

## Health Scrutiny Committee

**Monday, 29 September 2014 at 14:00**

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the meeting held on 28th April 2014   | 3 - 8   |
| 2 | Minutes of the last meeting held on 23rd June 2014   | 9 - 14  |
| 3 | Apologies for Absence  |         |
| 4 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 5 | NG25 Mortality Rate Group - Final Report   | 15 - 16 |
| 6 | Healthwatch Annual Report  | 17 - 48 |
| 7 | Work Programme   | 49 - 54 |

### Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact David Ebbage (Tel. 0115 977 3141) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

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**Membership****Councillors**

Kate Foale (Chairman)  
Steve Carroll  
John Ogle  
Stuart Wallace  
Jacky Williams  
A John Wilmott

**District Members**

Trevor Locke - Ashfield District Council  
Brian Lohan - Mansfield District Council  
David Staples - Newark and Sherwood District Council  
A Griff Wynne - Bassetlaw District Council

**Officers**

Martin Gately - Nottinghamshire County Council  
David Ebbage - Nottinghamshire County Council

**Also in attendance**

Keith Mann - NHS England  
Deanna Westwood - Compliance Manager, CQC

**MINUTES**

The minutes of the last meeting of the Health Scrutiny Committee held on 24 February 2014 were confirmed and signed by the Chair.

**APOLOGIES FOR ABSENCE**

There were apologies for absence received from Councillor Wilmott who was on other County Council business.

**DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **CARE QUALITY COMMISSION PRESENTATION**

Deanna Westwood, an Inspection Manager from the CQC gave a presentation to members outlining the role of the CQC. The aim was to make sure hospitals, care homes, dental and general practices and all other care services in England provided safe, effective, compassionate and high quality care and the CQC would help these services to make improvements.

Within the presentation the following points were made:-

- The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. Whatever they find gets published including performance ratings to help people choose care.
- They have appointed 3 new Chief Inspectors in the change of structure. There is a clear sense of purpose now with the new operating model. The main purposes are the services that provide care.
- They have access to greater use of data and evidence, the CQC do work on hospital admissions, and information is given from the people who use the service.
- Information is published on the web site, which tells us if a particular service is compliant or not.
- Specialist advisors are being used most recently at Kings Mill Hospital. A team of 60 people who are experts in different fields are carrying out work there.
- There are 5 top priorities for the Chief Inspector, these are:-
  1. Develop changes to how we monitor, inspect and regulate adult social care services.
  2. Develop a ratings system for adult social care services.
  3. Develop an approach to monitoring the finances of some adult social care providers.
  4. Support staff to deliver
  5. Build confidence in CQC.
- Wave 1 inspections started on 1<sup>st</sup> April this year and provide individual ratings which go on the website. Adult Social Care services will receive their ratings by 1<sup>st</sup> October 2014. By next year all registered services will have received their ratings. The ratings are there to support people's choice of service and drive improvement.
- Confidence has improved in the CQC since the new Chief Executive and the proposed changes were introduced.

- The vision for adult social care is 'The Mum Test' i.e. "Is it good enough for my mum?" The emphasis is on pushing for decent quality of life.

Following questions from Members, the following points were made:-

- The CQC only inspect services that are registered. If patients use direct payments or private carers, these services are not regulated by the CQC. It is not in their remit inspect those type of services.
- The CQC's role is under the Health & Social Care Regulation Act. The local authority commission the service, wanting to make sure high quality care is being provided. Monitor will be taking over as the licencing authority. If the CQC find any evidence of services breaking any regulations, they inform Monitor of their findings who then will investigate into it further.
- CQC are committed to inspecting every care service, if a particular service was underperforming, they would take undertake legal action to cancel their registration, which is a last resort option.
- Members of the committee were pleased with the introduction of the ratings system; this will help the public to judge where to send relatives for care.
- Responsibility for the co-ordination of discharges from hospitals lies with social services as well as hospital trusts. The CQC is there to make sure the service they receive after discharge is high quality. The CQC does examine services discharge arrangements.

Ms Westwood explained to Members that they can sign up for an email alert from the CQC website which will show them if any service in their area is under inspection.

The Chair thanked Ms Westwood for the presentation.

### **HILL VIEW SURGERY PREMISES, RAINWORTH – BRIEFING**

Keith Mann, NHS England introduced the briefing on Hill View Surgery.

He told the committee that the existing premises are now safe. A plan to re-develop the existing site has to be an option for the centre. The health centre is at the bottom of the hill; at the top of the hill is where the current surgery is located. If the surgery was to be next to the health centre at the bottom, that would be an advantage for patients. An alternative location is another option which there is one close by.

NHS England was in place in 2013. A Health & Safety Audit took place at the centre in June 2013. In September, NHS England approached the practice, in October improvements needed to be made and these took until January 2014 to be completed. This year a final decision on which option to go with will be made, but the cost is an important aspect of their decision.

The Chair requested a report back when an option was considered.

### **PROPOSED GP PRACTICE MERGER – ROSEMARY STREET AND OAK TREE LANE PRACTICE, MANSFIELD**

Keith Mann, from NHS England attended the meeting giving the benefits of this merger.

Dr Ghosh was a single handed practice for 40 years who is now retired, but came back part time 2 years ago. The 2 practices are 3 miles apart but there is a bus route which patients can use to get to each practice. Parking is available at the centre as there is a Tesco supermarket nearby.

A patient survey was frequently taken at Oak Tree Lane; the outcome was that more choice would benefit patients. More doctors are now at the practice, patients are in favour of the merge.

The larger practice of the two is Rosemary Street, which has 7,000 – 8,000 patients.

No increase in cost would occur in this merge and it is fully supported by NHS England. Patients are already seeing benefits, there was a final CQC inspection and the comments from that were outstanding.

There are also improvements to the building itself and all involved support the strategy.

Following questions from Members, the following points were made:-

- That the I.T system merges on 9<sup>th</sup> July, which will mean that there will be one phone number for both practices, all of patient's records from the practices will be merged into one database which will make it easier to find patients records from either surgery.
- 4 GPs are located at the moment but from August a further 2 more GPs will be located at the practices with an increase of nurses to follow also.
- Guidelines for reports are in a policy with NHS England, they suggest reports to be brought to Scrutiny Committees.
- There is a big shift in NHS England, a black hole in the NHS of £30 billion in debt. Want to develop single centres but not financially possible.
- There was confusion from the web site regarding a report which seemed to be different regarding the consultation.

The Chair thanked Keith Mann and colleagues from the 2 practices for attending.

### **WORK PROGRAMME**

The work programme was discussed and noted.

The Quality Accounts would be forwarded to Members, for any comments from Members to be forwarded to Martin Gately.

A report on hospitals in the north of the County by Healthwatch Nottinghamshire was requested.

The meeting closed at 4.25pm.

## **CHAIRMAN**

28 April 2014 - Health Scrutiny





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**Membership****Councillors**

Colleen Harwood (Chairman)

A John Allin  
Kate Foale  
Bruce Laughton  
John Ogle  
Jacky Williams**District Members**

Trevor Locke	-	Ashfield District Council
A Brian Lohan	-	Mansfield District Council
A David Staples	-	Newark and Sherwood District Council
A Griff Wynne	-	Bassetlaw District Council

**Officers**

Martin Gately	-	Nottinghamshire County Council
David Ebbage	-	Nottinghamshire County Council

**Also in attendance**

Keith Mann	-	NHS England
Amanda Sullivan	-	Sherwood Forest Hospital Trust

**APPOINTMENT OF CHAIRMAN OF THE COMMITTEE**

That the appointment of Councillor Colleen Harwood as Chairman and Councillor John Allin as Vice-Chairman of the Committee by the County Council of 15<sup>th</sup> May 2014 for the forthcoming year be noted.

**TO NOTE THE MEMBERSHIP OF THE COMMITTEE**

That the membership of the Committee as listed below be noted:-

Councillor Kate Foale	Councillor John Ogle
Councillor Bruce Laughton	Councillor Jacky Williams

**District Council Members**

Councillor Trevor Locke	-	Ashfield District Council
Councillor Brian Lohan	-	Mansfield District Council
Councillor David Staples	-	Newark & Sherwood District Council

## **MINUTES**

It was agreed that the minutes would be brought to the next meeting following changes which were required.

## **APOLOGIES FOR ABSENCE**

There were apologies for absence received from Councillor Brian Lohan, David Staples and Griff Wynne.

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **PROPOSED MERGER OF CLIPSTONE HEALTH CENTRE AND FARNSFIELD SURGERY**

Keith Mann from NHS England gave a brief background on the two practices and then representatives from both surgeries made the following points regarding the proposed merger:-

- Dr John Porter from the Farnsfield surgery gave Members some further background regarding the surgery. It has 4800 patients and operates from practice owned premises.
- It had been a two handed practice for the past 26 years with Dr Porter and Dr Healy. Dr Healy is retiring at the end of September and they want to ensure that the practice is stable for the future.
- Clipstone Health Centre has approximately 9500 patients. In summer 2015, the practice will be relocating to a newly built medical centre a mile down the road.
- The practice has 5 GP partners, 2-4 GP registrars and a GP retainer as well as a nursing team.
- Full general medical services will be provided at both sites and patients will have access to all appointments at both sites. There will be no expectations for patients to travel to an alternative site if they do not wish to.
- Patients in Farnsfield will benefit from increased and enhanced services such as extended hours, minor surgery clinics, joint injection clinics and smoking cessation advice.
- Both practices have good relationships with their patients and participation groups. Meetings will be held separately with the two groups, with representatives from both practices, before announcing and publishing details about the merger.

