

# On equal terms

## Facing Challenges Together

Healthwatch East Riding of Yorkshire Annual Report 2020-21



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# Message from our Chair

Each year since my appointment, It has given me a great deal of pleasure and yes, humility to introduce the Annual Report for Healthwatch East Riding of Yorkshire. In the pages following, I am sure you will recognise those changes, necessitated yet continuing as a result of the on-going pandemic, has not lessened the quality and quantity of our reporting; intelligence gathering or indeed working virtually with partners and friends across the Health and Social Care spectrum.

Healthwatch East Riding of Yorkshire continues to respond positively and carry through a revitalised programme of work designed to engage with as many people, groups and representative organisations as possible. Hopefully, our 'virtual' presence and/or participation will soon be replaced with a return to face to face consultations, fact-finding and scrutiny where needed, but until then, I believe our report for this year will demonstrate how we have successfully maintained awareness on our vital role in the community.

**The on-going pandemic has not lessened the quality and quantity of our reporting; intelligence gathering or indeed working virtually with partners and friends across the Health and Social Care spectrum.**

I am pleased to report our hard working volunteers have risen to the challenges the pandemic has created. They continue to support the Healthwatch team in many ways, and it is not only my duty, but genuinely great pleasure to recognise and thank them individually and collectively for their work and dedication. Likewise, I expect our Independent Strategic Advisory Body (ISAB) will gain much from the experience and expertise of new, recently appointed members, who have already committed to their most important role as we move forward into another year.

With change comes challenge, and with new approaches being scoped out which will affect our Health and Social Care services, we recognise acute financial constraints and ever increasing operational pressures, coupled with other post-COVID demands may well follow. Nevertheless, in taking cognizance of these salient factors, I remain confident Healthwatch East Riding can and will continue to ensure the opinions and concerns voiced by our communities are not only heard and listened to, but then acted upon for the benefit of all.

I am sure you will enjoy reading this report. It is concise and informative and provides a valuable insight to the work of Healthwatch - your Healthwatch, for the East Riding of Yorkshire.

With best regards, I remain,

Ian Dewar

Chairman (ISAB)

Healthwatch East Riding of Yorkshire



# About us

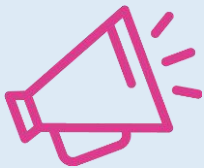
## Here to make health and care better

We are the independent champion for people who use health and social care services in East Riding of Yorkshire. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### 1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



#### 2 Providing a high quality service

We want everyone who shares experience or seeks advice from us to get a high quality service and to understand the difference their views make.



#### 3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



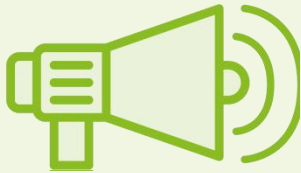
**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”**

**Sir Robert Francis QC, Chair of Healthwatch England**

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

## Reaching out



We heard from

**2,179**

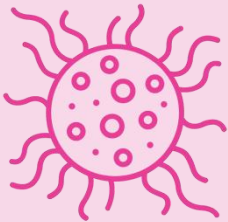
this year about their experiences of health and social care.

We provided advice and information to

**6,402**

this year.

## Responding to the pandemic



We engaged with and supported

**1000**

people during the COVID-19 pandemic this year.

## Making a difference to care



We published

**24 reports**

about the improvements people would like to see to health and social care services. From this, we made recommendations for improvement.

## Health and care that works for you



**20 volunteers**

helped us to carry out our work. In total, they contributed 412 hours which is equivalent to 55 working days (based on a 7.5 hour day).

**We employ 5 staff**

This is the same number as last year.

We received

**£172,697 in funding**

from our local authority in 2020-21, which is almost identical to the previous year.



