

Healthwatch East Riding of Yorkshire Annual Report 2013-14



healthwatch
East Riding
of Yorkshire

Foreword from the Chair

Welcome to our very first annual report!

And what a year it has been. The Board were appointed in June 2013, and the last member of the staff team only took up post in April of this year. A lot of activity goes into the setting up of a new organisation, and into completing the necessary legal and contractual requirements. This of course takes time, happens away from the public gaze, and inevitably leads to the remark, "What has Healthwatch been doing?"

Well, the answer is a great deal.

As a brand new organisation, we have been out and about across the "patch", holding road shows in Bridlington, Beverley, Goole, and other places across the East Riding.

We have been recruiting and training volunteers, setting up "task and finish groups", and beginning to make our presence felt. As Chair I have a statutory place on the Health and Wellbeing Board, which brings together East Riding of Yorkshire Council and the East Riding of Yorkshire Clinical Commissioning Group. This is another relatively new body, but with a powerful remit to bring together social care, public health and the myriad of services that form the NHS.

There is much to do. The report produced by the Care Quality Commission of the Hull and East Yorkshire Hospital Trust is also a challenge for Healthwatch. Together with Healthwatch Kingston upon Hull, we must ensure that the patient and community voice is both heard and listened to, and that the changes and improvements suggested include proper consultation.

Another important aspect of the Healthwatch role is "Enter and View", which pretty well describes the legal power that we have to enter and view care homes, hospital wards, GP surgeries, and so on.

The challenges facing the Health and Social Care sector have been well described - lack of funding combined with growth in demand in particular - and it is our role to ensure that the public voice is heard and listened to and not overlooked.

Finally, I must pay a big compliment to the East Yorkshire LINK, the Local Involvement Network, our predecessor organisation; they left a great legacy for us to build on.



Richard L. Davies
OBE, FRSA

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1 About Healthwatch East Riding of Yorkshire

The remit of Healthwatch East Riding of Yorkshire is to work with local communities, talking and listening to people to:

- Enable people to share their views and concerns about their local health and social care services, helping to build a picture of where services are doing well and where they can be improved.
- Ensure that the views and experiences of patients, carers and other service users are taken into account when services are planned and commissioned.
- Provide people with information about what to do when they are unhappy with the service they received. This includes signposting to independent advocacy for NHS complaints.
- Signpost people to information about local health and social care services and how to access them. Members of the public can access this service via our Freephone number 0808 801 0385.
- Inform commissioners and providers of services of people's experiences of care and hold services to account.

Healthwatch East Riding of Yorkshire (HWERY), along with all other Local Healthwatch organisations has been developed under the Health and Social Care Act 2012, and with it has been granted a number of legal powers to:

- Gather people's views on, and experiences of, the health and social care system.
- Send trained representatives to enter and view local service to speak to patients and service users, and observe services being delivered.
- Make reports and recommendations and to get a response from commissioners and service providers.
- Influence local commissioning decisions through membership of the statutory Health and Wellbeing Board, and involvement in preparing joint health and wellbeing strategies.
- Alert Healthwatch England, or the CQC, where appropriate, to concerns about specific care providers, health or social care matters.



Our Vision is to

Be the champion for the voice of East Riding residents to improve health and social care.

Our Mission is to

Listen to the communities of the East Riding and use their views to challenge providers and commissioners of care to bring about improved services.

Our Objectives are to

- Seek out opportunities for service improvement
- Be recognised as the consumer champion
- Listen to the quieter voices
- Be a credible source for data collection
- Be accountable and hold commissioners and providers to account
- Be trusted and respected as a fair and professional organisation

Our Strategy is to

- Build public awareness of Healthwatch East Riding of Yorkshire and its remit
- Obtain the views of the public
- Build relationship with providers and commissioners

Our Resources

We have the following staff team that is responsible for the delivery of the Healthwatch activities and statutory functions:

- Delivery Manager (full time)
- Patient & Services Analyst (part time)
- Volunteer Coordinator (part time)
- Information & Signposting Officer (part time)