Following questions from members, the following points were made:-

- Members wondered why Clipstone was the chosen practice to merge with Farnsfield. This was because the practice at Clipstone was in a similar situation with similar issues. Multiple practices were not approached regarding the merger; it was more comfortable with just the one practice involved.
- The feedback from the CCG has been extremely positive. There is a geographical difference but both practices still come under the same CCG.
- Members raised concerns in relation to the Farnsfield practice having to close down and move to Clipstone. Both practices reassured the committee that the distance protected that concern as it is too far for patients in Farnsfield to travel for an appointment at Clipstone. For staff to travel between the two is only a couple of miles. There is also no public transport along that route.
- The Mid-Nottinghamshire Better Together has been involved greatly with the changes.

The Chair thanked the practices for their attendance and asked for an update in September regarding the feedback they get from patients using the practices.

### **MID-NOTTINGHAMSHIRE BETTER + TOGETHER INTEGRATED CARE TRANSFORMATION**

Amanda Sullivan introduced the briefing on the Mid-Nottinghamshire Better + Together Transformation phase 3 of the transformation programme. Phase 3 identified the outcome specifications and commissioning procurement plans.

The vision of implementation was reflected in the CCG's five year health and social care strategy and consisted of the 5 ambitions jointly agreed with the acute provider:-

- Integrated community teams (PRISM) roll out
- Intermediate care redesign
- Care planning in care homes
- Transfer to assess
- Elective referral gateway

A gateway review was conducted in April 2014 which provided helpful feedback and recommendations which have been incorporated into the current plans. The National Clinical Advisory Team (NCAT) reviewed the service proposals and fully endorsed them.

In June, the Primary Care Strategy was presented to the CCG Governing Bodies for approval which outlined the model of urgent care in general practice. CCG's are also considering the options for, and benefits of, taking on responsibilities for commissioning of primary care services to ensure the best possible local fit with transformation plans.

Dr Sullivan explained to the Committee that there is a funding gap of £70 million and by carrying out these clinical changes could save up to £20 million of that deficit. The blue print analysis taking place also could save another £15 million which would see them to half way to the £70 million gap.

Following questions from Members, the following points were made:-

- GPs will work together with their area team regarding recruitment. The aim is to apply the right level of care and see developments from the existing workforce. This will not be a quick process, but will be one which needs to be managed very carefully.
- Members were concerned about the number of patients being admitted into hospital and would like to see the number reduced. The PRISM programme is very proactive on this matter. They are working with public health prevention self-care team educating patients to have more healthy lifestyles, also making sure patients are going to the right part of the system.
- There are three transformation programmes addressing the same issues and it may be that the work of these programmes needs to be more clearly communicated to the public.
- Measurable changes in service models and consequent improvement in performance metrics are already being evidenced as the health and social care system begins to change.
- Members raised the concern from constituents regarding the lack of knowledge of who the best person is to contact for inpatients. The NHS 111 service is the out of hour's service but that service does not fall within the Mid-Nottinghamshire Transformation Programme.

The Chair thanked Dr Sullivan for the report and suggested a briefing to be brought to the January meeting.

## **HEALTHWATCH**

Joe Pidgeon, Chairman of Healthwatch Nottinghamshire presented his report to Members and gave information on the structure and mission of Healthwatch.

The annual report and business plan were published the same week as this committee meeting, and therefore it was not possible for these documents to be included within the committee papers. Consideration of Healthwatch Annual Report and Business Plan

Healthwatch is independent but is commissioned by the County Council. Like all services, it has had to deal with a 30% reduction but are still managing.

The Chair and board members are recruited through an open selection process; the Board remains small to enable it to be responsive to emerging issues. A

further four Board members are being recruited in September who have experience in NHS, business, legal services and social enterprise.

The Advisory Board supports the Board in developing the organisations strategic direction; it includes 15 members and meets every 6 weeks.

The Prioritisation Panel review issues that are reported to Healthwatch Nottinghamshire and decide on the actions that should be taken. It involves 7 citizens; they met three times in the six weeks and have dealt with 46 issues this year.

The Chair thanked Mr Pidgeon for the report and requested to see the business plan in the September meeting

## **WORK PROGRAMME**

The work programme was discussed and noted.

Healthwatch annual report  
Information on diabetic care for elderly patients in Bassetlaw.

The meeting closed at 3.45pm.

## **CHAIRMAN**

23 June 2014 - Health Scrutiny



**29 September 2014****Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NG25 MORTALITY RATE GROUP – FINAL REPORT****Purpose of the Report**

1. To introduce a verbal report on the work of the NG25 Mortality Rate Group.

**Information and Advice**

2. Members will recall that Councillor Bruce Laughton was chairman of the mortality review task and finish group set up by NHS Newark and Sherwood Clinical Commissioning Group to examine the higher rate of deaths in the NG25 postcode area. It was found that deaths were 27% higher in NG25 in 2010-2012, some 242 deaths as compared to 191 deaths in 2007-2009.
3. The group attributed the increase in mortality to the opening of the Southwell Court Care Home, which resulted in an increase in the numbers of frail elderly people in the area.
4. Councillor Laughton will attend the Health Scrutiny Committee to provide a verbal report on the work of this group and answer questions as necessary.

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.

**Councillor Colleen Harwood**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All





**29 September 2014****Agenda Item: 6**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **HEALTHWATCH ANNUAL REPORT**

#### **Purpose of the Report**

1. To introduce Healthwatch's annual report and business plan.

#### **Information and Advice**

2. Members will recall that Healthwatch is the independent consumer champion created to gather and represent the views of the public on their health and social care services. Healthwatch is playing a role at both national and local level, and is making sure that the views of the public and people who use the services are taken into account.
3. Healthwatch aims to:
  - Gather first-hand experiences of local residents and make recommendations to local providers
  - Consult with the public about proposed changes and influence future designs
  - Work in partnership with local statutory and voluntary groups to represent the views of the wider community and minority groups
  - Ensure proper representation of Nottinghamshire's diversity
  - Act as a hub for information at local and national level
4. Mr Joe Pidgeon of Healthwatch Nottinghamshire will be on hand to formally present Healthwatch's Annual Report and to introduce the Healthwatch Business Plan. The Annual Report is attached to this report as Appendix 1 and the Healthwatch Nottinghamshire Business Plan for 2014-16 is Appendix 2.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedule further consideration of the work of Healthwatch Nottinghamshire, as necessary

**Councillor Colleen Harwood**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

# healthwatch

Nottinghamshire



## Annual report 2013/14

# Foreword

**This is the first annual report describing the founding year of Healthwatch Nottinghamshire. It's been a busy, demanding and successful first year of operation.**

We have established our basic organisation and infrastructure which now stands us in good stead for responding to the voices of our local service users, and helping them get the best from their local services. The Healthwatch team, our Board, Advisory Group and our many users and partners have all been part of the process of debating, and testing out, our developing sense of identity and our mission. It's still developing. I sense everyone now feels on much firmer ground about what we represent and our direction of travel.

We were fortunate in having a basic infrastructure in place to get us started on April 1st and for that I would like to thank the Implementation Team, with members from NAVO and County Hall. They worked hard in those first months to get us off the ground, and with such great efficiency, energy and belief! We are also grateful for the contributions of Nottinghamshire LINK employees and volunteers, many of whom continue in their work with us. I want to pay tribute to the capability of our Chief Executive, Claire Grainger, all the team members, and the volunteers we've recruited. Together they are proving to be a fantastic force for gathering and taking forward the voices of local people.

The world of health and social care, into which Healthwatch has been born, is a particularly challenging one. It is being pressured on both sides; grappling with austerity measures with severe downward budgetary pressure on both health and social care services, whilst at the same time, the NHS is undergoing its biggest changes since it was formed in 1948. Amidst all this the role of Healthwatch Nottinghamshire is more important than ever to make sure that service users, patients, carers and the wider public's views are taken on board by planners and commissioners.

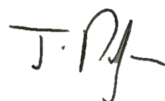
We can only be effective by working closely with local statutory and commissioning bodies, whilst at the same time being an independent and trusted voice for local people. Our Prioritisation Panel, coming together for first time in the autumn, consists of 7 volunteers. It has now considered at least 40 major issues. They are wide-ranging from, for example: GP access, the East Midlands Ambulance Service, to problems with electronic prescriptions, ophthalmology waiting times and community mental health services.

We are working in a complex county. We work with six Clinical Commissioning Groups (CCGs), two NHS England Area Teams, seven District and Borough Councils, children and adults social care of the County Council, five large NHS Trusts, the Care Quality Commission and a diverse range of voluntary sector organisations. Substantial efforts in this first year have been spent in establishing good working relationships with all. Our feedback tells us that to a large extent, we have been successful in this endeavour. We have also worked hard in developing working arrangements with neighbouring Healthwatch across the East Midlands and we share two important team posts with Healthwatch Nottingham.

Our long term mission is:

To involve local people to help improve health and social care services for the people of Nottinghamshire.

We know from our recent survey that we now need to get better known by the public. This we will do and I am confident that we can make our second year an even more productive one



Joe Pidgeon, Chair of the Board

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# The year at a glance...

**We've now got a sound organisational base and presence to deliver our statutory work. Here are some of our highlights...**

## Meet the team

Meet your local healthwatch team members.



**Claire Grainger - Chief Executive**

Claire Grainger was appointed Interim CEO of Healthwatch Nottinghamshire in March 2013 before being selected to take on the role permanently in June 2013. Claire was formerly the Chief Executive of H&G. Claire has extensive experience of working in the voluntary and community sector.

Recruited six members of staff, including a new Chief Executive, to ensure that we were fully staffed and prepared to take on the challenge ahead.

Opened a new satellite office in the Bassetlaw Community and Voluntary Service building. This will help to make sure that the people of Bassetlaw are able to have their say about health and social care services.



Recruited 45 volunteers and delivered at least 21 hours of training to help them in their roles as Champion, Outreach and Prioritisation Panel volunteers.

Attended over 300 events and meetings to raise awareness of Healthwatch Nottinghamshire and help us deliver our statutory activities.