# Then and now: Hospital Discharge



**Over the years Healthwatch have regularly heard from patients and healthcare staff that leaving hospital can be a difficult experience.** More than 400 people shared their experiences of hospital discharge with Healthwatch East Riding last year, both directly and through comments shared in response to Healthwatch England's national 'Because We All Care' campaign. **This led to us commencing delivery of a project to take a closer look at people's experiences of leaving hospital during the coronavirus pandemic.**

As a result of the pandemic, the NHS urgently needed to free up capacity in hospitals to cope with a surge in demand from COVID-19 patients. **To support this, a new hospital discharge process was introduced nationally,** first set out in guidance in March 2020. It focused on getting people out of hospital quickly, to free up 15,000 beds and support the faster movement of patients in and out of hospital.

Under this new process, people leaving hospital who need out-of-hospital support to recover would now have their ongoing support needs assessed after they were discharged (usually in their own home), rather than in hospital. The discharge to assess model places a new responsibility on acute hospital teams to work closely with community health and social care services to ensure people get the support they need after leaving hospital.

**In August, the hospital discharge guidance was updated into a national policy, which confirmed that discharge to assess would continue for the foreseeable future and made it mandatory for local systems to embed the new ways of working developed in response to the March guidance.**



## Now: 'Rapid Hospital discharge' report

In response to the new guidance, Healthwatch England wanted to find out how the new policy was affecting people's experience of leaving hospital.

**As part of this project, Healthwatch East Yorkshire was one of eight local Healthwatches commissioned to conduct in-depth interviews with various healthcare professionals who had lived experience of implementing the new rapid discharge process.**

The results of this were fed back to Healthwatch England and contributed to the total of over 500 patient and carer experiences gained, along with 47 in-depth interviews held with health and care professionals involved in the hospital discharge process.

*"Communication with family could have been better. Sometimes it was difficult to find out what was happening to our relative. We were not told when to phone or who to ask for... We could not visit due to COVID, so it was a difficult time and we wanted to support our Mum and be prepared for her homecoming."*

### What we learned:

- 82% of respondents did not receive a follow-up visit and assessment at home and almost one in five of these reported an unmet care need.
- Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital.
- Over a third (35%) of people were not given a contact who they could get in touch with for further advice after discharge, despite this being part of the guidance.
- Overall patients and families were very positive about healthcare staff, praising their efforts during such a difficult time.
- Around a third (30%) of people faced an issue with delayed COVID-19 test results, potentially putting family and carers at risk, or if in a care home, other residents and staff.

**A report by Healthwatch England highlighted many patients were discharged from hospital without proper assessments, with vulnerable people sent home without medication, equipment or care plans in place**

Following this project, Healthwatch England and The Red Cross put together a series of recommendations for providers to help improve the discharge process for patients and carers. **These recommendations included:**

- Provide everyone leaving hospital with a follow-up contact.
- Improve COVID-19 testing in all aspects.
- Routinely offer and arrange patient transport.
- Improve the administration of medication and utilise local volunteers and the voluntary and community sector to ensure those discharged feel supported.

This report led to many media outlets focusing on the hospital discharge process, which has helped highlight patient experience and reinforce the need for the recommendations featured within the Healthwatch England report.

### Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



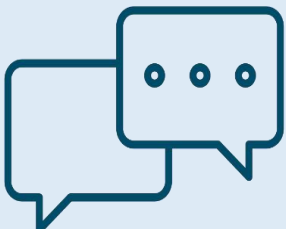
[www.healthwatcheastridingofyorkshire.co.uk](http://www.healthwatcheastridingofyorkshire.co.uk)



01482 665684



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# Then and now – Working together

## Then

Each Healthwatch is set up to serve the unique communities in which they represent. However, we recognised that we could have a greater impact for our residents if we could work together on issues that crossed boundaries and services. This meant that for certain issues and projects we would take a more collaborative approach on gathering views and opinions of services across a wider geographical footprint. This was trialled, and was successful in 2018 when Healthwatch across the Humber, Coast and Vale worked collectively on the NHS Long Term Plan. As part of this project we gathered feedback on services that residents in our areas travelled to. These included:

**Humber Teaching NHS Foundation Trust**

**Hull University Teaching Hospitals NHS Trust**

**Northern Lincolnshire and Goole NHS Foundation Trust**

## Now

All four Healthwatches across the Humber region have come together to form the Healthwatch Humber Network.

