gillian Fletcher



Margaret Roberson



Letitia Noone



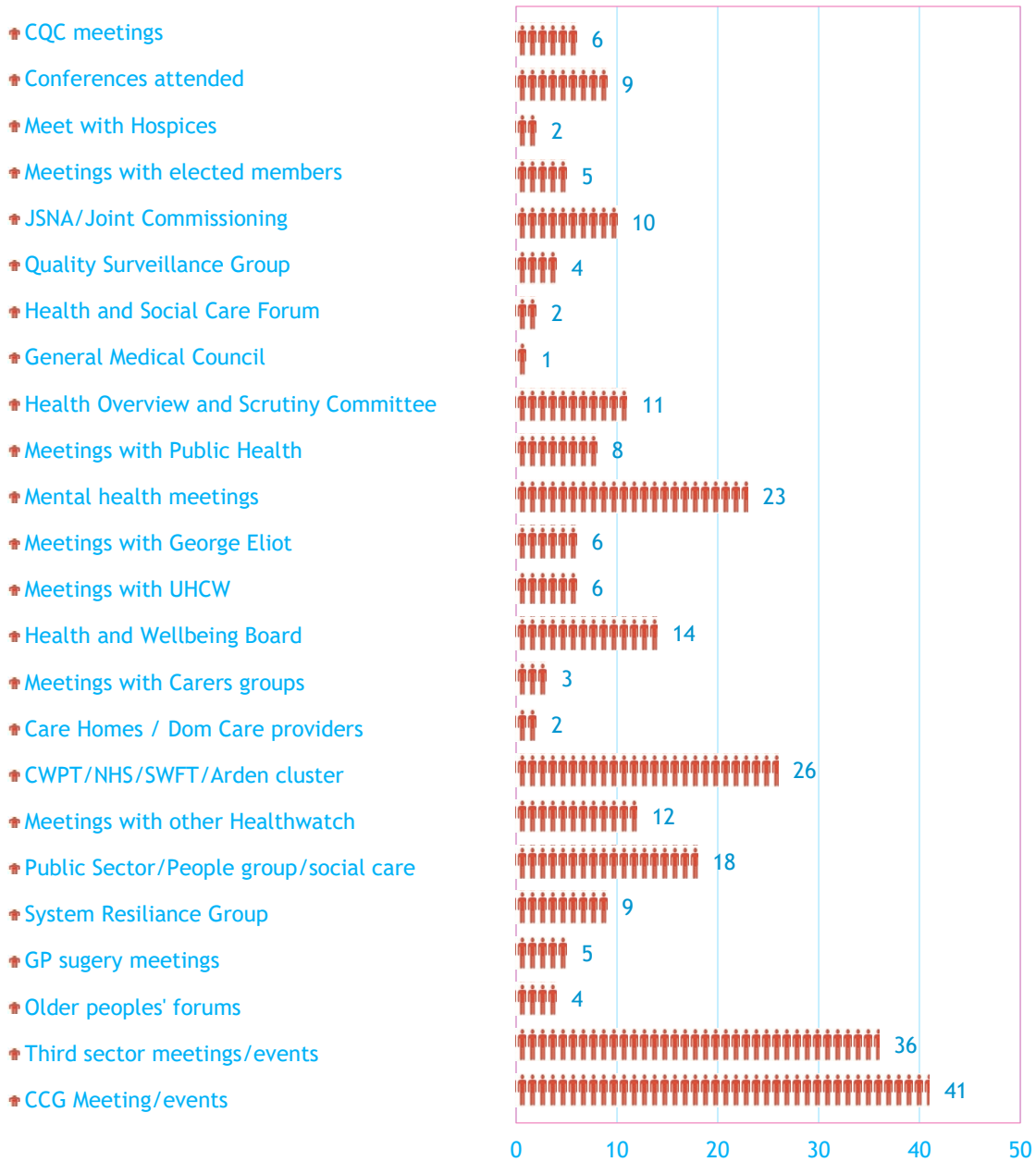
Ann Forster



Lesley Hill



Meetings and Events Attended in 2015 -16



Appendix 3 - Future priorities

Our priorities for 2016-17 are driven by our commitment to work to give the people of Warwickshire an effective voice in improving health and social care. This vision statement is the context for the decisions made about our priorities for the next 2 to 3 years.

Issue	Score	Reasons
End of Life Care	89	There has been a significant amount of 'noise' around the quality and coordination of end of life care across the County. Although it has been prioritised by the Health and Well Being Board Executive, events have raised questions about the lack of carer / patient involvement and there appears a lack of understanding about the development of community resilience. Impact of our intervention on both the community and individuals (including the seldom heard) is likely to be significant.
Mental Health	82	Nationally and locally a wide range of concerns have been expressed about the provision of mental health services, especially in respect of waiting times for treatment in the community and crisis intervention. There is a specific problem regarding young people and although there is a major redesign project underway there appears a lack of urgency to expedite change. It impacts a significant number of people of all ages and although this is a continuing priority which has been frustrating for Healthwatch Warwickshire the need for commissioners and providers to hear the consumer voice has never been more timely.
Cancer	81	Evidence points to a deterioration in the timeliness of services for cancer patients in the County. There is 'soft' evidence as well as some factual information and the issue is being addressed by Public Health. This is a new priority and there is significant potential for Healthwatch Warwickshire to add value to outcomes for consumers.
Domiciliary Care	72	A lot of concern about the potential for abuse has been expressed nationally. This is an existing priority, where we have made little progress in ensuring the consumer voice is heard by commissioners and providers. There is still not much structured evidence available with regard to Warwickshire, other than provision is fragmented into a large number of providers (90+). A renewed commissioning process has started without our input. It features an outcome based approach which is reliant upon the active involvement of the consumer. The potential impact on the individual is significant and they are a group that are seldom heard.
Social Care in the Community	61	Our information from consumers suggests there are issues around the timeliness and quality of assessments and the provision of equipment and services to facilitate independence. There is considerable resource pressure on community services and a continual issue around delayed transfers of care from acute settings. Increasing elderly population alongside a particularly vulnerable group of adults who are seldom heard make this a priority.

Get in touch

Address: Healthwatch Warwickshire, 4 & 6 Clemens Street, Leamington Spa, CV31 2DL

Phone number: 01926 422823

Email: info@healthwatchwarwickshire.co.uk

Website: www.healthwatchwarwickshire.co.uk

We will be making this annual report publicly available by 30th June 2016 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.

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