Achieved over 4,000 hits on our website.  
<http://www.healthwatchnottinghamshire.co.uk/>



Sent over 1500 tweets and gained almost 400 followers on twitter. Follow us @HWNotts.



Started Joe Blogs, an online blog by our Chair, who has posted 8 articles on Health and Social Care issues in 2013/14.

<http://joehwnotts.wordpress.com/>

Initiated a bi-monthly column in the Nottingham Post and had articles published in other local newspapers. Our Chair, Joe Pidgeon, has also been interviewed on BBC Radio Nottingham and appeared on ITV central news.



Signed over 1,000 people up to our mailing list and published 14 newsletters and reports to keep local people updated on what we're doing and how they can get involved.



# Making a difference through statutory activities

Government legislation gives us some statutory powers and requires us to undertake particular activities. This section details how we have undertaken these activities over the last year.

## Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local services

We have worked with service providers and commissioners to promote and support the involvement of local people in the design and delivery of local services. Our evidence suggests that we are starting to be successful; half of all providers and commissioners responding to our first annual survey agreed that we are making a difference to their organisation's work. When asked how we're making a difference, service commissioners said...

*...offer a supportive and critical voice on behalf of the public which is appreciated and essential.*

Service commissioner

*They are already promoting the independent scrutiny of patient experience and the representation of patients...*

Service commissioner

These are some examples to illustrate our work in this area:

### Better Together - Mid Nottinghamshire Integrated Care Transformation Programme...

We've played an active role in this programme from the outset, to ensure that local people know about, and are involved in, this major change programme for health and social care services. Healthwatch Nottinghamshire staff and volunteers have been able to get involved in communication and engagement with local people and in helping to shape the blueprint for the future of services in the area.

*Healthwatch Nottinghamshire have been a valuable partner...their Champions have been actively engaged in the clinical design groups and have representation on our Better Together Citizens' Board. At an operational level, their officers have acted as critical friends and have provided confirmation and challenge as we move forward to implementation planning. Our relationship with Healthwatch is a positive one, ensuring that at all stages, the patient voice is heard.*

Wendy Tomlinson, Better Together, Mansfield and Ashfield CCG

### South Nottinghamshire Transformation Board...

We're participating observers on the board which oversees the transformation of the health and social care system across Broxtowe, Gedling and Rushcliffe Boroughs and Nottingham City, to deliver improved outcomes for patients. Through working with the lead for engagement on the Board, we have supported the development of their engagement activities with local people, to make sure they know about the plans for the re-design of services.

### Public Health Commissioning...

We have helped Public Health to plan consultation work with local people as part of their review of the commissioning of services, this includes drug and alcohol and obesity services.

**As well as promoting the involvement of local people in other organisations we're doing this too!** Since the appointment of our specialist volunteer co-ordinator, we have developed our Volunteering Strategy to give local people the opportunity to be part of our organisation, and help us achieve our mission. As part of this, we've developed a range of volunteer roles including:



**Champion volunteers** are a link into our local community and help us to give a voice to seldom heard groups. They also represent Healthwatch in existing forums and groups of which they are members.

This year we've recruited and trained 25 Champion volunteers, who have represented and raised awareness of Healthwatch in 11 different meetings.



**Outreach volunteers** - They are part of our public face of Healthwatch, supporting a range of events we deliver and attend. They've helped to raise awareness of and promote Healthwatch Nottinghamshire, and supported the collection of needs and experiences from local people.

This year we've recruited and trained five outreach volunteers; they've helped support six different outreach events.



We're also encouraging local young people to get involved in decision making about services by joining our Youth Forum. Through the Forum young people help us to identify what actions we as an organisation need to take to improve services. They will be able to run campaigns and short term projects which will make a difference to their services in the future.

# 128

Is the number of hours our volunteers have given to support Healthwatch Nottinghamshire during 2013/14.

## **We wanted to ensure that Equality and Diversity is at the heart of Healthwatch Nottinghamshire.**

To achieve this we invited a number of people to help us to develop our Equality and Diversity Policy at a half day workshop. Healthwatch Nottinghamshire staff and volunteers met up with people from community organisations, providers and commissioners to look at how Healthwatch Nottinghamshire could ensure that it reaches ALL of the communities in the county. We consulted widely on our draft policy and we feel confident that it gives us a good framework for Equality and Diversity in all aspects of our work. A copy of this policy can be found on our website:

<http://www.healthwatchnottinghamshire.co.uk/strategies-plans>

## **Enabling local people to monitor the standard of care**

This year we've focused on making sure that we get our programme of Enter and View visits right, learning from the experiences of our predecessor. In partnership with our Advisory Group, we have developed our strategy for how our visits will be undertaken, and how we will assist and support service providers and commissioners when undertaking their similar activities. For example...

### **Place surveys...**

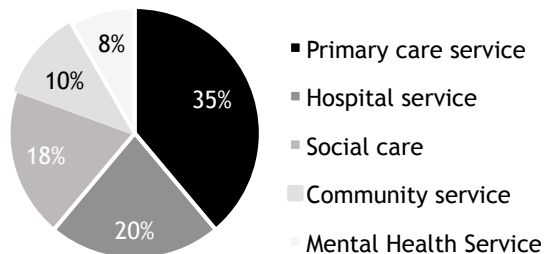
We know there are a number of ways that local people can get involved in monitoring the standard of care in health services, and we are keen that our Enter and View volunteers have a range of opportunities they can get involved in. To support this we have been talking to our local hospital trusts about how our volunteers can support their 'Place Surveys'.

Volunteers will be key in helping us to undertake this work, and this year we have gathered expressions of interest from 7 local people who would like to support us as an Enter and View volunteer. Recruitment and training of these volunteers will be undertaken this year.

## Providing advice and guidance

Healthwatch Nottinghamshire is not commissioned to provide advice and guidance, this continues to be provided by local Patient Advice and Liaison Services (PALS) and the Nottinghamshire County Council Customer Service Centre. However, people do contact us to ask questions and report issues or concerns to us. We staff a phone line between 9am and 5pm daily to take these calls. Our staff also provide responses to questions asked through emails, our website and their face to face contact with local people.

Figure 1 Subject of enquiries



Over a third of all issues logged were about primary care services, the majority (almost eight out of ten) regarding GP surgeries/health centres.

Just over half of all issues related to primary care services requested information and details of services in their area. We provided this information directly or were able to signpost them to online services such as NHS Choices or Choose My Support.

## Obtaining the views and experiences of local people

The views and experiences of local people have been gathered by telephone, through a 'Have Your Say' form on our website, attending a range of community events and delivering engagement events where we talked to people face to face.

Through this work we've promoted our message and the need to 'have your say' on local services to over 2000 people.

### Reaching out to priority groups

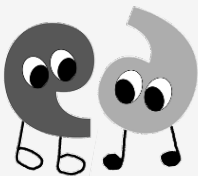
Over half (57%) of the service commissioners and providers who responded to our annual survey agreed that we identify and represent the needs of seldom heard groups. To reach out to people from disadvantaged and seldom heard communities we have used a variety of methods to raise awareness of Healthwatch and gather their needs and experiences. Here are some examples of this work...

#### Children and young people...

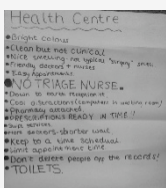
In November 2013 we employed a specialist community and partnerships worker to gather the needs and experiences of our local children and young people through a variety of different methods. Through this targeted work we have delivered 26 activities across all 7 districts in Nottinghamshire, gathering feedback from over 100 children and young people. Here is how we've done it...



**The Dressing Up Box (3-7 years):** We have delivered three of these events in children's centres and schools across the county. Using our dressing up box, children have pretended to be nurses, doctors, paramedics and surgeons. Through play, we have talked to children, parents/carers and teachers about younger children's experiences of health and social care services.



**Healthwatchers Club (7-11 years):** In January we started to promote our Healthwatchers Club in primary schools. After interactive quizzes and games we ask the children to tell us about their own experiences. 'Healthwatchers' have been sent a member's pack including a certificate and a Rewards Prescription. Every time they tell us about a visit to a local service they put a sticker on their Rewards Prescription. When the card is full we'll send them a small reward.



**HWYouth (12-24 years):** We've delivered 6 Pizza with Healthwatch events, participated in a Personal, Social and Health Education (PSHE) day at a secondary school, held an information stand at two further education colleges and delivered a lesson to a group of A level Health and Social Care students. We've also ran a workshop in a special school, visited a residential project for young adults with complex needs and delivered an outdoor adventure workshop for young adults with learning difficulties.



### Older people...

We've linked up with community and voluntary services supporting older people in our local community. Through these events we've reached over 140 older people.

- We've attended Age UK events launching Fit for the future, a project supporting older people living with long term health conditions.
- Delivered an engagement event at the Older People's Resource Centre in Bassetlaw.
- Attended a Veterans and Armed Forces Event to raise awareness of issues and support available for veterans and serving armed forces personnel.
- Supported an older people's day to promote awareness of Healthwatch and provide an opportunity for older people to talk to us about their experiences.

The Deputy Chair of Nottinghamshire Older Persons Advisory Group is also an active member of our Advisory Group and provides feedback to us on the views and experiences of the people they support.

### Disadvantaged and vulnerable groups...

During our first year we've been supporting events and activities delivered by other organisations to raise awareness of Healthwatch Nottinghamshire and the need for local people to 'have their say'. This includes:

- People suffering from mental health conditions through the Rushcliffe 'Unwind Your Mind' open event during Mental Health Awareness Week, and the Nottinghamshire Healthcare Trust AGM.
- People with learning disabilities through the Learning Disability Partnership Board; and the Sherwood Forest Hospitals Trust Learning Disability Steering Group.
- People with diabetes through information events run by the CCGs.