The Healthwatch Humber Network is a mini network of local Healthwatch teams made up of East Riding, Hull, North Lincolnshire and North East Lincolnshire. These Healthwatch teams have the benefit of geographic proximity, as well as being hosted by the same organisation. This means that in some circumstances, the network will work together to develop projects on a collective basis where there is equal need and benefit to each local community.

Working together in this way means that a more extensive range of feedback can be gathered which is then collated into a central system, and allows for themes and trends to be identified on a much larger footprint. It also ensures that no matter where a person accesses Healthwatch, they will get the same advice and opportunity to have their voice heard.



As part of this more collaborative approach a member of staff represents the whole network at regional meetings. This includes Humber, Coast and Vale ICS Partnership, Cancer Alliance Collaborative, Maternity Voices Partnership, Northern Lincolnshire and Goole NHS Trust, and Local Pharmaceutical Committees. This enables staff to share the workload and identify themes and trends in a more coordinated approach. This has benefited our populations as greater involvement has meant greater impact on local and regional issues.

Intelligence gathered by the Healthwatch Humber Network also gets fed directly into the Humber Acute Services Review that is currently taking place. All patients' views on specific areas are compiled as a whole with one Healthwatch being the Lead, and are fed into the system to inform changes made to local acute care services. This has included patients having their say on Emergency Care, with local A&E Departments now having renovations to improve access and services, as people wanted emergency care to be more easily accessible and closer to home.

By taking a collective approach to some elements of our work we are able to share resources, experiences and have a greater impact on the areas that we serve.

## Next steps

As other services from across the region will be working more closely together, we will have more opportunities to share our understanding of what you want to see in the coming months.

Our next joint project will look at the impact of delayed access to care across the Humber region. To get involved contact us on **01482 665684**.



# Then and Now- Enter and View to Virtual Engagement

## Then

Under the Healthwatch regulations, local Healthwatch organisations have the power to 'Enter and View' providers so that our Enter and View Ambassadors can observe how services are being delivered. The purpose of the visits are to identify good practice that can be celebrated and shared with others, and to identify any issues raised by service users.

Enter & View is not an inspection; we do not look at things like care plans or medicines management; but rather is a genuine opportunity to build positive relationships with local Health & Social Care providers; provides an opportunity to demonstrate that providers support service user engagement; and gives service users the opportunity to give their views in order to improve service delivery.

Enter & View gives a voice to the people using a service and asks them what they think of the service they receive and whether it is working for them. Organisations must allow an Ambassador from Healthwatch to 'Enter and View' and look at how services are being provided, as long as this does not affect the care being delivered or the privacy and dignity of people using services.

## Now

The arrival of COVID-19 in March 2020 meant that strict visiting restrictions were placed on care homes to prevent the spread of infection and ensure the health and safety of both care workers and residents. As a result of this, visits from relatives and friends were no longer permitted and changes to the way in which other services interacted with staff and residents within the care home environment had to change. There were limited exceptions to this visiting, for example if a resident was at end of life.

Around the same time Healthwatch England instructed all local Healthwatch to cease all Enter and view activity until further notice. This meant that every local Healthwatch in England was no longer able to use their statutory powers of entry, granted under the Health and Social Care Act 2012 to be able to understand the experiences of those living and working in residential care. Although visiting restrictions are slowly being lifted in parts of the UK, further guidance from Healthwatch England has advised that enter and view visits should remain on hold until further notice.