2 Our Statutory Activities

Statutory Activity 1

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

Healthwatch has delivered against this activity by:

- Having an independent board to oversee the strategy of the organisation
- Providing a range of opportunities for local people to get involved in Healthwatch
- Ensuring local people are kept informed of Healthwatch's work

The Board

An open recruitment process was conducted to recruit the Board, and was open to all residents of the East Riding. A person specification was developed to ensure that candidates had the right skills required for the Board. The interview panel consisted of the Meeting New Horizons (MNH) Chief Officer, the East Riding of Yorkshire Council (ERYC) Commissioning Manager, the lay rep from the East Riding of Yorkshire Clinical Commissioning Group (ERY CCG) and a representative from the voluntary sector.

A Board and five Directors have been in place since June 2013 and all are volunteers.

Roles that have been allocated to date are:

- Richard Davies (Chair) holds a seat on the Health and Well-Being Board (HWB) and leads on Care Quality Commission (CQC)
- Louise Norton (Vice Chair) - leads on volunteering and children/young people and is part of the Complaints sub-committee.
- Alex Richards - leads project management/strategy and is part of both the Finance and Complaints sub-committees.
- Barbara Mendham - leads on secondary care services and Enter and View.
- Joan Fletcher - leads on dementia, Goole area and Enter and View
- Sheila West - leads on governance, Bridlington area and Enter and View.

The Board is responsible for the strategic direction of Healthwatch and meets regularly. Members of the public are welcome to attend the advertised public meeting.

Opportunities to be Involved

Healthwatch is committed to involving volunteers to inform and support its work.

Our volunteering programme has been developed in line with good practice guidance from Volunteering England to ensure we have the correct policies and procedures in place.



Specific volunteer recruitment events have been held. Volunteer roles have been promoted at every event HWERY has held, including roadshows, outreach sessions and the Information Café. The website has a 'Get Involved' section.

Our pool of 28 volunteers has undertaken a variety of roles for HWERY. The roles that have been developed for volunteer are:

- Community Engagement
- Healthwatch Representative
- Enter & View Representative
- Horizon Scanning / Rapid Response Group
- Research and Information Sharing
- Task & Finish Groups
- Adult Residential Care
- Dementia Services in the Community
- GP Appointments

Within these broader roles, some of the specific tasks volunteers have carried out are:

- Public Engagement at roadshows
- Carrying out surveys at Memory Cafes
- Asking questions / surveys to GPs at Local Commissioning Forums (LCF)
- Engaging with the East Riding Carers Support Service (ERCSS)

At present HWERY hold monthly volunteers meetings which act as a forum for volunteers



to report back activities and each volunteer gets a chance to speak at these. The Task & Finish groups also meet regularly, so that volunteers can provide regular updates on activities relating to these projects.

Keeping People Informed

Healthwatch uses a range of methods to tell people about our work and to give them opportunities to get involved. We recognise that many people do not have the time to get involved on a regular basis but are still interested in keeping up to date and having their say in ways that suit them.

Our website includes regular news updates, event listings and surveys to gather people's views.

Anyone interested in our work can sign up to our mailing list (currently 228 individuals) and they receive monthly newsletters most via email however we also send paper copies to 42 individuals who prefer that format.

We have 474 followers on Twitter and are about to launch a Facebook page.



Statutory Activity 2

Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.

Healthwatch has delivered against this activity by:

- Readiness to use the power to enter and view services.
- Taking up roles in key mechanisms responsible for monitoring care.
- Providing ways for local people to find information about local standards of care.

Enter and view involves trained representatives entering settings where health and social care services are delivered to observe how services are being delivered. Whilst similar to the activity of the CQC, enter and view visits are not inspections against regulations, but rather are to observe services from a lay perspective and gain patient experience at the point of service delivery.

Healthwatch England has been very resolute that learning from LINK's experiences of enter and view should be taken on board in designing a programme of enter and view for Healthwatch, stressing the importance that it must be intelligence led and be neither a

first choice or last resort option and is just one of the tools available to Healthwatch in collecting information. Healthwatch England issued a recommended enter and view training package, and this was integrated into our training.