## Formulating views on the standard of provision

We take all the needs and experiences we've gathered from local people to identify trends and concerns in provision. These were the three most frequently identified concerns and what people told us about them...

#### Access to services...

People were very concerned about the time it can take to get an appointment with their GP. Being able to get an appointment for the same day, or booking in advance and having appointments in the evening and weekends were all identified as problematic.

Services closing were also a worry, particularly community services that provide people with treatment and support for those suffering from mental health problems or learning disabilities. People also wanted local access to services currently provided some distance from their home.

#### Treatment and care...

Medication was a main topic of concern, we received examples of people being given medication they were allergic too and not being given the correct medication for their illness. Issues around the dispensing of medication were also raised by multiple people.

#### Waiting times...

The time it takes from referral to appointment is too long, people identified that during this time conditions can often deteriorate. The time between a first appointment and a follow up appointment was also identified as a problem.

These experiences and trends are taken to our Prioritisation Panel, a group of volunteers who help us to prioritise our work. More details of how this panel operates can be found in the section about how we make decisions. **46 concerns have been assessed by our prioritisation panel since its inception in September 2013.**

## Making reports and recommendations

Following our Prioritisation Panel discussions we've contacted service providers 14 times, and commissioners 10 times, to either formally or informally discuss the concerns raised. We've produced reports and recommendations for how our local services could be improved. For example, these two issues both scored highly at our Prioritisation Panel and have been or are subjects of reports...

### Ophthalmology service...

Waiting times were identified as being too long in the Ophthalmology department at the Queens Medical Centre. Although the total number of comments we received was not large, it was the most commented on individual service. We worked in partnership with Healthwatch Nottingham to provide a report on concerns that were raised to us both by people within the County and City of Nottingham. Our report was forwarded to the hospital. They acknowledged the issues we had raised and forwarded us an action plan of their activities to improve their service. As part of this, they invited a Healthwatch Nottinghamshire volunteer to join their patient experience group.

### GP access...

Over the last few months of 2013 we heard comments from people in all areas of Nottinghamshire about waiting times of up to one month for a routine appointment with a nurse or GP, particularly if they wanted to see a named doctor. We felt that this could be improved; we are now working on a report on this to be submitted to NHS England.

Through the work we have done with children and young people our first quarterly report identified a series of recommendations including:

- Having more age appropriate toys and magazines in waiting areas. Games consoles, televisions and free wireless internet connections were the most frequently requested improvements.
- Health professionals treating young people as equals and talking to the young person directly rather than their parent/carer who attends appointments with them.
- Improving the transition from children's to adult care, particularly social care. Young people identified that adult social services don't have the same level of social and emotional support they have been used to, and that they wanted professionals to recognise them as 'young adults' and not 'older adults'.

Building relationships with our local service providers and commissioners was a key focus for this year, we wanted to ensure we had a strong and positive relationship to be a challenging and critical friend. We know that this has been successful. Results from our annual survey show that from responding service providers and commissioners...

**83%** had a positive experience working with us

**80%** value Healthwatch Nottinghamshire as an organisation

**78%** have a strong relationship with us

*We particularly valued the work you have done with children and young people - a group often forgotten in healthcare planning. Their views and experiences are valuable to shape service redesign and provision.*

**Service commissioner**

*Healthwatch are able to present at most meetings and offer a supportive and critical voice on behalf of the public which is appreciated and essential.*

**Service commissioner**

Where appropriate we have taken our reports and recommendations to groups that scrutinise the relevant services. We've regularly attended the county Health Scrutiny Committee and the joint Health Scrutiny Committee for the county and the city of Nottingham. We've also reported trends in the concerns being raised to us to both the Nottinghamshire and Derbyshire, and South Yorkshire and Bassetlaw Quality Surveillance Groups.

*Healthwatch have been regular attenders to Health Scrutiny Committee. Their role in bringing patients and potential service users' views and concerns to the centre of our work has been excellent. It has enabled us to bring a sharper and better informed focus on scrutinising service delivery. Their contribution is always insightful and evidence based and so much appreciated by members of the committee.*

**Councillor Kate Foale, Chair of Nottinghamshire Health Scrutiny Committee**





## Working with Healthwatch England

Healthwatch England came to our Board meeting in January 2014, which gave us the opportunity to raise concerns that our local people had reported to us. As well as this, we have also worked with Healthwatch England on the care.data programme...

### **care.data programme...**

We raised our concerns to Healthwatch England about this new programme to share patient data across services. Our local people told us that they had not received information about this. They felt that the short deadlines to opt out of sharing data, and the confusing methods through which they had to opt out unfair. Many other local Healthwatch raised the same concerns and the programme has now been delayed to raise awareness and listen to the views of patients.

As well as working with Healthwatch England we've also worked with the local Healthwatch network...

-  We have worked with Healthwatch Derbyshire to develop protocols for working across borders with neighbouring Healthwatch. We've subsequently agreed working arrangements with three of our neighbouring Healthwatch and have more in the pipeline.
-  Recruited two staff posts jointly with Healthwatch Nottingham so that we can better co-ordinate our communications and research activities.
-  Shared some of our policies and plans with other local Healthwatch.
-  Initiated a forum for board members to come together every three months as a peer learning network. We've supported and maintained this network in the East Midlands.

## Being active on the Health and Well-being Board

**Local Healthwatch have a seat on their local Health and Well-being Board; leaders from local services who work together to improve the health and well-being of local people. This section illustrates how we've been an active member of the Nottinghamshire Board.**

We've exercised our responsibility on the Board by, amongst other things, keeping an eye on what patients, users and carers are saying about the services that sit under the Board's priorities. In January we reported back to them the issues being reported to us and what action we have taken, this report was well received by the board.

Here are some examples of the issues we've raised at the Board...

### Homelessness

**We said:** In November 2013 during an item on the health needs of homeless people we reminded the Board that the County Council was proposing to significantly reduce the Supporting People budget, particularly relating to funding direct access homelessness facilities. We felt that this could have a direct negative impact on the health of homeless people across the County.

**They said:** Homelessness was suggested as a topic for a future stakeholder event and it was agreed there should be a further report being brought to the Board.

### Budget reductions

**We said:** During an item in November's meeting at the Health and Well-being Board's Implementation Group, we voiced our concern that the priorities of the Group did not contain any reference to the impact of the Nottinghamshire County Council and NHS budget cuts over the next three years.

**They said:** It was recommended that the Board, or its Implementation Group, should monitor the impact on health and well-being of budget reductions in local authorities and the NHS.

### Commissioning services for children's health

**We said:** In October 2013 we informed the Board that we would be appointing a specialist children and young people's worker and that we supported the Department of Health's 'You're Welcome' quality standards.

**They said:** In March 2014, in an item reviewing the progress and proposed priorities for 2014-16 for the integrated commissioning arrangements for children's health services, the Board recognised that their engagement activities should be co-ordinated with ours.

We've also supported the Health and Well-being Board with its engagement work, for example...

#### Health and Well-being Strategy for Nottinghamshire...

We've supported the public consultation on the new Health and Well-being Strategy for the County. We made sure local people were aware of the consultation and we attended the public meetings. During this meeting our Chair of the Board delivered a presentation to raise awareness of our role in this strategy, and stress the importance of people providing their thoughts and opinions about the new proposals.

We've also approached the Chairs of the Health and Well-being Board and the Scrutiny Committees recommending that a protocol of roles and responsibilities between these two bodies and Healthwatch Nottinghamshire be developed. This has been supported and will help ensure that councillors and the public have a better understanding of how they work together.

# **Making decisions at Healthwatch Nottinghamshire**

**Local Healthwatch are required to have a procedure to make decisions and involve local people in making decisions. We have three ways of doing this.**

## **The Healthwatch Nottinghamshire Board**

Our board is comprised of four local people. The Chair of the Board and two other members were recruited by our commissioners, Nottinghamshire County Council, through an open process with an independent interviewing panel. One board member was co-opted on the board in September 2013 to increase our insight into the NHS. The board meet every 6 weeks, and a joint board and staff meeting is held every 6 months. Board members also represent Healthwatch Nottinghamshire in various public forums. The Board help us to make decision about how we plan and deliver our activities, and how much we spend on our activities.

You can find out more about our board members here:

<http://www.healthwatchnottinghamshire.co.uk/content/meet-board>

The minutes of the Board meetings are published on our website:

<http://www.healthwatchnottinghamshire.co.uk/board>

## **Our Advisory Group**

To support the Board in developing the organisations strategic direction we have appointed an Advisory Group. A stakeholder workshop recommended the make-up of the Advisory Group in order to maximise its public accountability. It also identified positions in these roles in organisations across the county. The group has a representative from our CCG's, some of our key service providers, two district councils, members of community and voluntary sector organisations and local people. Like our board, the advisory group meet every 6 weeks, and minutes of the meetings are published on our website:

<http://www.healthwatchnottinghamshire.co.uk/advisory-group>

## **The Prioritisation Panel**

Our Prioritisation Panel has a key role in deciding the work that Healthwatch Nottinghamshire undertakes. The panel are a group of specialist volunteers recruited through an application process to ensure we have knowledge of health and social care services in Nottinghamshire.

The panel meets once a month to provide an independent assessment of the information that Healthwatch Nottinghamshire has gathered. This could be patient experience gained directly through Healthwatch work, or information that we've collected through other sources. They assess the priority of issues using set criteria, they also make decisions about what actions should be taken and what services our work should be focussing. This includes whether we request further information, make a report or a recommendation, which premises to enter and view and when they should be visited.

The meetings are public, held in different locations across the county, so that local people can understand how we prioritise our work based on their needs and experiences. The minutes from meetings, outlining decisions made and the reasons for those decisions, are also published on our website:

<http://www.healthwatchnottinghamshire.co.uk/prioritisation-panel>

# Our financial report

Funding for local Healthwatch comes from the Department of Health to the Local Authority. Our contract is with Nottinghamshire County Council and we received £465,000 to fund the work of Healthwatch Nottinghamshire in 2013/14, of which £15,000 was for set up costs.