We acknowledged that throughout the pandemic, the voices of those who have been most affected by the changes in residential settings had been going largely unheard. To do this, each Healthwatch needed to consider the safest and most effective way to engage with care home residents and staff, whilst at the same time minimising the disruption and burden placed on teams in the care home sector. A virtual engagement model was therefore created:

Enter and view	Virtual engagement
To observe the nature and quality of services - <i>observation involving all the senses</i>	Video call and tour of premises with Manager.
Collect service user views at point of delivery (face to face)	Speak to residents over the phone or through video call, at a mutually convenient time
Collect the views of relatives and staff (face to face)	Allow feedback through online surveys, telephone interviews and video calls. Completed at a mutually convenient time within the week of the engagement.
Usually conducted over a few hours	Feedback to be collected within a 1-week time period.
Always involves the lay perspective (volunteers)	volunteers involved in asking residents, staff and relatives their views

The table shows the changes that were made to adapt to the virtual shift. By using this new Virtual Engagement Model, we have been able to facilitate a near replica of the enter and view process whilst still ensuring safety and complete with government guidelines. This has allowed us to obtain the experiences from individuals who would have otherwise remained unheard.

Since developing this virtual engagement model in collaboration with the Humber Network, at Healthwatch East Riding we have since conducted several virtual engagements. These engagements have given us insight into staff, relatives/friends, and residents' experiences of living in a care home during a pandemic. Even now we are moving into a 'post COVID' world, the use of these virtual engagements to capture experience continues to prove invaluable.

## Lived Experience of residents and staff

We wanted the information to drive improvements in the care home sector and ensure that care homes use the feedback in any learning from the pandemic to ensure residents, staff and relatives are supported appropriately. This involved capturing the general experiences of residents living in care homes during COVID 19; including how the home has met their needs and what can be improved; to gain the experience of family/friends on having reduced contact with their loved one; and the staff and manager's experience of overall working and implementing restrictions/outbreak management.



**"There wasn't enough staff on some of the shifts so was running short with extra jobs to do. The staff have been running on empty."**

**"Obviously, having heard the horror stories on the media, I was concerned, but knowing the staff and how they were dealing with it all, I was confident that they were as safe there as anywhere."**

There were many instances of best practice identified across the numerous homes the Humber Network engaged with. Below are some examples:

- The Manager and all Seniors trained as Infection Control Champions to lead by example and set up strict infection control measures so that all PPE worn and all equipment was cleaned down after every use. They kept up strict infection control measures all through the summer to ensure that there was no lapse of these measures.
- Dividing the various floors of the care home into 'units'. Each unit has a designated staffing team and their own entrances in the home. This was in use with a home who did not have an outbreak of COVID.
- Creation and use of a 'visiting room' which takes place in a secure room of the home with use of speakers, a Perspex screen and strict hygiene.



**"Communication hasn't been easy. Not easy to find out what's happening with relatives when you are used to going in and being involved."**

**"Some new staff - staff come and go, it's alright. Not many changes. Only what we've been told e.g. safety measurements (masks etc) I don't see any difference. It's alright here - I get good grub and food here."**

Following the Humber Network Virtual Engagement Project, we produced a collaborative report putting together all the experience data, summary of findings and a series of recommendations to Care Homes to improve the experiences of residents, family and friends of residents and staffing teams. These recommendations have since been distributed to a number of organisations. Some examples of recommendations are as follows:

- Ensuring that video calls are conducted in quiet environments without any noise disturbance and when conducting video calls ensuring a use of bigger devices, such as iPad and laptops, to ensure that family members can clearly see their loved ones.
- Encourage residents to come out of their rooms and use the communal areas more.
- Local Authorities and Public Health communicating better and so not giving out conflicting information.

# Adapting our “Getting to Good” Service

## The Getting to Good service

The Getting to Good service is a project whereby homes come to Healthwatch East Riding of Yorkshire, to seek assistance and support in obtaining a ‘good’ rating from the CQC.

This project started in 2018, when a Care Home contacted Healthwatch East Riding of Yorkshire following a previous Enter & View visit. They requested support following a poor CQC rating to help them raise their ratings to “good” with the CQC, and to implement improvements identified through the Healthwatch Enter & View process.

The Getting to Good programme comprises a series of 5 visits where various objectives are set towards the improvements the home has identified as needing to make. Objectives are given and reviewed at each meeting and this is followed up by a report.