Ten volunteers have now been trained and authorised to become Enter and View Representatives on behalf of HWERY. No visits have been planned to date, as the current work streams have not necessitated the use of this tool.

Healthwatch England has also been very implicit that Enter and View activity should not be output focussed, due to the fact that enter and view activity should be intelligence led and be considered as just one of many tools available. For this reason there is no programme of visits until intelligence gathered determines its use.

A Volunteer Coordinator was recruited and the post was shared between HWERY and Healthwatch Kingston upon Hull (HWKuH) until 1st April 2014 when the post became full-time for HWERY. The Volunteer Coordinator has responsibility for recruitment and training of people for Enter and View amongst other tasks such as the general promotion and recruitment of volunteers in further roles. Since starting with us the Volunteer Coordinator has completed training on volunteer management and the PTLLS Award.



Monitoring Local Standards of Care

Healthwatch is involved in local processes which monitor how care is being delivered locally.

- NHS Quality Surveillance Group - this is a regional group which is part of a network established across the country to bring together different parts of health and care economies locally to routinely share information and intelligence to protect the quality of care patients receive. It meets 6 weekly and is attended by the Delivery Manager.
- Clinical Commissioning Group Assurance - this is an annual assessment by NHS England of CCG delivery. It takes place locally and ensures statutory requirements are being met but also contributes to on-going ambitions for development. The Delivery Manager attended the assurance meetings for both East Riding of Yorkshire CCG and the Vale of York CCG.

Providing Information on Local Standards

Healthwatch uses its communication mechanisms to inform people about local services, how services are meeting standards of care and provide opportunities to contribute to improvements. Activities undertaken include:

- Publicising and attending relevant events, such as Hull and East Yorkshire Hospitals NHS Trust's service innovation day and CQC's listening events prior to their inspections of both Hull and East Yorkshire Hospitals and North Lincolnshire and Goole Hospitals.
- Providing information to the public on results from assessments of services, such as CQC inspection reports.
- Circulating surveys, consultations and opportunities to comment on services, including NHS Quality Accounts and information published by NHS England, Healthwatch England and local health and care services.



Statutory Activity 3

Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.

Healthwatch has delivered against this activity by:

- Providing a range of methods for people to give their views on services.
- Working on specific issues to provide patient and service user feedback.
- Linking in with other public and patient involvement systems.

Obtaining People's Views

Throughout the year East Riding residents have completed questionnaires about their experiences of local health and social care at a series of roadshows, other engagement events and via email and web forms. The intelligence gained from this information has informed our priorities. One such priority is the level of support and services in the community for people diagnosed with dementia. HWERY is conducting targeted research in this area, working with service users, carers, the Alzheimer's Society and other support groups, as well as attending Memory Cafés.

Case Study - Discharge from Hospital

This issue was examined by the outgoing East Riding LINK and Healthwatch has continued to monitor progress.

Healthwatch has taken up a place on the Multi-Agency Discharge Steering Group, a partnership led by the two Clinical Commissioning Groups in Hull and the East Riding of Yorkshire which brings different organisations together to improve discharge procedures. We are contributing to this work by conducting a survey to gather views from patients recently discharged from selected wards. This work, to be completed in 2014 by Healthwatch East Riding of Yorkshire and Healthwatch Kingston upon Hull will provide an independent, patient-led view on where improvements are needed and the two organisations will make joint recommendations to commissioners which will be followed up.

Case study - Identifying issues and concerns of the 'Seldom heard'

We are aware that not everyone has internet access, nor are able to visit our engagement events so we used a local newspaper article which included a 'tear off' version of our survey form with a Freepost return address. Additionally, the local meals on Wheels service provider distributed, and later collected, large font versions of our survey forms as part of their delivery service. We also visited a care home and listened to the



views of residents most of whom were over 65 years old. As a result of these activities, we gathered intelligence from residents that would not otherwise have been gained.