Table 1 Healthwatch Nottinghamshire income and expenditure 2013/14

Income		Cost	
Nottinghamshire County Council		£465,000	
Bank interest and sundry income		£169	
Total		£465,169	
Expenditure		Cost	% of total
People costs - staff, volunteers and board		£178,268	38%
Premises costs - e.g. rent, utilities, maintenance		£11,676	3%
Running costs - e.g. insurance, professional fees,		£12,263	3%
Office costs - e.g. phones, printing, stationery		£9,173	2%
Publicity and marketing		£6,220	1%
Set up and equipment		£13,330	3%
Depreciation		£5,579	1%
Transfer to reserves		£228,660	49%
Total		£465,169	100%

As we were not fully up and running for all of the year, we did not spend all of the funds allocated. However, we have been informed during the year that our funding from Nottinghamshire County Council will be reduced by 30% over the next two years. The surplus will be carried forward to the next two years and will enable us to set up a financial reserve to ensure the future stability of the organisation and sustain Healthwatch services until March 2016, subject to continued grant funding from the County Council.

## Using the Healthwatch trademarks

The Healthwatch logo is a registered trademark and is protected under trademark law. If an external party uses it without permission, this constitutes infringement of the trademark. The use of the logo is controlled by Healthwatch England [www.healthwatch.co.uk](http://www.healthwatch.co.uk)

Healthwatch Nottinghamshire is licensed to use the Healthwatch trademark (including the logo and the Healthwatch brand) as per our license agreement with Healthwatch England and the Care Quality Commission.

## The future

With another two years to run on our current contract we've developed a business plan for delivering our core activities and achieving a longer-term, sustainable future for Healthwatch Nottinghamshire. We've used the feedback from our first Annual Survey to help us to develop this plan, for example...

You told us...

We need to make more people aware of Healthwatch Nottinghamshire and the work that we do.

We know we need to prioritise this so we're launching our Healthwatch 'Have Your Say Points' in locations across the county that are widely used and accessible to the public such as advice centres, youth centres, community centres and many more.

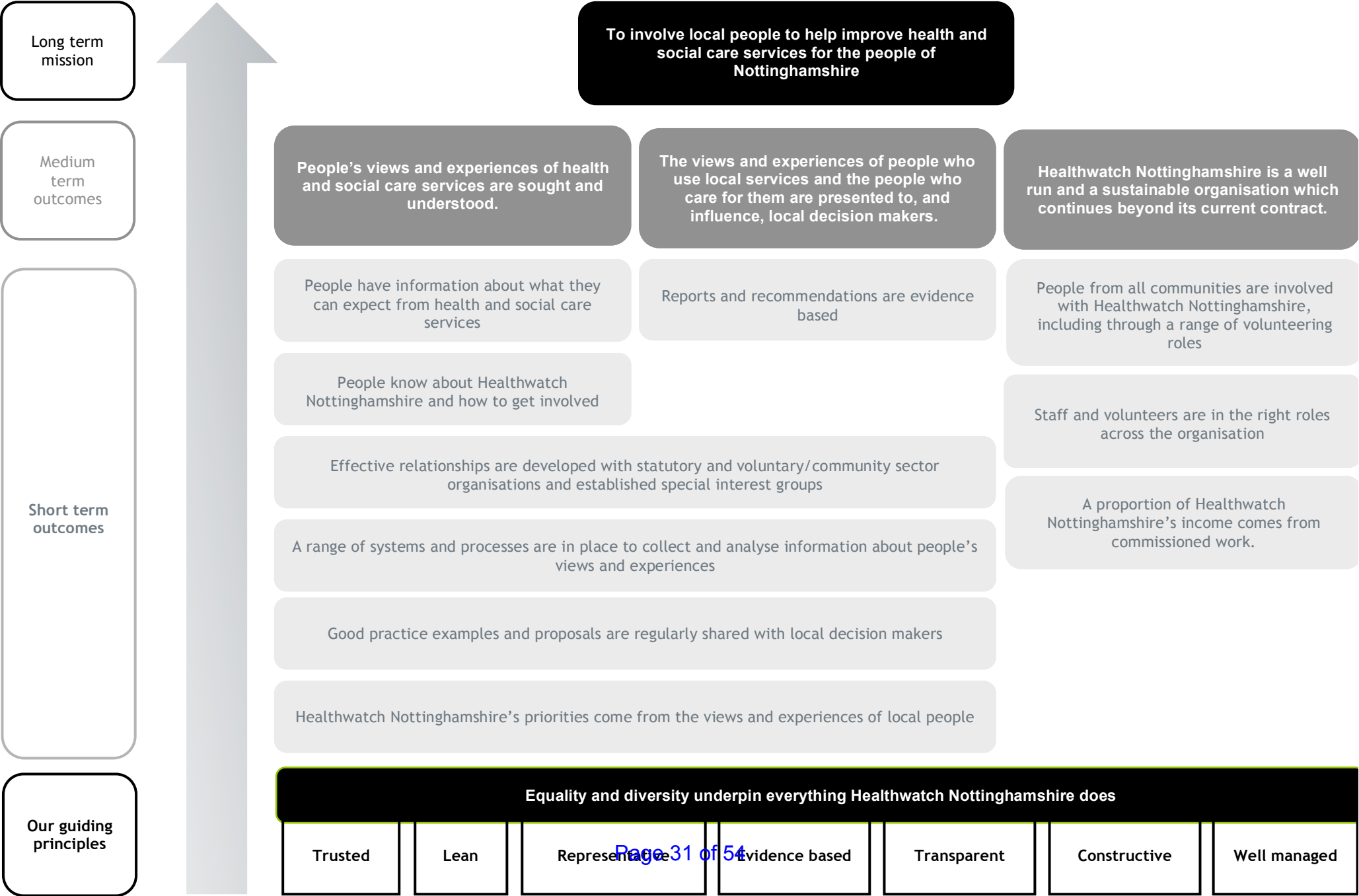
We need to do more to demonstrate our value to the local people of Nottinghamshire.

We've developed a new framework and system for monitoring and evaluating our activities, and will be publishing our reports and recommendations online. We think these will help us in demonstrating the influence we have.

A full copy of our business plan can be found on our website, but here's a summary of what we're setting out to achieve over the next two years...



Figure 2 Mission and outcomes 2014-2016



# About us

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## Board of Directors

**Chair: Joe Pidgeon**

Alan Sutton  
Shirley Inskip  
Juliet Woodin

## Staff team

**Claire Grainger – Chief Executive**

Charlotte Daniel - Information and Administration Worker  
Chris Watson - Community and Partnerships Worker for Bassetlaw and county-wide organisations  
Andrea Sharp - Community and Partnerships Worker for Mid Nottinghamshire  
Jane Kingswood - Community and Partnerships Worker for South Nottinghamshire  
Alison Duckers - Community and Partnerships Worker for Children and Young People  
Deb Morton - Volunteer Co-ordinator  
Donna Clarke - Evidence and Insight Manager  
Loren MacLachlan - Administration Assistant

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# **Business Plan 2014-16**

Final June 2014

## 1 Introduction

Healthwatch Nottinghamshire is one of 152 local Healthwatch across England. Healthwatch is the consumer champion for health and social care which aims to ensure that the voices of users of health and social care are heard by decision makers. Healthwatch England has been established to support Healthwatch activity across the country and to provide a focus for feedback about services at a national level. The statutory role and function of Healthwatch is laid down in the NHS and Social Care Act of 2012, but local areas have discretion about how their local Healthwatch delivers its services.

Healthwatch Nottinghamshire has replaced the Nottinghamshire Local Involvement Network (LINK), which came to an end on March 31 2013. Healthwatch Nottinghamshire is committed to taking forward the best of the LINK into the development of the new organisation and its activities and we took account of the LINK legacy document and of the good practice that it recommends in developing our plans for year one of our operation.

We developed a Business Plan for the first year of our operation. We now have two more years of our initial three year contract to deliver Healthwatch for Nottinghamshire. This plan develops on our first year of operation and identifies what we aim to achieve over the next two years and looks towards a longer-term, sustainable future for Healthwatch Nottinghamshire. We have used the feedback from our first Annual Survey to help us to develop this plan and we hope it reflects what the people and organisations of Nottinghamshire want from their Healthwatch.

## 2 Functions of Healthwatch

Nationally the local Healthwatch model includes a number of functions, but all the functions contribute to the overall aim of empowering individuals and groups to influence the health and social care services they receive. Healthwatch covers all statutory health and social care services and services for adults and children.

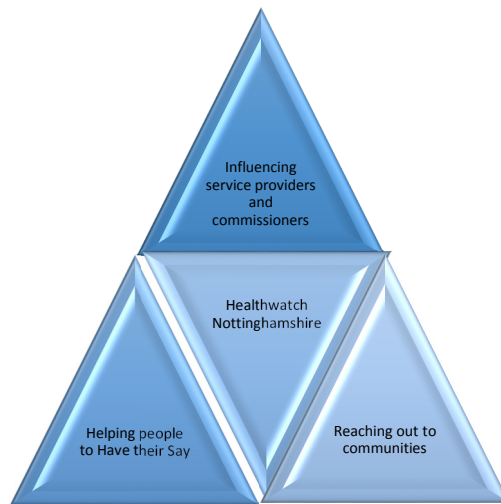
The range of functions that can be delivered by local Healthwatch are:

- Providing information and signposting about health and social care services
- Monitoring concerns and complaints
- Enabling people to feedback about their experiences of health and social care services
- Collating information and compiling reports about people's experiences and views
- Providing independent advocacy for people who want to make a complaint about NHS service

Different areas have made different decisions about which functions are delivered by Healthwatch and which are delivered by other organisations. In Nottinghamshire the commissioners have decided that Healthwatch would not have responsibility for the delivering of the independent complaints advocacy service and this has been separately commissioned. In addition PALS (Patient Advice and Liaison Service) services continue to be provided by the Clinical Commissioning Groups, hospitals and trusts across the County, and so there is not a requirement that Healthwatch Nottinghamshire provides information and signposting services.

