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I am pleased to be able to write this Foreword as a former Board member and now the new Chair of Healthwatch North East Lincolnshire from April 2015.

I first want to pay tribute to the commitment of our former Chair, Kathleen Young, who resigned in December 2014. Kathleen worked tirelessly to promote the role of Healthwatch in representing the voice of local people in the planning and provision of health and social care services. Her emails sent in the early hours of the morning became legend with the Healthwatch team and it will not be easy to step into her shoes.

I also want to pay tribute to the rest of the Board and to the wider volunteer group that support the work of Healthwatch. Without the growing number of volunteers who give time to Healthwatch, our effectiveness would be sorely diminished. I am delighted to see the recent growth in recruitment of Enter and View volunteers which, coupled with the active involvement of all the staff team in this work, will ensure that this has a growing impact in 2015/16.

Our staff team has changed a little during the year with Karry Stones leaving, Tayo Davenport taking up a new role and Bayard Tarpley joining the team. Led by Paul Glazebrook, the staff team has continued to identify issues based on the experiences of local people and to challenge those who plan and those who provide local services and this annual report is a testimony to some of the areas where we have had a positive impact on the quality and effectiveness of local provision. The team also relocated from the Foresight building at 60 Newmarket Street, Grimsby to Foresight’s new building at 146 Freeman Street, Grimsby. These shop-front premises offer an additional opportunity to make us more visible and accessible and so we place on record our thanks to Foresight for making this possible.

A word of thanks to all those who have informed the work of Healthwatch. During the year we have developed a Partnership Scheme and are now working with eleven separate organisations around issues of mutual concern and using our links to reach and engage with the people...
who use their services. Partnership and collaboration are so important, especially across the voluntary, community and social enterprise section as we go forward, so I am delighted with the response so far.

Above all, we need to hear people’s stories about their experiences of health and social care, good or ill. Positive stories help build up a picture of good practice while criticisms and concerns provide ammunition for challenging what is currently not so good. We know that many vulnerable people remain reluctant to complain about poor care for fear of a negative response from carers or of losing that service. However, such feedback can be the vehicle for positive change ensuring that others do not have to go through the same experience and that improvements are made.

We must ensure future services are built to meet people’s needs and are shaped by the people who will use them. We must continue the important work of addressing current concerns with health and social care services ensuring social care, primary care and hospitals are held to account where needed. Together we will enable a better health service for the community of N E Lincolnshire. Healthwatch wants to help make this possible.

*Michael Bateson*

*Chair of Healthwatch North East Lincolnshire*
About Healthwatch

Our vision/mission

Our vision is that local communities and service users are provided with safe and high quality health and social care services which have been developed and respond to community and service user needs.

Our mission is to give a strong voice to local people and community and voluntary groups so they can influence the way their health and social care services are planned, purchased and provided.

Healthwatch has three primary roles: signposting, influencing and advocacy with complaints advocacy support provided under a separate contract to the Carer’s Federation.

Healthwatch aims to be trusted and respected by patients, the public, partner organisations, and commissioners. Where needed, we can escalate issues to national bodies and make the collective views, experiences, and needs of local people known to the relevant organisations.

Our strategic priorities

The Healthwatch North East Lincolnshire Executive Board agreed five strategic aims for 2014-2015:

- to effectively engage with those bodies responsible for regulating, commissioning and providing relevant local health and social care services in order to represent the interests of the people of North East Lincolnshire and support service improvement.
- to provide a comprehensive and meaningful advice, information and signposting service to enable the people of North East Lincolnshire to access appropriate health and social care services.
- to give authoritative evidence-based feedback to stakeholders in order to support improvement in health and social care services provided to the people of North East Lincolnshire.
- to provide an effective, economic and efficient local Healthwatch service for the people of North East Lincolnshire.