The visits are usually monthly. One meeting includes the Getting to Good team speaking to staff to make it clear what the home is trying to achieve and why this is important. At another visit there will be a tour and we speak to residents. A final 6th visit is held 6 months later to see whether the changes made by the care home have been embedded into their service.

It is important to note that Getting to Good is a genuine opportunity to build positive relationships with local Health & Social Care providers.

**“The Getting to Good process had increased my confidence- seeing the improvements that were made me feel like they were really making a difference. The Getting to Good process was very informative and helpful. It was very thorough and we made progress together.”**

## Adapting the process

When The Getting to Good service started, all the visits were conducted in person within the care home. However, due to COVID restrictions all physical visitations had to cease. This meant that it was necessary to conduct virtual visits using the online platform Zoom.

For two care homes it was just the final visits which were held virtually. However with our engagement with the latest care home, it was entirely carried out virtually.

This initially made it more difficult for the home, as typically they need to send us physical documentation so we can make suggestions and set objectives for the home to improve their paperwork and reporting processes. Due to difficulties at the home this was quite time consuming. However, 5 visits have successfully been carried out including a virtual tour, and speaking to a several of members of staff and residents.

This has been a great learning process for both the home and Healthwatch East Riding of Yorkshire. We now know that similar to the virtual care home engagements, the Getting to Good service can be successfully adapted to suit a virtual application. This means that despite what may change in the future regarding COVID guidance, we know we can effectively support homes and assist in them obtaining their ‘Good’ CQC rating.



## Responding to COVID-19

**Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.**

### This year we helped people by: |

- Providing up to date advice on the COVID-19 response locally.
- Linking people to reliable up-to-date information.
- Supporting the vaccine roll-out.
- Supporting the community volunteer response.
- Helping people to access the services they need.
- Gathering experiences of the COVID-19 vaccine.

The response needed from services has obviously been on an unprecedented, and to some extent, uncharted scale and therefore there is likely much learning that can be honed. As a result, Healthwatch East Riding of Yorkshire was asked by the Local Authority to gather some of this learning.

This was in the form of independent research to understand the extent to which the local response to the COVID-19 pandemic has met and continues to meet the needs of people with health or social care support needs, and to identify learning that can be applied to improve the current response and to embed into a legacy community response offer.

In order to investigate this, we released seven surveys all relating to the community response to the COVID-19 pandemic. These surveys began circulation in May 2020 and had a three-month data collection period concluding on the 31st of July. The surveys looked at separate groups who have been affected by the COVID-19 pandemic in an individual way, including: Shielders, Other high risk/isolators, Carers, Volunteers, VCS Organisations, Community Hubs and the general public. The surveys were circulated using the community hub network and were handed out to those who used the service, the volunteers who supported the hubs and to the hubs themselves. Using the findings from these surveys, we published our 'COVID-19 Pandemic- Insights from the local response in the East Riding'. The main themes and issues experienced were:

- 🕒 Disruption to care as a result of cancelled appointments and closure of services.
- 🕒 Lack of communication from services to patients.
- 🕒 A demand for more 'off-line' support.
- 🕒 Misinformation/confusion on restriction guidelines/ shielding categories.

# Vaccine Survey- Healthwatch East Yorkshire in collaboration with Healthwatch England

In February 2021, local Healthwatches were called upon to launch and distribute a survey in collaboration with Healthwatch England, using Healthwatch England's template. This survey was centered around the COVID-19 vaccination programme, and was released with the aims of:

- 1) Identifying what the public sentiment is towards the vaccine, what media the public have consumed around the vaccine, and which sources the public have been using to obtain their COVID and vaccine related information.
- 2) Reasons as to why the public do or do not want to have their vaccine.
- 3) If the respondent has had the vaccine, what was their experience of this process.

With the release of the vaccination survey through the national Healthwatch network, the views of over 4,000 people were collected.