### The Triangle of Activities

The activities of Healthwatch Nottinghamshire fall into three main areas, illustrated in figure 1:



**Helping people to have their say** - providing a means for people to express their views and concerns, providing information where appropriate, working with providers of information and signposting, linking with advocacy services

**Reaching out to communities** - on our own or through other engagement mechanisms, telling people about Healthwatch, encouraging them to input their views, feeding back about outcomes

**Influencing Service Providers and Commissioners** - collecting and analysing data, producing reports, representation on key forums

*Figure 1 Triangle of activities for Healthwatch Nottinghamshire*

## 3 Governance and Management

Healthwatch Nottinghamshire has been set up as a social enterprise to deliver Healthwatch in the county. It is a Company Limited by Guarantee and has an asset lock in place, which locks assets in favour of the County Council if the company should cease trading. The Board has decided to register Healthwatch Nottinghamshire as a Charity with the Charity Commission and this registration will take place during 2014. They decided that charitable status would help to establish Healthwatch Nottinghamshire's position as an organisation that exists for the benefit of the people of Nottinghamshire and to open up other sources of funding in the future.

The organisational structure and functions of Healthwatch Nottinghamshire are illustrated and explained in figure 2.

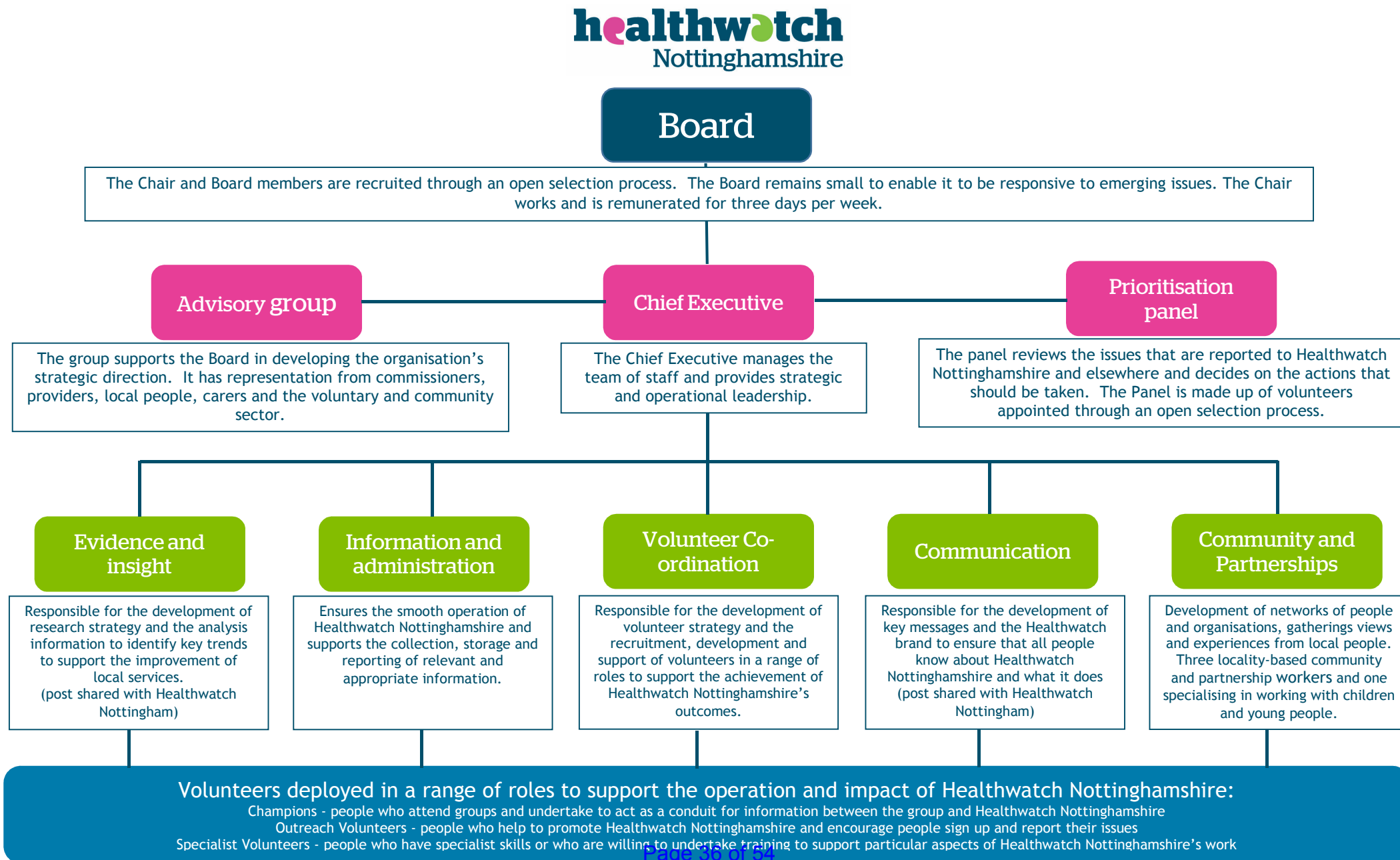


Figure 2 Organisational structure and function of Healthwatch Nottinghamshire

## 4 Volunteers

The involvement of members of the public, and particularly of volunteers is central to the success of Healthwatch Nottinghamshire. The scope of our activities, both the geography and the number of organisations, groups and individuals with an interest in health and social care means that there is a need for involvement from people other than the staff at all levels of the organisation

We have developed a Volunteering Strategy which details how we believe volunteers enhance different aspects of our work. The strategy is supported by comprehensive policies covering how we will recruit, support and develop volunteers in Healthwatch Nottinghamshire. We have developed a model of engagement and volunteering that allows for people to have as much or as little involvement with Healthwatch Nottinghamshire as they want and to increase or decrease that involvement over time.

At the end of our first year we have 50 volunteers, of whom 42 are active. This includes 25 Champions, 7 Prioritisation Panel members, 1 Have Your Say Point volunteers and 3 Board members. Some of our Champions are also supporting us as Outreach Volunteers. During 2014, we will be recruiting and training our first group of Enter and View volunteers as well as continuing to recruit people for other volunteering roles.

## 5 Our principles

As part of developing the model for Healthwatch Nottinghamshire, the commissioners carried out consultation events across the county. The people who attended the consultation events were clear about what they wanted from their local Healthwatch, and from their feedback we developed the following principles for Healthwatch Nottinghamshire to:

- ▶ be credible and trusted in the local community
- ▶ have a simple and lean structure to maximise agility as a social enterprise
- ▶ be representative of local people
- ▶ use data and evidence to support its work
- ▶ have clear and transparent prioritising and decision making
- ▶ work constructively with the public, health and social care sectors and voluntary and community sector
- ▶ be well managed with knowledge and integrity at its core

## 6 Equality and Diversity

During our first year we have developed our Equality and Diversity Policy, with input from a range of people and organisations. Our Equality and Diversity policy statement is as follows:

The aim of Healthwatch Nottinghamshire is to provide a robust voice for the children, young people and adults of Nottinghamshire and for the voices of the people to influence how health and social care services are planned, purchased and delivered in the County.

Healthwatch Nottinghamshire commits to do all it can to:

- ensure that all Nottinghamshire children, young people and adults are able to contribute and participate as much as they want to
- ensure that the voices of all people are heard, including the people whose voices are sometimes not heard or listened to
- identify and highlight good and poor equality & diversity practice in health and social care
- challenge examples of discrimination and disadvantage when they arise
- value people's individuality and respect differences
- take positive action to address inequalities, where appropriate

Furthermore, Healthwatch Nottinghamshire aims to be an excellent employer and to recruit, develop and support a diverse workforce that can effectively work with and for the people of the County.

Following the development of the Equality and Diversity Policy, an Equalities Impact Assessment will be carried out and an action plan will be developed to ensure that we fulfil our aim of putting Equality and Diversity at the heart of everything we do

## 7 Update on the 2013 - 14 Business Plan

Much of our 2013-14 plan focussed on establishing Healthwatch Nottinghamshire as an organisation. This involved:

- Developing working relationships with commissioners and providers of services
- Developing our working practices in the areas of responding to queries from the public, engagement with local people and communities and volunteering
- Developing our staffing structure and recruiting new team members

- Recruiting volunteers to a range of roles
- Developing our communications strategy
- Developing our methods of responding to and prioritising issues that come to us from the public
- Developing key policies and procedures, such as our Equality and Diversity Policy

As part of preparing for our Annual Report we have undertaken a survey of our stakeholders and asked them how we have done in our first year. Their feedback in the following areas is reflected in our plans for the next two years:

- Healthwatch Nottinghamshire is valued by the majority of those who responded to our survey. This includes 100% of the 11 commissioners and almost three quarters (74%) of the 19 service providers responding.
  - We need to do more to demonstrate our value to the local people of Nottinghamshire, 38% of the 48 local people responding couldn't make a judgement about this.
- We need to raise awareness of our organisation amongst local people. Almost two thirds (65%) of all respondents disagreed that the majority of local people know about Healthwatch Nottinghamshire.
  - Getting ourselves known to and talking regularly with local people emerged as one of the most frequently identified suggestion when local people were asked what difference Healthwatch Nottinghamshire could make to them in the future.
  - Providers and commissioners agreed that raising public awareness of our organisation and engaging with local communities was going to be our biggest challenge over the next year.