These strategic priorities were met through a series of activities and targets set out in our Development Plan which included:

- Regular involvement at Health and Wellbeing Board
- Ongoing work on refresh of Joint Strategic Needs Assessment
- Quality assurance meetings with CCG and NHS England
- Enter and View programme
- Development of volunteering
- Community engagement through our stands and partner events
- Engagement with Patient Participation Groups
- Development of a Partner Programme
- Commencing review on Access to GP Services
- Complaints handling at Diana Princess of Wales Hospital.
Engaging with people who use health and social care services

Understanding people’s experiences

Healthwatch North East Lincolnshire obtains people’s experiences through a number of outreach opportunities, events, and through our own networks.

Many of our partner organisations refer residents to us, including a local Alzheimer’s group who gave us the information of a patient who had to wait three weeks to see her GP to look at an injury that was revealed to be a broken toe.

Throughout 2014/15 we also regularly attended drop-ins at

- Diana Princess of Wales Hospital, Grimsby
- Grimsby Library
- Cleethorpes Library

As a result of our partnership with the CCG in their dignity challenge programme, we have engaged with older people, particularly those in care homes, through our promotion of the Enter and View Programme.

While we have not aimed any of our outreach or events exclusively at getting the views of young people under the age of 21 or seldom heard people, we have secured their views in survey work and in general community engagement.

Healthwatch North East Lincolnshire also has not deliberately engaged with people who may work in our area but do not live in North East Lincolnshire, although they do have the same opportunities to share their experience with us at events and through our outreach.

By attending events such as the Older People’s Day at Cleethorpes Memorial Hall and multiple events based around the Care Act, Healthwatch has obtained many experiences from people who may be disadvantaged or vulnerable.
Enter & View

What is Enter & View?

Enter and view is one of a range of tools available to Healthwatch North East Lincolnshire (HWNEL) to gather information needed about services and collect views of service users, their carers and relatives. Visits aim to provide an informed view of the quality and scope of health and adult social care services provided for the residents of North East Lincolnshire. Recommendations for improvement will be backed by evidenced based reports.

HWNEL proactively seeks to build good relationships with providers of health and adult social care services. Enter and view is not an inspection but instead an opportunity for staff and lay people to engage with vulnerable service users and their families, in order to gain a better view of how they feel about their services.

The powers to carry out enter and view activities are set out in the Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012 and as set out in accompanying Regulations.

Enter & View

Our Enter and View programme during the year has been shaped by our partnership with the CCG with an agreed focus of treating care home residents with dignity and respect.

Our initial programme commenced at the end of May 2014 and we tried to visit two care homes every month. However, because of our shortage of volunteers, this was not sustainable and we had to go down to one visit a month.

Our volunteer base in this area grew from seven to twelve by the end of 2014/15 year and, with the staff team of three also undertaking this training, we have been able to revert to two home visits per month. We will now also be able to begin visits to the local Diana Princess of Wales Hospital in the new financial year.

Example and impact

Ashlea Court Care Home

We made some recommendations regarding an apparent damp patch near the bathroom, items to be cleared near a fire exit and staff to wear name badges. When we went on our six month follow up visits we could see all of our recommendations had been addressed.

Between April 2014 and March 2015, Healthwatch North East Lincolnshire completed 12 Enter and View visits
Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

Healthwatch works closely with our partners to make sure we are as up-to-date as possible on the services offered in North East Lincolnshire. Often people will call the Healthwatch office for advice on where they should go if they need support with a particular health or social care issue.

Between April 2014 and March 2015, Healthwatch North East Lincolnshire referred and signposted 58 people to appropriate services.

During the year we regularly signposted people to the Independent Complaints Advocate where they needed help in making a formal complaint.

In other situations we can refer people on to other agencies. For example, a resident called after the hospital was unable to accommodate the needs of her daughter who had significant learning difficulties. She was unaware of what services existed should she need support in the future, and Healthwatch North East Lincolnshire was able to put her in contact with the community learning disabilities team. This example also led to a dialogue with the learning disabilities team about how residents could be made more aware of their existence and role within the community.
Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

As a result of an approach made about the threatening tone of a letter received after not attending an appointment, Healthwatch North East Lincolnshire carried out a review of local GP practices on ‘Did Not Attend’ policies.