The findings to date that Healthwatch East Riding of Yorkshire obtained include:

- Most respondents had a positive sentiment towards past vaccinations, such as polio etc.
- Most respondents had already received the first dose of their vaccine.
- When asked "is there anything that may stop you from receiving a vaccine when it is made available to you?" most respondents answered:
  - "Nothing would stop me from getting the vaccine" but the second most common answer is "The fact that I would have to get public transport or a taxi to the location of the vaccine appointment might stop me getting it"
- Most common answers as to why people are wanting the vaccine:
  - To protect my friends and family from getting COVID-19.
  - To protect people who are vulnerable/at higher risk of getting COVID-19.
  - To protect me against getting COVID-19.
- Most common answer to those not wanting to be vaccinated was that the respondent would not know how the vaccine would react to their complex health issue.
- Most respondents had heard their information about COVID through the NHS or Government website, newspaper or online papers or the TV/radio.
- Most answered that the news they have seen has been positive toward a COVID-19 vaccine.
- Majority of respondents praised the prompt and effective roll out of the COVID vaccine.

**Our findings, not only insightful on a regional level, also helped to inform the Healthwatch England COVID-19 Vaccination stakeholder briefing. This briefing aims to provide an update for national health and social care stakeholders about the COVID-19 vaccine roll-out.**

## Top four areas that people have contacted us about:



40% on GP services



25% on Dentistry



19% on Hospital care



9% on Vaccines

## Example case study



Early in the pandemic, we heard from 42 people about their personal experience of accessing health and social care in the early stages of COVID-19 restrictions. This highlighted the lack of clear information and often inaccurate information regarding shielding and the cancellation of services. Our role became much more focused on providing people with clear, consistent and concise advice and information articles on our website to help address people's concerns. The key questions people were asking included:

- What does shielding mean?
- Will my operation be cancelled?
- How can I find an NHS dentist?



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



[www.healthwatcheastridingofyorkshire.co.uk](http://www.healthwatcheastridingofyorkshire.co.uk)

**01482 665684**

[enquiries@healthwatcheastridingofyorkshire.co.uk](mailto:enquiries@healthwatcheastridingofyorkshire.co.uk)



# Volunteers

**At Healthwatch East Riding of Yorkshire we are supported by 20 volunteers who help us find out what people think is working, and what improvements people would like to make to services.**

## **This year our volunteers:**

- Carried out 'Getting to Good' programmes with various care homes helping them to improve and achieve 'Good' ratings from the CQC.
- Took part in virtual engagements with care homes, speaking to residents, staff and management, and observing virtual tours of the care home as part of our virtual engagement programme. Several care homes were engaged with throughout the course of the year. These visits then led to a series of recommendations of improvement for the care home.
- Led the 'Read Right' Project, where volunteers review a wide range of documentation from various health and social care providers, and provide feedback from a layperson's perspective, ensuring that documents are accessible, fit for purpose and ready for consumption by the general public.
- Reviewed local GP websites, looking at the information they provide and assessing accessibility for all members of the community and in particular the deaf community.
- Recruited two new members for our Independent Strategic Advisory Body (ISAB). The members have met and are currently looking into the work going on in other Healthwatches across the country to give us a clear oversight of good working practice to help us formulate future work plans.



**Volunteer– Barbara**

I bring 30 years housing management experience working nationally for a housing association that provided housing, care and support to people over 55. After a long career in housing and social care it's so rewarding to have an opportunity to contribute to a great team. As a volunteer I feel I have the opportunity to make a difference by helping people have their say in health and social care. I like to listen to peoples' experiences, needs and preferences and help them to understand their options and make informed decisions.



**ISAB member – Howard**

I volunteer to give back to my community and to share the skills and knowledge I have developed over 46 years in healthcare. I enjoy talking with people. People of all ages and abilities have so much to share, and this helps in the development of a user focused health and care system.

Healthwatch is rewarding, interesting and sometimes challenging but never boring. It has opened doors for me to contribute in so many areas.