## 8 Mission and outcomes for 2014-16

The outcomes in the 2013-14 Business Plan came from the feedback that people provided to the Implementation Team for Healthwatch Nottinghamshire during 2012. For this plan, we have revised the outcomes based on the progress we made in 2013-14 and on the feedback we have received from the Annual Survey and other feedback. Our long term mission and outcomes are identified in figure 3.

Healthwatch England has developed an outcomes framework for local Healthwatch. The Board has reviewed the Healthwatch Nottinghamshire outcomes against this framework and is satisfied that our outcomes cover all areas that the framework identifies for a successful local Healthwatch.

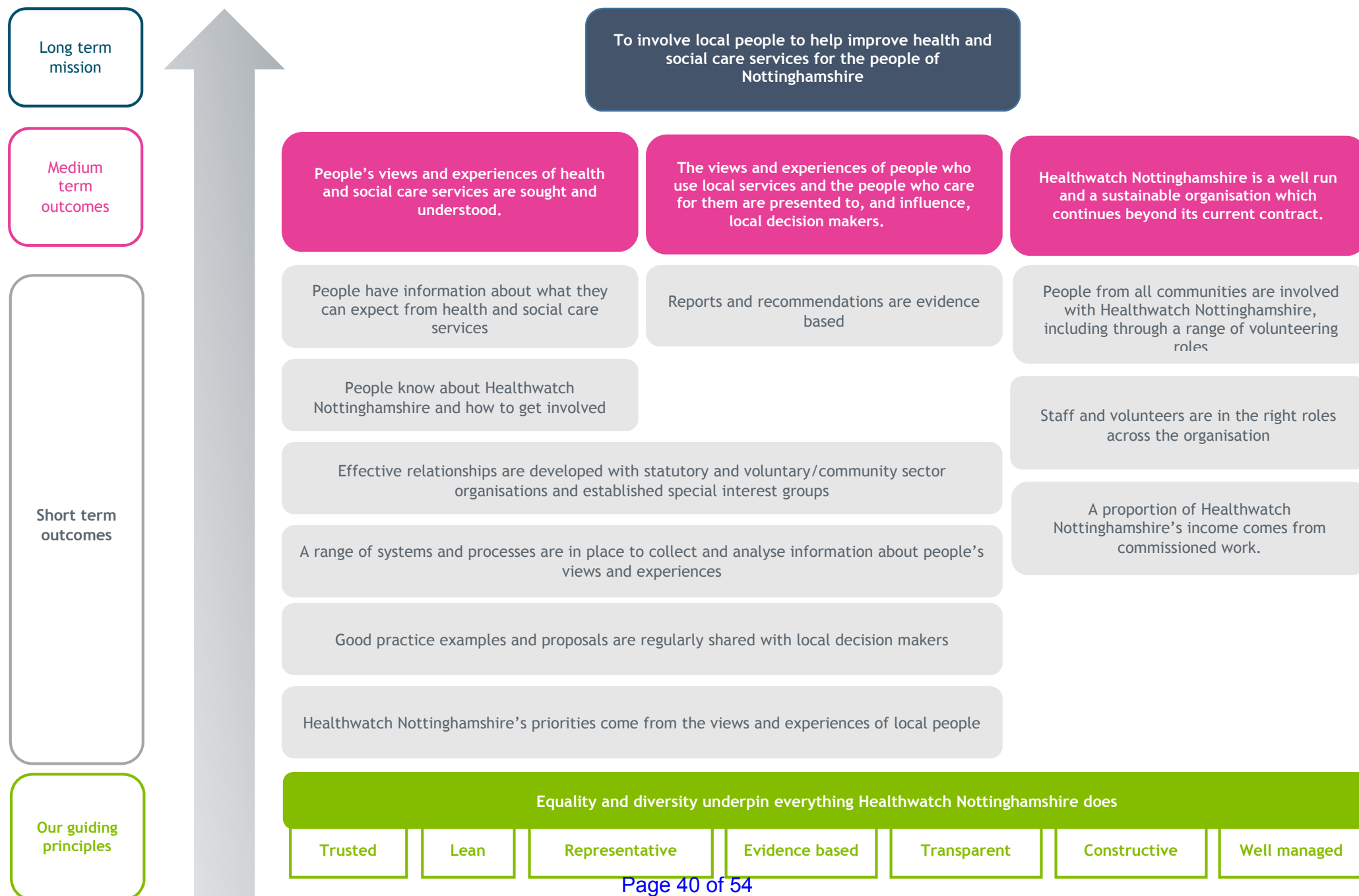


Figure 4 Healthwatch Nottinghamshire's aim and outcomes for 2014-16



## 9 Delivering our mission and outcomes 2014-16

This section identifies what the Healthwatch Nottinghamshire Board and staff will do to deliver the long term mission and outcomes identified for 2014-16. The detail of how the activities will be delivered is contained in the Healthwatch Nottinghamshire Action Plan, which is refreshed on a six monthly basis.

Our long term mission	How we will know if we've been successful
To involve local people to help improve health and social care services for the people of Nottinghamshire	<p>More members of the public are involved in consultation and engagement activities</p> <p>Evidence shows that people's views have influenced service design and delivery</p> <p>Fewer complaints and negative experiences about targeted services we have engaged with</p>

Medium term outcome	How we will know if we've been successful			
People's views and experiences of health and social care services are heard and understood	Responses to our annual survey shows an increasing percentage of local people, providers and commissioners feel that Healthwatch Nottinghamshire is effective at collecting and reporting on people's views and experiences			
Related short term outcomes	What we will do	When will we do it by	How we will know if we've been successful	How we will measure it
People have information about what they can expect from health and social care services	Continue to develop the website as a hub of information about local services and link to our website through every publication	31.3.15	<p>An increase in the number of website hits</p> <p>People tell us that they find the website a useful source of information</p>	<p>Monthly monitoring of website hits</p> <p>Website survey</p>
	Continue to work closely with PALS and other staff offering advice, signposting and complaints services	31.3.15	<p>Improved communication with providers of information and signposting services</p> <p>Information is shared with Healthwatch Nottinghamshire</p>	<p>Information sharing protocols in place</p> <p>Annual survey</p>

	Participate in the local development of Care Connect	31.3.13	Healthwatch is able to access information collected through Care Connect  Information about Care Connect is widely available to local people	Experience reports from database
People know about Healthwatch Nottinghamshire and how to get involved	Continue to use a range of communications methods to promote Healthwatch Nottinghamshire in line with the Communications Strategy	31.3.15	There is an increase in the public's knowledge and awareness of Healthwatch Nottinghamshire	Annual Survey Citizen Panel Survey Contact reports from database Number of social media followers
	Continue to develop media contacts and issue regular press releases about issues and campaigns	31.3.16	Increased coverage of Healthwatch Nottinghamshire in the local media	Media log
Effective relationships are developed with statutory and voluntary and community sector organisations and established special interest groups	Continue to work with Voluntary and Community Sector Infrastructure organisations to raise awareness of Healthwatch Nottinghamshire across the county	31.3.15	All Infrastructure organisations are forwarding information about Healthwatch Nottinghamshire to their networks  Volunteering opportunities are promoted within all of the CVS/Volunteer Bureaux in the county  Regular presentations are delivered to organisations about the work of Healthwatch Nottinghamshire	Activity reports from the database CVS newsletters and websites Annual survey
	Roll out the model developed with the MS Society to recruit and support volunteers within voluntary and community organisations	31.3.16	There are 6 Champions within voluntary and community organisations across the county  Champions report experiences from local people in their group	Volunteer report from database Experience reports from database

	Develop a network for BME groups and organisations involved in health and social care	31.12.14	The network is up and running and contributing to Healthwatch Nottinghamshire and its members tell us they find it useful	Annual review of the network
	Undertake a campaign to promote Healthwatch Nottinghamshire to elected representatives and set up regular meetings with MPs	31.3.15	Increased communication between Healthwatch Nottinghamshire and elected representatives	Activity reports from database
A range of systems and processes are in place to collect and analyse information about people's views and experiences of services	Continue to develop Have Your Say Points (HYSPs) in every district of the County	31.3.16	There are at least 3 Have Your Say Points in each district  An increase in the number of experiences being reported through HYSPs	Records of HYSPs  Experience reports from database
	Review and develop the website to act as a portal for people to input their concerns, views and experiences	31.3.15	More comments are coming in via the website	Experience reports from database
	Continue to develop engagement tools and techniques that enable people from all communities to have their say about services	31.3.16	We have identified gaps in our skills and have trained our staff where needed  We have developed partnerships with other organisations who are in contact with particular groups or communities	Database  Annual survey
	Involve volunteers in collecting feedback from patients, carers and service users	31.12.14	Have Your Say Point volunteers are collecting views and experience  Two groups of Enter and View (Review and Report) volunteers have been recruited and trained and have undertaken pieces of work	Volunteer records  Reports from projects

Good practice examples and proposals about areas for improvement are used to influence local decision makers	Develop methods for collecting more detailed patient/service user/carer stories	31.12.14	We have a bank of case studies and good practice examples	Number of case studies collected
Healthwatch Nottinghamshire's priorities come from the views and experiences of the public	Promote and report on the work of the Prioritisation Panel and the opportunity for the public to attend the meetings	31.3.15	An increased number of people attend Prioritisation Panel meetings  Reports are produced and published about the issues discussed by the panel and the outcomes achieved	Papers and reports from Prioritisation Panel meetings
	Develop research projects based on the priorities set by the Prioritisation Panel	31.3.16	It is clear that research projects have been developed from reports from local people	Prioritisation Panel papers  'You Said We Did' reports
	Include data about patient/service user/carer experience of services from other sources in the prioritisation process	31.3.15	Information from at least four sources contribute to the prioritisation process	Papers and reports from Prioritisation Panel meetings