Public and Patient Involvement

Case study - Hospital experiences

Prior to the CQC's planned inspection of Hull and East Riding Hospitals, Healthwatch conducted a survey gathering people's views and experiences of the local hospitals over the last 12 months. The questions reflected the new CQC inspection criteria i.e. respect, safety and meeting patients' treatment needs which would then help advise the CQC inspection. Respondents were also asked to

1. Rate the service they received and whether they knew how to or had made a complaint.
2. Specify the area of the hospital they received treatment from so that any areas that were rated particularly poorly could be highlighted

The survey was published in the main local papers (Hull Daily Mail and East Riding Mail). The staff team also attended the CQC listening events that were held prior to the inspection to further support the gathering of information and a total 393 responses were received. The findings were sent to the CQC and informed their inspection.

Statutory Activity 4 and Statutory Activity 6

Making reports and recommendations about how local care services could or ought to be improved.

Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

Healthwatch has delivered against these activities by:

- Using feedback we have gathered to present findings to key partners to influence improvements in services
- Developing links with partners to build confidence in Healthwatch as a trusted source of feedback
- Linking with Healthwatch England to share our work
- HWEREY is actively involved in Health and Wellbeing Board, and the ERYC Integration and Transformation consultation and Better Care Fund group.

Our Use of Data

We identified the need to improve our use of information collected by Healthwatch to ensure reports and recommendations we present are robust and evidence-led. In partnership with Healthwatch Kingston upon Hull we recruited a Patient and Services Analyst post, responsible for our use of data. This has enabled us to present our findings from our engagements including

- Hospital users' survey in advance of the CQC inspection of Hull and East Yorkshire Hospitals NHS in February 2014
- Issues survey regarding Healthwatch priorities in October 2013 - February 2014.
- Review of services and support in the community for people diagnosed with dementia and their carers

Scrutiny of Local Care Services

Healthwatch has maintained a close relationship with the East Riding of Yorkshire Health and Wellbeing Overview and Scrutiny Committee. Work plans are shared and Healthwatch update the committee on its work and discuss how we can help ensure effective scrutiny of local services.

HWEREY has been involved in work led by two Clinical Commissioning Groups in our area to implement recommendations of the Francis Report. The complaints sub-group has been developing a statement of principles for fair and effective complaints handling which providers will be expected to abide by.

Statutory Activity 5

Providing advice and information about access to local care services so choices can be made about local care services.

Healthwatch has delivered against these activities by:

- Collating a database of organisations and services to use when signposting people to sources of help and support.
- Making our information and signposting service accessible in different ways.
- Ensuring people who wish to make complaint about services have access to advice and support.

Information & Signposting

It is going to take time for people to recognise Healthwatch as the central information provider and, although our number of enquiries received is low, it is pleasing that enquiries doubled during March 2014.

The majority of these enquiries have been reporting a complaint or issue and primarily required further guidance on how to complain and/or how to contact advocacy services. We have found that few enquiries are simple information requests such as support finding a dentist or changing GP practice.



Database

The work plan for the signposting function has been divided between desk research and collation of local agencies along with meetings with key agencies to obtain a better understanding of service provision, discuss appropriate referral paths and to obtain information for distribution. Collation of local services is an infinite task and so initial research and collation focussed on generic services, e.g. GPs, dentists, care homes and larger charities. Thereafter, the Officer has researched by theme, working systematically through each area ensuring that all local knowledge is collated. In conjunction with this, the Officer has operated on a reactionary basis, and so if someone called and asked for information on a specific condition/service area that is not already on the database, they used the opportunity to collate all information at that point. This has helped ensure we are building information on some less obvious areas that may not have been considered.

In our first year, there was one referral to the Adult Safeguarding team and two issues referred to the Care Quality Commission.

Healthwatch is working with a publisher to produce an information and signposting directory. This will be published early in 2014-15 and will collate information on accessing local health and care services into a single guide available free in community venues or via download.

Accessing Information and Signposting

Our Information and Signposting service operates Monday to Friday 9am-5pm. People needing help and advice from Healthwatch are able to contact us in many ways including:

- Freephone helpline
- By letter or email
- Via website or Twitter
- In person at our offices
- Visiting our engagement events

Case Study - Dental service standards

HWERY had a request for information on any available standards about how long a dental plate should last. The client was not on benefits and did not qualify for help with dental charges.