This involved asking local practices for their existing policies, asking national organisations for their views on best practice, and analysing the responses to find what might work best locally.

As a result, we produced and published a report that concluded that removal of a patient from a register should be a last resort and that the tone of letters should not assume ‘guilt’ on the part of the patient concerned.

Our Enter and View visits lead to producing reports with recommendations and all agreed recommendations are followed up after approximately six months to see if they have been implemented.

Putting local people at the heart of improving services

In the 2014/15 year we have worked to strengthen our relationships with local Patient Participation Groups at GP practices to make sure that patients have a fair say in how their surgeries operate.

We also promoted several patient consultations including the revision of the Pharmaceutical Needs Assessment and directly solicited patient opinions around the opening of a dispensing pharmacy in one of the primary local GP surgeries.

Working with others to improve local services

In 2014/15 Healthwatch North East Lincolnshire has not made any recommendations to the Care Quality Commission (CQC) to undertake any special reviews or investigations.

No providers have refused a request for information over the year.

During the year we have taken up a number issues on behalf of local communities and organisations.

During 2014/15, our partnership programme has grown to include 11 formal partners.

Oncology Department

We were approached with concerns over the distance between consultation and counselling rooms in oncology (cancer care) at Diana Princess of Wales Hospital, Grimsby. The hospital Trust introduced changes to their Oncology department, as part of a wider hospital reconfiguration, reducing the distance from 60 to 10 metres.
Podiatry

After receiving comments that patients using the specialist podiatry service provided by North Lincolnshire and Goole Foundation Trust were waiting up to six months between routine review appointments, Healthwatch North East Lincolnshire approached the Trust.

They acknowledged that current resources did not allow a more responsive service and that a business case for improved staffing was in development. In the interim, a locum has been appointed and the target wait is now four weeks - with a more rapid assessment for those with high risk and with normal waits for review not normally exceeding twelve weeks.

Patient Transport Services

As a result of comments from residents around patient transport (including a report of a non-urgent 2:00 a.m. hospital transfer), Healthwatch decided to investigate further with a questionnaire.

In spite of publicity in the media and through partners, at the end of three months there were only 13 responses, with most respondents appearing to be satisfied with their experiences and no new issues arising.

We were, however, approached by the health commissioners (CCGs) about a piece of work they were doing across Northern Lincolnshire which would feed into the re-tendering of this contract later in the 2015/16 financial year. We are currently working with Healthwatch North Lincolnshire and commissioners and anticipate that this will include some form of public consultation later in Summer 2015.

Dementia Hotspots

In 2014, Healthwatch worked alongside Alzheimers Society to help identify demential “hotspots” in North East Lincolnshire to help them target services more effectively.

Our work showed that there is no recognised way of applying authority-wide estimates of prevalence to communities at ward level. In addition, the numbers of people registered with GP practices as having dementia varied considerably and still only represented a proportion of the estimated figures.

On clinical advice we applied a 12% rule to the known number of people over the age of 75 to come up with a ward-by-ward profile. This helped identify which wards had a higher level of estimated prevalence but with no specific dementia community support services in place.

Psychology Assessments

In the 2013/14 financial year, we were informed of some people waiting a year or more for psychological assessments. After approaching Navigo, they were able to secure funding with the Clinical Commissioning Group to increase resources and provide a more responsive service.

Since January 2015, all new referrals receive an appointment within four weeks. After seven months, the number of service users awaiting assessment reduced from 290 to 120, with appointments expected for all those outstanding by October 2015.

GP Access

We commenced a review into Access to GP Services in late February 2015. This work has been led by Kevin Cooper of KC Consulting Ltd assisted by the office team.

This exercise continues to the end of April 2015 and outcomes will be shared through normal channels and will form part of next year’s annual report.
Impact Stories

Case Study One

Continuing Health Care Assessments

Healthwatch North East Lincolnshire was asked to investigate delays in carrying out retrospective assessments for continuing health care locally.

Retrospective cases are where someone has previously been in care but where an assessment for continuing care was not carried out.

A concern was that, with such delays, key information on people who had died might get destroyed, hampering the assessment process.