Medium term outcome	How we will know if we've been successful			
The views and experiences of people who use local services and the people who care for them are presented to, and influence, local decision makers.	Responses to our annual survey shows that an increasing percentage of local people, providers and commissioners feel that Healthwatch Nottinghamshire is influential			
Outcome	What we will do	When will we do it by	How we will know if we've been successful	How we will show it
Effective relationships are developed with statutory and voluntary and community sector organisations and	Continue to develop protocols for sharing information from the public with commissioners and providers of services	31.12.14	Information is being shared between Healthwatch Nottinghamshire and other organisations in line with an information sharing protocol	Information sharing protocols in place  Number of patient experiences being

established special interest groups				received from other organisations
	Ensure that Healthwatch Nottinghamshire priorities and actions are in line with other organisations' planning and commissioning cycles	31.12.14	We have a comprehensive list of commissioning cycles and a member of staff responsible for keeping it up to date  Evidence is collected and fed into the relevant processes	Visible examples of evidence feeding into strategies, commissioning plans and tenders
	Develop communication and escalation protocols with key boards, committees and regulators	31.3.15	Protocols are in place  Regular reports are presented  Issues are escalated	Number and types of reports presented
	Collect and analyse information from a range of sources to give a broader picture of people's views and experiences of services	31.12.14	New software has been purchased and installed and is producing reports that draw on a range of sources	Reports
	Develop a range of reporting methods, including dashboards that can be shared with partners	31.3.15	Commissioners and providers receive regular reports on patient experiences and needs  Commissioners and providers report that Healthwatch Nottinghamshire is making a difference to their work.	Dashboards and reports produced  Annual survey
Reports and recommendations are based on evidence and research	Use credible evidence and undertake research projects to contribute to reports	31.12.14	Reports include evidence and research  Commissioners and providers respond to the recommendations of reports	Reports  Annual survey
	Continue to develop links with Universities and other research bodies	31.3.15	Academic staff are advising Healthwatch Nottinghamshire's Evidence and Insight activity	Reports and papers

			Healthwatch Nottinghamshire is a partner in research work	
Good practice examples and proposals are regularly shared with local and national decision makers	Develop methods for logging and researching examples of good practice  Use good practice examples in reports	31.3.16	Good practice examples are used in reports  Services change as a result of information about good practice elsewhere	Reports and papers  Annual Survey
Healthwatch Nottinghamshire's priorities come from the views and experiences of the public	Use the priorities that come from the Prioritisation Panel and other sources of patient/service user/carer feedback to develop research projects	31.3.16	It is clear how the prioritisation process and other sources of feedback have influenced what projects we take on	Prioritisation Panel papers  Reports
	Undertake a review of the Prioritisation process and make any changes to the process needed	31.12.14	The review has taken place and any recommendations have been implemented	

Medium term outcome	How we will know if we've been successful			
Healthwatch Nottinghamshire is a well-run and sustainable organisation which continues beyond the life of its current contract	Staff and volunteers value being part of Healthwatch Nottinghamshire We have a sustainability plan in place which takes the organisation beyond March 2016			
Outcome	What we will do	When will we do it by	How we will know if we've been successful	How we will show it
People from all communities are able to be involved in Healthwatch Nottinghamshire, including a range of volunteering roles	Undertake an Equalities Impact Assessment of Healthwatch Nottinghamshire and develop an action plan	30.9.14	The EIA has been completed and the actions have been carried out	EIA action plan
	Continue to promote volunteering opportunities and encourage applications from people from all communities	31.3.16	Increased number of volunteers  Increased number of volunteers from across the communities of Nottinghamshire	Volunteer records

	Review the work of the Advisory Group and make any changes to the membership and terms of reference as needed	31.12.14	The review has been carried out and any changes have been made	Review report
	Select and introduce additional Board members to broaden the skills and contribution of the Board	31.12.15	At least 2 new Board members have been selected in 2014  Board members retire by rotation and future Board members are selected in 2015	Volunteer records
Staff and volunteers are in the right roles across the organisation	Recruit associates to assist with additional work as needed	31.3.15	Associates are recruited	Staff records
	Undertake a review of the staff and volunteer structure in the light of changes to the work and available resources	30.9.15	Any changes are made as needed	Board papers
A proportion of Healthwatch Nottinghamshire's income comes from commissioned work	Develop a Sustainability Plan for Healthwatch Nottinghamshire	30.9.14	Healthwatch Nottinghamshire has funded work beyond April 2016	Board papers
	Develop our proposal for collection and analysis of patient experience data for discussion with commissioners	30.9.14	The model is developed and has been presented to commissioners	Board papers

## 10 Quality Assurance

During the first year of the plan, we will improve how we collect and monitor data about our activities and performance, including improving the computer software we use and purchasing new software when needed.

Nottinghamshire County Council as the commissioners of Healthwatch Nottinghamshire monitor our performance against a range of outputs and against the outcomes identified in this plan. Reports are presented to the Health and Wellbeing Board and the Health and Wellbeing Implementation Group on a regular basis about the progress and performance of the organisation.

People who are in contact with Healthwatch Nottinghamshire will be invited to give feedback about their experience of working with us and an Annual Review is undertaken each year where feedback will be requested from all stakeholders to rigorously assess the performance of Healthwatch Nottinghamshire against its aims and objectives.

We produce an Annual Report and publish it with our annual accounts on our website by 30<sup>th</sup> June each year,

## 11 Finance and sustainability

The funding for local Healthwatch comes from the Department of Health to the local authority. The current contract with Nottinghamshire County Council for the delivery of Healthwatch is for two years initially, with a possible extension for a further year, subject to funding being available.

In year one, the maximum funding available from the County Council was £480,000, of which £450,000 was allocated to Healthwatch Nottinghamshire. Due to the funding pressures faced by the County Council the level of funding available to Healthwatch Nottinghamshire will be reduced by 30% during 2014-16.

Due to delays in recruiting staff and starting to deliver Healthwatch Nottinghamshire activities, an underspend was generated in the first year of operation, which will help to sustain the existing levels of staff and activity during the life of this plan (subject to continued funding being available in 2015-16). The underspend has also enabled Healthwatch Nottinghamshire to establish its financial reserves at its target of 25% of annual running costs.

As a social enterprise HWN Ltd. will look to develop additional income streams over the next two years. However, the delivery of the contract for Healthwatch services will remain a priority. During the first six months of this plan, we will develop our plan for the future sustainability of the organisation which will include:

- Maintaining the core business of Healthwatch Nottinghamshire
- Identifying additional areas of work that commissioners and providers may be interested in purchasing
- Developing business models for these areas of work
- Researching the demand for these activities
- Looking at the organisational structure that would be needed to support future income generation

## 12 Risk Assessment

The Board has undertaken a full risk assessment of Healthwatch Nottinghamshire's activities. An assessment of the risks that particularly related to the success of this plan are available on the Healthwatch Nottinghamshire website or from the office.



29 September 2014

Agenda Item: 7

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **WORK PROGRAMME**

#### **Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

#### **Information and Advice**

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may recall that an update on health services in Bassetlaw and diabetic care for the elderly were provisionally scheduled for this meeting. Unfortunately, the relevant officers were not available to attend and these items have therefore been re-scheduled for the 24<sup>th</sup> November meeting of the committee.
6. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

#### **RECOMMENDATION**

- 1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.
- 2) That the Health Scrutiny Committee suggests and considers possible subjects for review.

**Councillor Colleen Harwood**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2014/15

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
<b>23 June 2014</b>				
Proposed Merger of Clipstone Health Centre and Farnsfield Surgery	Consideration of GP surgery merger	Scrutiny	Martin Gately	Matt Doig, Dr Smith & Partners and Keith Mann NHS England
Mid-Nottinghamshire Better + Together Integrated Care Transformation	Consideration of transformation programme	Scrutiny	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood CCG
Healthwatch Information Sharing	A new regular item focussing on the work of Healthwatch	Briefing	Martin Gately	Joe Pidgeon of Healthwatch
<b>29 September 2014</b>				
NG25 Mortality Rates Group – Final Report	A verbal update from Councillor Bruce Laughton on the work of this group	Briefing	Martin Gately	Councillor Bruce Laughton
Healthwatch Nottinghamshire – Annual report	To examine the Annual Report of Healthwatch Nottinghamshire	Scrutiny	Martin Gately	Joe Pidgeon, Chairman of Healthwatch
<b>24 November 2014</b>				
Sherwood Forest Hospitals Foundation Trust	Update on the work of the Sherwood Forest Hospitals Foundation Trust TBC	Briefing	Martin Gately	Paul O'Connor, Chief Executive [or other relevant senior officer] TBC

Stroke Pathway Briefing TBC	Update on the current position with stroke services	Briefing	Martin Gately	Paul O'Connor/Dr Amanda Sullivan TBC
Bassetlaw Health Services	An update on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam. TBC	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Care of Diabetic Elderly People in Hospital (Bassetlaw)	An initial briefing on diabetic care of the elderly in hospital	Briefing	Martin Gately	TBC
<b>26 January 2015</b>				
Quality Account Priorities – Sherwood Forest Hospitals Trust and Doncaster & Bassetlaw Trust	Initial consideration of priorities in advance of considering draft Quality Accounts	Scrutiny	Martin Gately	TBC
CQC Hospital Inspections	Briefing on outcomes from recent inspections TBC	Briefing	Martin Gately	TBC
<b>23 March 2015</b>				
End of Life Care	Initial briefing	Briefing	Martin Gately	TBC
<b>18 May 2015</b>				
Quality Accounts	Consideration of draft Quality Accounts (Sherwood Forest and Doncaster & Bassetlaw Trusts)	Scrutiny	Martin Gately	TBC
<b>20 July 2015</b>				

## Potential Topics for Scrutiny

Never Events

Misdiagnosis

Health Inequalities

### **To be scheduled**

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG
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