The HWERY Information and Signposting Officer contacted the British Dental Health Foundation as specific standards were not mentioned by NHS Choices, CAB or other sources consulted. The client was advised that no standards exist but that it is best to discuss this with their dentist to see if there is a clinical reason, such as hard bite, why they should need metal plate and, if so, whether this could be supplied on the NHS. An alternative was to ask for another plastic plate. The officer sent the client the CQC leaflet 'What standards you can expect from regulation of your dentist' in case the client decides to make a complaint or change dentists.



Case Study - Post-discharge support

We were contacted by a client requiring a hip replacement. At the pre-admission check they were advised that on admittance they would discuss the support they will receive post-discharge. The client lived alone and was concerned that they would be unable to cope without help and therefore contacted HWERY to find who would arrange care following discharge from hospital and what support services are available. In response Healthwatch East Riding:

- Contacted ERYC Adult Social Services Team to check that the Hospital Social Care Team would put a care plan in place before the client was discharged and confirmed this with client.
- Provided by post a range of information including Age UK's Going into Hospital; ERYC's Supported Discharge Prevented Admission; Practical Home Support Service; STARS Re-ablement Service, ERYC's Self-Funders Information Booklet and a guide to Assessment of Need; and relevant pages from NHS Choices explaining NHS Continuing Healthcare.
- Provided the contact phone number for the Red Cross Care in the Home Scheme in the event they needed more help additional to that offered by Social Services.

- Advised the client to check the ERYC website for details about further help with aids and adaptations should that be necessary and also referred them to the NHS Choices website.

Support with Complaints

A key part of Healthwatch's role is to provide support and advice to those wishing to pursue a complaint about services.

The registered charity Carers Federation has been appointed to provide NHS Independent Complaints Advocacy (ICA) for the East Riding of Yorkshire. This is a totally free and independent service which offers a Self Help Information Pack if the individual wishes to make a complaint themselves, or an experienced Advocate can assist. Contact with ICA is via the Free phone number, 0808 802 3000, or by visiting their website.

As the ICA service is limited to complaints about NHS services, our Information and Signposting Officer devoted time to researching support available locally for people in making complaints about social care. This enabled us to produce a step by step guide giving contact details of who to complain to. This information has enabled us to support enquirers, is on our website, available as a hard copy and will be in our signposting directory which will be distributed countywide.



Statutory Activity 7 and Statutory Activity 8

Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.

Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Healthwatch has delivered against these activities by:

- Providing information to CQC on local feedback from patients about health and care services.
- Collating information for Healthwatch England on local people's experiences of care.
- Contributing to policy development by national bodies to ensure national strategies reflect local people's needs and experiences.

Case Study - Inspection of Hull and East Yorkshire Hospitals NHS Trust

In advance of their major inspection of Hull and East Yorkshire Hospitals NHS Trust in February 2014, the Care Quality Commission asked Healthwatch for information on local experiences of care at the two local hospitals.

In partnership with Healthwatch Kingston upon Hull, we developed a survey to gather people's views and experiences of services over the previous 12 months. The questions were chosen to fit with the new CQC inspection criteria. Respondents were also asked to rate the service they received and whether they knew how to or had made a complaint if they had been unhappy with a service. We also asked people which area of the hospital they received treatment at to help the inspection team plan their visit to hospital premises.

The survey was distributed via the Hull Daily Mail and through our own communication channels. A total of 393 responses covering 494 different services were received. These findings were then written up into a report and provided to the CQC prior to their inspection. The staff team also attended the CQC listening events that were held prior to the inspection to further support the gathering of information.



Key findings from the survey included:

- Concerns about services in A&E and AAU (Acute Assessment Unit)
- Praise for many services and members of staff, but also concerns about staffing levels, patient dignity and attitudes of some staff.
- A lack of awareness among many patients about how to complain if they were unhappy about services, and about sources of help with complaints.