**Enter and view- Denise**

I'm retired from a career in education, both in the classroom and as a consultant. I have volunteered with Healthwatch for about 5 years and have been involved in several projects which have taken me out of my "comfort zone". Not a bad thing to do in retirement. Mostly I have been involved with "Enter and View" which mainly takes me into residential care homes for the elderly with a view of sharing good practice and improving the service.

**Volunteer with us**

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at **Healthwatch East Riding**



**[www.healthwatcheastridingofyorkshire.co.uk/volunteer/](http://www.healthwatcheastridingofyorkshire.co.uk/volunteer/)**

**01482 665684**

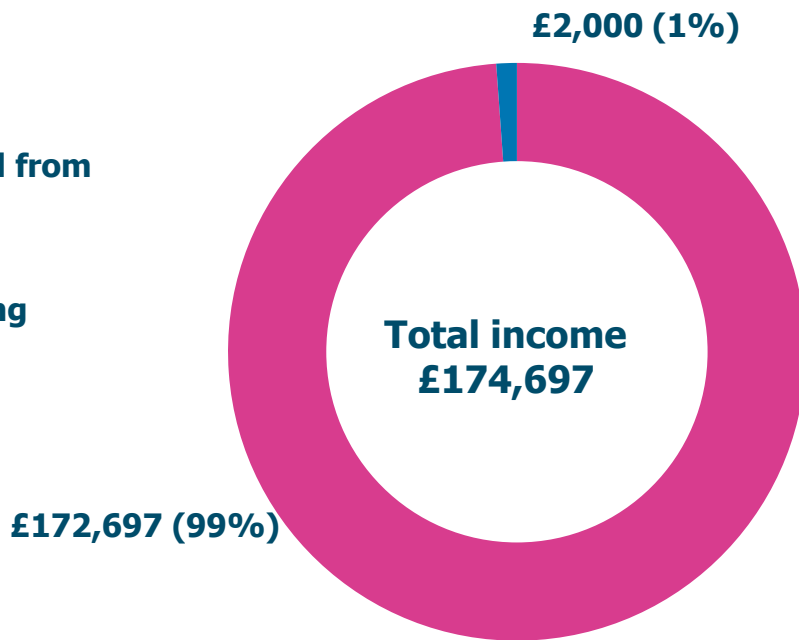
**[cfrost@healthwatcheastridingofyorkshire.co.uk](mailto:cfrost@healthwatcheastridingofyorkshire.co.uk)**