Locally, these delays stretched back a few years in some cases and the picture was hampered by the fact that there was no reporting requirement to clarify the position except with current cases.

Our investigations with the local Clinical Commissioning Group (CCG), indicated that from a figure of 223 in 2012, outstanding assessments had reduced to 142 by June 2014 and that steps were being taken to further reduce the backlog. We did, however, feel that the issue needed to be placed in the public domain and escalated the matter both to Healthwatch England and to the local Health Scrutiny Panel.

Delays here were broadly similar to elsewhere with national information suggesting around 40,000 people awaiting these assessments. The CCG was able to award an external contract for doing this work locally and it is anticipated that the backlog will be cleared by June 2016.

Case Study Two

Grimsby Hospital Complaints Handling

In logging the health and social care experiences of local people, we noticed that many of the people telling us about their experiences at Diana Princess of Wales Hospital were complaining more about the handling of their complaint than the issue that caused them to complain in the first place.

We held a series of meetings with the hospital Trust during 2014/15 and are pleased that the Trust introduced a number of initiatives to speed up the complaint handling process and to make sure that complainants are kept better informed of progress.

In addition, the Trust has a number of internal mechanisms to make sure that learning from complaints is disseminated across the organisation.

We pointed out that, apart from some videos of patient stories, there is little on the Trust’s website to clarify this learning and that more could be done to show that the Trust is responding to this kind of information and feedback.
Our plans for 2015/16

Opportunities and challenges for the future

For 2015/16, our strategic priorities remain the same as those listed on page 5 of this report. The specific new actions that we have set out for ourselves at this point are to:

- Complete the review on Access to GP services.
- Take up observer role offered with the new joint co-commissioning group (CCG and NHS England).
- Review the role of the Board in strategic and championing activity.
- Continued development of partnership work.
- Further develop volunteering opportunities especially around community engagement.
- Commence enter and view visits programme at Diana Princess of Wales Hospital.
- A 360° stakeholder survey.
- Hold a “Health Action Week” to encourage residents to get involved more directly with local services and explain how they can do so.
- Work closely with Patient Participation Groups to improve networks, recruitment, and governance as informed by our GP access review.
Our governance and decision-making

Our board

During this year, the make up of our Board has changed:

- Esther Smith, Sam O’Brien and Malcolm Morland continue as full Board members.
- Yvonne Clark resigned from the Board in June 2014 and Kathleen Young, Chair, resigned December 2014.
- Jane Mansfield joined the Board in June 2014
- Sean Snelson was co-opted on to the Board as a youth representative in June 2014.
- Michael Bateson joined the Board in July 2014.

The role of the Board is to provide strategic leadership on our agreed priorities. The contract for delivery of the Healthwatch contract rests with North Bank Forum who provide management, finance and human resource support and are responsible for the day to day running of the local Healthwatch Project.

Our office team

Paul Glazebrook has continued in his role as Partnership Co-ordinator. Karry Stones resigned from the team as Research and Information Officer (part-time) in August 2014. This gave an opportunity to restructure the team and Tayo Davenport moved from his position as Project Support Officer to one of Communications and Engagement Worker with particular responsibility for volunteering. We recruited Bayard Tarpley to the position of Project Support Officer from October 2014.

In addition, Karen Smith, the Independent Complaints Advocate who works for the Carers Federation, was able to be co-located with the office team from July 2014.

How we involve lay people and volunteers

Healthwatch North East Lincolnshire includes volunteers and lay people in as many aspects of our planning and governance as possible.

All of our board meetings are open to the public, with time for them to raise any questions they may have about the relevant papers or agenda items.

Announcements of our board meetings are included in our newsletters, with email reminders also sent.

Our volunteers have a big say in how we operate, with our Enter and View team having shaped the way we approach the programme by having their say on priorities and frequency of visits. We want to pay tribute to the support we have received from all our volunteers and look forward to working in the future with them all.
### Financial information

#### INCOME

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Audited accounts will be available later in the year.
Contact us

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group, Overview and Scrutiny Committee, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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