Healthwatch will closely follow developments concerning the outcomes of the inspection and monitor progress with any resulting actions to improve services.

Working with Healthwatch England

Healthwatch representatives have attended Healthwatch England events including dedicated sessions on the newly developed Local Government Association outcomes framework for local Healthwatch and workshops on Healthwatch use of enter and view. A workshop in January 2014 enabled us, along with other local Healthwatch in the Yorkshire and Humber region, to comment on Healthwatch England's strategic priorities and suggest ways in which they can develop their support for local Healthwatch. Also at

regional level, Healthwatch has participated in a network for local Healthwatch leads which has enabled us to discuss work plans, create joint learning opportunities and share information.

A board development session for local Healthwatch in the Humber region was facilitated by Healthwatch England in February 2014 and we hope to benefit from further support from the national body in 2014-15.



2 Engaging with Local People

a) The role of volunteers and lay people

Our strategy to develop and maintain involvement in Healthwatch East Riding of Yorkshire is based on a Community Engagement Pyramid:

Increasing the involvement of new members of the public is an on-going task and it is important to continually involve new people to refresh and re-energise the organisation. Although people can enter the pyramid at any level, engagement strategies focus on moving individuals up the pyramid into higher levels of engagement.

Visitors

Visitors are the general public: people who use information created by Healthwatch, who see a poster in their GP surgery or who contact Healthwatch for information or signposting. Each of these individuals has the potential to contribute to Healthwatch and is offered the opportunity to do so via becoming a subscriber.

Subscribers

We aim to ensure that involvement in Healthwatch is truly representative of the population of the East Riding. We monitor the mailing list to ensure representation from all communities of place and circumstance, age range, ethnicity. The demographic profile of the Healthwatch mailing list is compared with that of the East

Riding and targeted recruitment activities have and will be undertaken to address imbalances.

The engagement process does not end when members of the public subscribe to Healthwatch. The focus shifts to retaining involvement and encouraging individuals to move up to the higher levels of the Engagement Pyramid. Our approach to retaining involvement focuses on empowerment; ensuring people feel that their involvement is valued and that it has impact.

Contributors

Mailing list subscribers are encouraged to move to the next level of the Engagement Pyramid by becoming contributors; those who respond to requests for views and engage in debate about work plan priorities. Communication via the mailing list offers opportunities for deeper engagement with Healthwatch through contributing views, volunteering or taking on leadership roles.

Volunteers

People who engage at the Volunteers level of the Engagement Pyramid are individuals with a passionate commitment to improving health and social care services through contributing to an influential and empowering Healthwatch. The role of the staff team is to empower these people to use their passion, skills, knowledge and

energy to lead and champion Healthwatch. Volunteers have and will continue to contribute to the delivery of Healthwatch by various volunteering opportunities. They also champion Healthwatch through their existing roles as community or neighbourhood leaders and this includes trustees of voluntary and community organisations and ward councillors.

Leaders

Healthwatch East Riding Leaders are the members of the Board. They have a passionate commitment to improving health and social care services and have the necessary skills, knowledge and experience to lead Healthwatch. They work closely with the staff team to oversee the strategic direction of Healthwatch.

b) Obtaining local people's needs and experiences of health and care services

b.i. Public Consultation and Promotion

An important part of our work is to get our name known throughout the East Riding. We have started this through a wide variety of community events including conferences, workshops, a series of "Roadshows" and associated promotional activity which all have the following aims:

- Increase public awareness of Healthwatch - what it is, how it works, how people can get involved and how people can access it.

- Give members of the public the opportunity to meet the people behind Healthwatch.
- Inform people of forthcoming work plan activity and encourage their participation in this.
- Increase the number of people becoming subscribers to the mailing list.
- Increase in the number of people registering as volunteers.
- Encourage the completion of surveys/comment cards to share experiences of local services, providing Healthwatch with preliminary wider data for analysis and future work plan setting.
- Increase in the number of people accessing Healthwatch for information about local services.

A marketing agency was engaged to deliver this activity to ensure that we convey the highest levels of professionalism, and also achieve optimum reach and impact.