# Finances

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

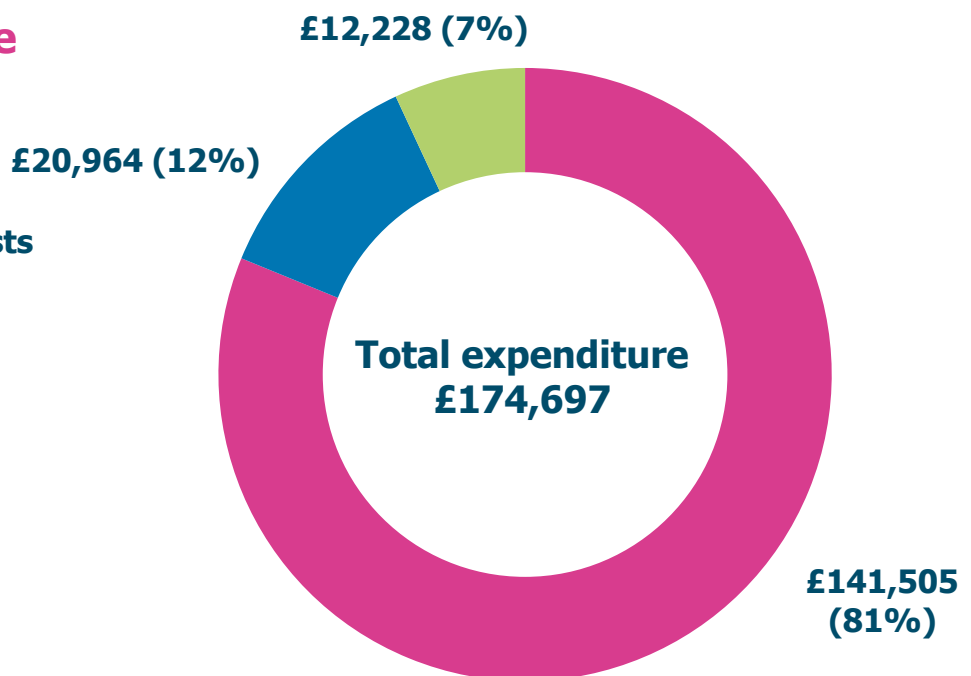
## Income

- Funding received from local authority
- Additional funding



## Expenditure

- Staff costs
- Operational costs
- Carry Forward



# Next steps & thank you

## Top three priorities for 2021-22

1. Understanding the impact of delayed access to care during the pandemic.
2. Research into the effect of changes to day care services for people with learning difficulties and autism; pre pandemic, during the last year and their hopes for the future.
3. Provide the voice of young people in post COVID needs assessment and planning.

## Next steps

- Return to face to face engagement as soon as it is safe and possible to do so.
- Complete our investigation into the barriers the deaf and hard of hearing face when accessing GP appointments with the increase in telephone and online appointment systems.
- Continue to listen to the views and experiences of those living in care homes.
- Conduct more tailored engagement following the appointment of a Community Inclusion & Wellbeing Officer to explore the inequalities faced by Black and Minority Ethnic (BAME) communities.
- To explore the barriers veterans face when transitioning from military to civilian health and social care services.

 **"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."**

## Thank you to everyone who is helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experience with us
- All of our staff and volunteers
- The voluntary organisations that have contributed to our work
- East Riding of Yorkshire Council
- Humber, Coast and Vale Health and Care Partnership
- Northern Lincolnshire & Goole NHS Foundation Trust
- Hull Universities Teaching Hospitals NHS Trust
- Humber Teaching NHS Foundation Trust
- City Health Care Partnership
- East Riding College
- Healthwatch England
- Patient Participation Group (East Riding)
- East Riding CCG
- ER Carers Advisory Group



# Statutory statements

## About us

The contract to provide Healthwatch East Riding of Yorkshire is held by Meeting New Horizons CIC, a community interest company. Registered in England No 7605054, Registered Office The Strand, 75 Beverley Road, Hull HU3 1XL.

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

## The way we work

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

Our Healthwatch Advisory Body consists of 5 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Advisory Body ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 3 times.

We ensure wider public involvement in deciding our work priorities. This includes gathering views and opinions and identifying areas of concern; gaining insights from information and signposting enquiries; collecting intelligence from partners and issue led Boards; and also in supporting the public in having a voice on service areas that are ear marked for change.

## Methods and systems used across the year’s work to obtain people’s views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. We achieve this through proactively and systematically working with groups and organisations representatives of these diverse communities.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible and we publish it on our website [www.healthwatchnorthlincolnshire.co.uk](http://www.healthwatchnorthlincolnshire.co.uk).

### 2020-21 priorities

Project / activity area	Changes made to services
Rapid home from hospital discharge	Contributed local insights to inform recommendations made on a national basis, and have been proactive in supporting services locally to adopt these recommendations.
Care Homes Sector Support	Ensured that residents continued to have a voice during COVID-19 restrictions, ensuring services continued to meet their needs and good practice could be shared more widely.
COVID Response	Ensure that residents had up to date guidance to access services appropriately, as well as informing local providers and commissioners about areas of good practice and need for improvement in future response efforts.

### Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

### Health and Wellbeing Board


Healthwatch East Riding of Yorkshire is represented on the East Riding Health and Wellbeing Board by Julie Dearing, Healthwatch Delivery Manager.

Healthwatch East Riding of Yorkshire  
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Healthwatch East Yorkshire

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Contract holder:

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