In February 2014 we consulted on our Delivery Plan for 2014/15 with local providers, commissioners, volunteers and other stakeholders. We asked for feedback on our priorities, and the comments received were reflected in the final version approved by the Board.





4 Responses from the System

b.ii. Engagement with the 'seldom heard' Children & Young People

To date, Healthwatch's engagement with young people has been opportunistic however the appointment of a dedicated Officer on 1st April 2014 heralds a marked change in approach with many exciting and innovative engagements being planned.

Migrant workers, gypsy and traveller communities, people with learning disabilities and Mental Health service users

We have not yet undertaken targeted activities to engage with these groups however the appointment of an Engagement Officer on 10th April 2014 gives us additional resource to build on the work of the first year and to more effectively engage with all East Riding residents.

b.iii. Working with the Voluntary and Community Sector

Working with the local voluntary and community sector is twofold. Firstly VCS organisations are ideally placed to not only advise on key issues affecting the local community, but also have their own network of members and volunteers that Healthwatch can potentially engage with. Secondly Healthwatch has the remit of signposting people to local health and social care services. Therefore Healthwatch has a key role in supporting people to access services provided by the Voluntary sector and so developing partnerships and promoting this benefit is key.

An initial introductory letter was sent out to over 70 VCS organisations in July 2013. The letter outlined:

An introduction to Healthwatch and its functions

Our intent to work in partnership with the sector and learn about their work

Commitment to communicate and share information with one another

Request for their services users to share their views with Healthwatch

An invitation for requests for Healthwatch to meet with them and their members

Members of the staff team have met with VCS organisations on a one to one basis and a collective event organised in December invited 80 VCS organisations to meet with Healthwatch and share their members' experiences and concerns about health and social care services in the East Riding of Yorkshire.



The responses from the system have been timely and appropriate.

- Eastbourne Villa - At the request of HWERY and following feedback it had received, the COC made two follow up inspections to this care home which ultimately led it from being non-compliant to compliant
- Beverley Hospital bed closures - In working with Humber NHS Foundation Trust, and in response to public and media concern, HWERY was able to clarify the reasons for the bed closures to the public and explain the action plans in place to address this issue.
- Withernsea Community Hospital X-ray Equipment - HWERY was able to obtain information for the public, at their request, regarding the delay in the installation of this equipment. This X-ray facility is now operational.
- Meticillin-resistant staphylococcus aureus (MRSA) Screening - In working with Hull and East Yorkshire Hospitals, HWERY was able to satisfy patient concerns around MRSA screening.
- Beverley Minor Injuries Unit - In working with HEY and the Commissioning Services Unit, HWERY was able to obtain clarification relating to patient concerns regarding the closure of this unit at the weekend. HWERY has also been invited to support the consultation around this unit next year.
- Restructure of Adult Mental health Services and process around closures Buckrose Ward, Bridlington Hospital- In working with Humber FT and City Healthcare Partnership, HWERY was able to alleviate public confusion regarding the siting of this unit.
- Yorkshire Ambulance Service regarding recent serious breaches of Category 1 Response times.
- Goole Hospital Car parking Charges - alerted the Trust to inequities of pricing regime in their car parks. Following a review, the Trust reduced parking charges.

We have the ability, should the need arise, to make recommendations to HWE that it should publish a report on a particular health and social care matter as issues emerge through gathering views and scrutinising services.

5 The Health and Wellbeing Board

The Health and Wellbeing Board concluded from the local evidence summarised by the JSNA that the three long-term priority outcomes for health, care and wellbeing in the East Riding are:

- East Riding residents achieve healthy, independent ageing
- Health and wellbeing inequalities in the East Riding are reduced
- Children and young people in East Riding enjoy good health and wellbeing

In support of these priorities our work plan contributes to achieving these outcomes and the Chair has regularly attended meetings of the Health and Wellbeing Board. The Chair brings adequate experience in fulfilling this role through holding a number of previous senior public seats and works closely with the staff team to receive briefings as appropriate.

The Delivery Manager attends the Health and Wellbeing Strategy group. Additional to this, the full Board attended a joint workshop of Healthwatch, the Health and Wellbeing Board and Overview and Scrutiny Committee and the Delivery Manager also attended a joint event around integrated care.

The Chair presented the Healthwatch East Riding of Yorkshire draft Delivery Plan 2014/15 to the Health and Wellbeing Board as part of consultation with key stakeholders.



6 Financial Information

Income

Income from East Riding Council	£139,952.10
Additional Income from East Riding Council	£3,030.00
Total	£142,982.10

Expenditure

	Budget	Spend	Balance
Salaries & Staffing costs	£55,857.10	£61,750.77	£-5,893.67
Subcontractor costs	£28,165.00	£28,165.00	£ -
Accommodation & Utilities (rent, heat & light, telephones, furniture & equipment)	£15,550.00	£14,343.90	£1,206.10
Operation Support (HR, payroll & accounts, insurance, IT, Admin & Management)	£14,400.00	£18,380.10	£-3,980.10
Volunteering & Participation (including meetings, events and Board activity)	£8,800.00	£5,644.12	£3,155.88
Marketing & Communications	£20,210.00	£17,147.46	£3,062.54
Total	£142,982.10	£141,931.35	
Balance			£-2,449.21

The subcontractor costs outlined in the balance sheet relate to the provision of the Information and Signposting service, which for the year 2013/14, has been subcontracted to the Carers Federation. The Carers Federation provide Healthwatch with a dedicated Information and Signposting Officer who is located within the Healthwatch team, a dedicated Freephone number connected to a Call Centre, and a continuously evolving database of services local to East Riding. For the year commencing 1st April 2014, an alternative model for the delivery of the Information and Signposting function has been sought, and it is expected that there will be a reduction in cost in the delivery of this element in year 2.

During the last quarter of year 2013/14, Meeting New Horizons negotiated a contract amendment with East Riding of Yorkshire Council for the provision of additional funding to Healthwatch. It was agreed that this funding would be allocated to enhancing delivery of certain key elements of Healthwatch. These include the development of a Young People's Healthwatch supported by a dedicated Children & Young People's Officer, and enhanced primary care and Voluntary & Community sector engagement, supported by a full time Engagement Officer. Additionally a full time Administration Assistant was recruited to provide support to the growing team. A small amount of the additional funding was awarded in March 2014, and the remainder will be allocated during the 2014/15 financial year.



7 Use of Trademark

Healthwatch East Riding of Yorkshire uses the Healthwatch Trademark when undertaking work on its statutory activities as covered by the licence agreement.

8 Availability of Annual Report

The report will be sent to -

- Healthwatch England
- Care Quality Commission
- East Riding of Yorkshire CCG
- Vale of York CCG
- East Riding of Yorkshire Council
- East Riding of Yorkshire Council Overview and Scrutiny Committee

It will be publically available via download from the Healthwatch East Riding of Yorkshire website, hard copies and alternative formats will be available upon request.

9 Contact Information



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Contract Holder

Meeting New Horizons
Registered Offices:
Hull CVS and Meeting New Horizons CIC
The Strand, 75 Beverley Road, Hull HU3 1XL

Contact:

Helen Grimwood
Healthwatch Contracts Manager
Email: hgrimwood@hull-cvs.co.uk
Telephone: Tel: 01482 324474 (switchboard)

Tell us

We will listen to you if you have any concerns about health or social care services.

Use us

If you, a friend or family member would like information on the support and services available to meet your local health and social care needs, or if you would like advice on how to make a complaint, we are here.

Join us

Volunteers are a vital part of Healthwatch's activities. If you're interested in joining us, we'd like to hear from you.

Contact us

To join our mailing list or to find out more information, visit our website: www.healthwatcheastridingofyorkshire.co.uk, call us on our free phone help line: 01482 334 999 or email enquiries@healthwatcheastridingofyorkshire.co.uk

You can also follow us on **Twitter:**
[@HWEastYorks](https://twitter.com/HWEastYorks)